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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

Can You Find Freedom From Asthma?

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

National Asthma and Allergy Awareness Month

The month of May is Asthma Awareness Month. Asthma is one of the world's most common health problems. According to the Global Initiative for Asthma (GINA), as many as 300 million people suffer from asthma around the world. The latest statistical report by the Asthma and Allergy Foundation of America (AAFA) reports that Asthma has reached epidemic proportions in the United States, affecting approximately 20 million people of all ages, particularly children. Asthma accounts for millions of dollars in health care costs and lost work days every year and it is the most common chronic illness in children. The burden of this disease is increasingly affecting governments, health care systems, families, and patients.

World Asthma Day (May 2, 2006), sponsored by the Global Initiative for Asthma (GINA) falls on the first Tuesday in May of each year. This day was established to raise awareness about asthma and improve asthma care throughout the world.

Although asthma is widespread, public awareness of common asthma triggers and ways to manage asthma remains limited. Within that understanding, in 1999, the Global Initiative for Asthma, a joint project of the World Health Organization and the National Heart, Lung, Blood Institute at the National Institutes of Health, established World Asthma Day and Asthma Awareness Month and selected the month of MAY for that purpose.

Although the whole month of May is set aside to draw attention to asthma and allergy awareness, certain days are selected by different organizations in different communities to hold asthma events in schools, hospitals, libraries, state capitol buildings, or other community settings so that events

in all locations will not fall on the same day. This way, people will have options to attend more than one function if they choose to.

To encourage organizations in the U.S. to hold local events during Asthma Awareness Month, the Environmental Protection Agency (EPA) has developed an Asthma Awareness Month Webpage and an Event Planning Kit. The Kit provides ideas for planning asthma events in different locations in the nation. The Kit also provides tips to the activity directors to organize asthma awareness meeting in schools and other settings. Activity ideas for schools listed in the Kit include, but are not limited to: offering asthma screenings and education on environmental asthma triggers and management; reading children's books on asthma to young children to educate them about asthma from an early age; offering asthma education for parents at a local Parent-Teacher meetings, arrange a school-wide assembly with guest speakers from other children who suffered or recovered from asthma; kids presently suffering from asthma; parents of the children with asthma; alumni of the schools with experiences in dealing with asthma; local celebrities; TV personalities, local doctors, and politicians. In addition, the Kit lists ways to manage asthma in the school environment. This list includes ten key points:

- (1). use the IAQ Tools for Schools Kit;
- (2). control animal allergens;
- (3). control cockroach allergens;
- (4). clean up mold and control moisture;
- (5). eliminate secondhand smoke exposure;
- (6). reduce dust and dust mite exposure;
- (7). develop an asthma management plan;
- (8). provide school-based asthma education programs;
- (9). reduce school bus diesel exhaust; and
- (10). gather additional asthma information and resources.

The Kit also includes a sample proclamation, a sample press release, and other resources to make it easy for schools and other organizations to organize outreach events. An order form with descriptions of EPA's asthma outreach products and resources which are available at no cost is provided. Furthermore, the Asthma Awareness Month webpage lists events happening in different states around the country. For additional information, please contact: U.S. EPA/Office of Radiation and Indoor Air Environments Division, 1200 Pennsylvania Avenue, NW Mail Code 6609J Washington, DC 20460, Phone: (202) 343-9370 Fax: (202) 343-2394 or (202) 343-2392.

The AAFA establishes a different theme each year to help draw attention to the importance of National Asthma and Allergy Awareness Month. The theme for the year 2006 is "Indoor Allergies and Allergen Avoidance," which fits right in with the NAET theory. AAFA also stresses that our indoor environment is an important aspect for both allergies and asthma. They also recognize that it is important for allergy and asthma sufferers to recognize which indoor allergens may be causing their symptoms and also learn how to avoid or minimize exposure. If the sufferers could only learn about NAET and NAET testing procedures, it would be very easy for them to identify and avoid the triggers from their indoor or outdoor environments.

Many asthma-related deaths are preventable. There are a number of things asthmatics can do to manage asthma at home, such as avoiding things that trigger asthma attacks, recognizing the early warning signs of an attack, taking medications as prescribed, using NAET testing procedures to screen out the harmful substances in their foods, and surroundings (Nambudripad, 1999, 2002, 2003, 2005, *Journal of NAET Energetics and Complementary medicine* Vol (1) (3); and Vol (1) (4), 2005), and desensitizing using NAET for the items that are unavoidable.

NAET testing procedures which detect possible asthma triggers are described in the book, "Say Goodbye to Asthma" by Devi Nambudripad (available at www.amazon.com.) NAET testing procedures can be learned with a little practice and can screen all possible triggers from your diet and environment before you consume or come in direct contact with them. Once you identify the allergens, you can easily avoid them since there are many alternative products available on the market. If you must use the item that is causing a problem, find a medical professional with NAET training who can work with you to eliminate your allergy to that particular item. Yes, you can find freedom from asthma when you eliminate your allergies to the asthma triggers through NAET. You can find a medical professional with NAET training, by visiting the practitioner locator section at www.naet.com

Asthmatics should always carry life-saving medications wherever they go. Even if asthma is controlled by different

therapies and medications, a strange allergen can trigger an attack at any time, often quite unexpectedly.

If you or a family member have been diagnosed with asthma and would like to learn how to better control it, contact your health care provider for the necessary medications and an NAET practitioner to desensitize towards most allergy triggers.

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LETTERS TO THE EDITOR

NAET®: Great for Allergies

CASE STUDY-1

Dear Editor,

I had asthma for about 25 yrs. During that time I needed hospitalization on at least three occasions. I also had very low immunity and would catch coughs and colds several times a year.

Using the inhaler was part of my daily routine, in fact, I would often have to use it twice a day.

In 1998, I discovered NAET. At that time there were no practitioners in India so, I decided to go to LA for treatment at Dr. Devi's Clinic in Buena Park. This was a turning point for me in my life.

I stayed in LA for 10 weeks, during which time, I was treated for all the basics. I remember that B Complex was a BIGGIE! I could not open my eyes during the 25 hour avoidance period. It was as if I was drugged. Amazingly, once the 25 hours were over, I felt strong, well and active. I had passed it!!

After the basics, I was treated for Psuedomonas, Flu Mix, Bacteria and Virus. These were done one after the other and I cannot exactly say which was/were the significant one(s). All I know is that once these treatments were done, I no longer needed my inhaler! I could pretty well eat all combinations of foods without getting breathless or bloated. Yeast had also been a big problem and clearing it made a big difference.

Tea with wheat in any form (cookies or toast) would instantly make me breathless. Mala found this combination I needed and treated me for it. It was miraculous!

Before returning to India, Dr. Devi said to me, "In a year, you will feel even stronger and better." My reaction was, "*In a year???*" She laughed and said, "All my patients say that". How right she was. As time went by I noticed my immunity getting stronger and stronger. From catching a cold or flu, several times a year, I now have perhaps one attack a year. I am no longer afraid to be around people with colds and my one time security blanket, the inhaler, is no longer a part of my life, thanks to NAET.

Phiroza Moose
Bombay, India

CASE STUDY- 2

In Bombay, India, we see several cases of asthma. The high humidity levels and sea breezes seem to aggravate the condition.

To treat asthma, we do the NAET basic-15, followed by virus mix, psuedomonas, flu mix and humidity. We often need to do salt mix more than once because the salty atmosphere makes it difficult for people to pass the treatment.

We recently had an interesting case. A lady of 56 years with asthma from childhood came to us for treatment. We worked through the NAET basic-15 and then did the above mentioned treatments. She was much better and had reduced her medication and used the inhaler S.O.S. (when needed) only. But somehow, she just could not be rid of her asthma completely. Off and on she would get symptoms and feel that she had lost her treatments. She would insist that we test her again and again for all the basics that we had done. All would test strong. She then realized that she would always get symptoms when she ate fish. We tested her at least ten times

for Vitamin A mix including fish and shellfish with combinations....always very strong. We tested through each other as surrogates, also very strong! Then we thought, maybe we should try to find the primary source of her attacks and it came to a contactant. We narrowed it down to a chemical in her kitchen. We then asked her what she cooked her food in and she said that she fried her fish in a teflon pan. Eureka!!!! We had found it at last, she was very allergic to teflon. We treated it and fish never bothered her again!

This experience has taught us never to give up but to keep investigating till we find the allergen. Every symptom has one or more allergens as the culprit.

CASE STUDY-3

Dear Editor,

In the last six months we have seen three cases of chronic cough which had turned to bronchitis.

All three clients had the cough for more than six months. They had been on several courses of antibiotics, had tried several home remedies and two of them had also been treated by homeopaths.

One lady, came to see us from another city. She was at her wits end. She was unable to sleep at night and was completely drained and tired. On testing her through all the basics at the first appointment we found her testing strong on most of them. She was allergic to spices. We tested them individually and found her to be very allergic to garlic. She could hardly believe it. She was taking a homeopathic tincture of garlic for her cough. No wonder it was not getting any better. NAET came to her rescue and now she's hale and hearty without any cough at all.

The second case was a lady of about 70 years of age. Once again, she came in with a chronic cough and once again, guess what she was allergic to.....garlic. Yes, garlic again! We treated her for it and her cough is completely cured.

Two days ago, we had another lady come to us. She is a medical doctor but stopped practicing after she was diagnosed with breast cancer. She has been free of cancer for 7 years and now helps other breast cancer victims cope with their diagnosis and treatments. She has been coughing for the last two years! She has been on several courses of antibiotics which have led to acidity but no relief from the cough. A month ago, she cracked two ribs from coughing. One of our clients forced her to come to us. She arrived reluctantly and told us that since her training was in allopathy and her husband was also a medical doctor, she was not very convinced but came on the off chance that we might be able to detect the

allergen. (The doctors had also tested her for lung metastases). Along with coughing, she had recently started breaking out in hives which made her suspect that the cough was indeed allergic in nature. Once again, we tested through the basics. She was found allergic to the yeast group and guess what else....GARLIC!! She is going away on a holiday and will start treatments after she returns. We have advised her to avoid garlic as much as possible and we are very hopeful that she will get relief and her ribs will get a chance to heal more quickly!

Is this a coincidence or is it not? We leave it to you to decide!

Phiroza moose, D.Ac
Meher Davis, D.Ac
Bombay, India

CASE STUDY -1

Dear Editor,

In our health clinic, we have treated a few hundred cases of asthma patients very successfully over the past four years. We would be delighted to share some of our patients results with the readers.

Suffered Asthma for Over 36 Years!

A 47-year-old female presented to us with the following complaints:

Suffered from allergic rhinitis since childhood.

As a teenager started asthma.

Highly allergic to dust, and odors and many environmental allergens.

Very low energy, unable to walk without gasping for breath.

Suffered from indigestion, abdominal bloating and constipation.

Patient had tried, allopathic medicines ayurveda, homeopathic medicines and Yoga.

Patient was on high steroid inhalers and steroids and other medications. Even with all these medications, she had an asthmatic attack at least once a day.

Treatment:- Tested and treated for all basic 55 classic NAET allergens, all available variety of perfumes (about 10 different kinds), cooking smell, food samples from her daily diet, incense burning smell, smoke from burning coconut and clarified butter at Hindu rituals, carbon monoxide, car exhaust, carpet dust, all her medicines, DDT, water chemicals, immunoglobulins, and histamines.

At present, the patient is not taking any medicines. She hasn't had an asthma over 1 year now. Patient feels healthy

and energetic. We have instructed her to carry the inhalers with her all the time.

We also instruct our patients to be examined by their pulmonologists once every six months for follow-up care and return to us if they encounter any more allergy problems.

CASE STUDY-2

Bid Good-bye to Asthma after 60 years!

A 63-year-old female came to us with the following complaints:

Complaints:- chronic wheezing, allergic rhinitis, joint pains wheezing started when she was a young child. Patient remembers not being able to tolerate food and elders told her that she was considered a sick child and that she used to sleep 24 hours of the day. Patient suffered mental pain as no one was able to understand her health problems.

Patient tried almost all schools of medicine.

Patient heard about NAET from her friends two years ago.

Treatment:-Patient was treated for all basic and classic NAET allergens (65 allergens), environmental allergens from her own environment, immunoglobulins, histamines, thyroid gland, thyroid hormone, virus mix, bacteria mix, heat and cold. All these allergens were desensitized over two year-period.

Present Condition: The patient is healthy and has plenty of energy. She can eat and drink whatever she desires without triggering any asthmatic symptoms. Patient does not need any medications and breathes normally. She has not taken medication for asthma for a year now. She has been instructed to carry inhalers with her all the time. She also visits her pulmonologist once every six months for follow-up care.

CASE STUDY-3

Wheezing Followed by Fever!

A 4-year-old female was brought to us with the following complaints:

Patient gets fever and cold frequently and goes into wheezing.

Treatment:- NAET- basic 10, samples from daily food, ice, dampness, dust and pollen.

At present:- patient is healthy and has no complaints of wheezing.

CASE STUDY-4

Colds & Coughs Turns into Wheezing

A 6-year-old male came to us with the following complaints:

Patient gets cold and cough and it turns into wheezing

Patient was on steroids and other inhalers.

Treatment:-Patient was treated for egg mix, vitamin C, treated for seven times on seven different days, vitamin A and beta carotene, artificial sweeteners, MSG, food flavorings, food coloring, rain water, dust, endorphins, flower, pollen, sun radiation, plastics, perfumes and cigarette smoke.

Present Status: At present:- patient is free from cold and wheezing. Patient hasn't had any episode over 1 year now.

CASE STUDY-5

Asthma Since Infancy

A 65-year-old female was brought to us with the following complaints:

Wheezing from the time the patient could remember. Patient was on medication as an infant. Patient has tried all kinds of medicines. She heard about NAET from her friends.

Treatment:- NAET basic 10 (severly allergic to milk and vitamin C. Took several office visits to desensitize these two groups of allergens), samples from daily food, dust, smoke and pollen.

Present Status: At present- No wheezing, patient feels well and has stopped the NAET treatment.

CASE STUDY-6

Cold, Dry Cough and Wheezing

A 9-year-old female was brought to us with the following complaints:

Cold, dry cough and wheezing.

Patient was on steroids and inhalers.

Treatment- NAET for egg mix, milk mix, vit C, B complex, dust, weed, grass, flower mix, pollen mix, freon and cold.

Present status:- At present, the patient has no wheezing problem. Does not take any medicines any more. Takes part in the school activities as other normal children.

CASE STUDY-7

Cold, Cough and Wheezing

A 7-year-old male was brought to us with the following complaints:

Cold, cough and wheezing

Treated:- NAET for basic 10, dust, dust mites, perfume, chlorine, carbon monoxide, car exhaust, rain water, smoke, MSG, cold, dampness, potassium, flower mix, pollen mix, and local flowers and pollen.

Present status:-At present, the patient has no complaints of wheezing

CASE STUDY-8

Cold, Cough and Wheezing

A 1 1/2 year-old female was brought to us with the following complaints:

Cold cough and wheezing since six months of age.

Treated:- NAET for basic 20 allergens from NAET classic allergens, dust mix, pollen mix, formaldehyde, paintmix, chemical mix, perfume mix, and bacteria mix.

Present status: After 36 treatments, the baby has no health problems.

CASE STUDY-9

COUGH, CONGESTION AND ASTHMA

A 3-year-old male was brought to us with the following complaints:

Cough, congestion and asthma

Treatment:-NAET for egg mix, cal mix, milk, B complex, vitamin A and beta carotene, IGM, artificial sweetener, alcohol and all NAET environmental allergens, freon, dampness, car exhaust, carbon monoxide, bournvitta and chocolate. He did 40 treatments and he is fine.

Present status: He has no asthma and has no health problems now.

CASE STUDY-10

WHEEZING, COUGH AND BED WETTING

A 7-year-old male was brought to us with the following complaints:

Wheezing, cold, cough, bed wetting, and poor concentration.

Treatment:-NAET for egg mix, milk and cal.mix (two times treated) Vitamin C, B complex, sugar mix, potassium, rice, iron mix, salt mix, nuts mix-1, nut mix-2, virus mix, yeast mix, artificial sweetener, spice mix-1, gelatin (treated two times), all medications, dried bean mix(treated two times), Vit E, food colorings, dampness, carbon monoxide, chocolate, night shade vegetables, own urine, food chemicals, car exhaust and vegetable fat. He had 35 treatments.

Present status: When he completed above 35 treatments, he stopped having asthmatic symptoms and other health problems. He has not had any asthma attacks over a year now.

Sister Naina and associates
Bangalore, India.

Reprints Request:

Sister Naina and associates
Sophia Health Clinic
Sophia Opportunity School
Bangalore, India.

CASE STUDY

I STOPPED SMOKING IN 1989 AFTER NAET

November 11, 1989 was a very special day in my life. One thing that happened on that day was my neice's baby shower, another was the purchase of my first computer, and THE MOST IMPORTANT THING was the fact that on that day I quit smoking.

Dr. Devi treated me for the addiction of smoking and it was the last time I had a cigarette.

I had been a smoker for twenty-five years, approximately two packs a day, and had tried to stop several times with no lasting results. After dr. devi treated me for smoking that morning, I have not had a cigarette, have not had the urge to smoke or have not been tempted by anyone around me smoking since that time.

I can't tell you how much better I feel since I stopped smoking. I also have an extra bonus in that I don't have the smell surrounding in my house and it all stays so much cleaner.

With all the money I saved on not buying cigarettes, I have done quite a bit of traveling.

Thank you very much Dr. Devi.

Dolores Alberts
East Brunswick, NJ.

CASE STUDY

Dear Editor,

I want to express my heartfelt thanks to NAET Practitioner Marcia Costello for introducing me to NAET. It has changed my life in so many ways.

As you know, I have suffered from allergies/hayfever since youth. I have been treated on and off for years. The most significant were shoots in the late 70's to mid 80's at which time I was declared, "cured". I still had problems in the spring and fall, however. In the 90's I turned to over the counter medicines at times double and tripple dosages to survive. On March 15, 1994 I started homeopathic cure process which was effective. I have not had medication since. However, I have suffered while mowing grass (headaches and wheezing) and in the spring and fall with flowering trees and falling leaves. This is all history now. I had a lot more problems that were masked by a constant congestion and ill feeling that I just got used to. Another problem I had was my body getting used to any new environment when I traveled. Even with the homeopathic "cure" I would feel like I had a flu for a day when I would go from Boston to Minnesota (my home state) then again for a day going to visit relatives in South Dakota from there. The reverse was also true returning back. So in a one-week vacation I probably felt myself and enjoyed myself for 3-4 days, that is if there was no fresh cut grass. Well, now the rest of the story: You introduced me to NAET. My initial complaints were problems breathing while cutting grass and arthritis. Your first treatment was for chicken and feathers. Two days I mowed grass and for the first time without a breathing problem and residual headache. What can I say!!! Marvelous! Lets go on: After clearing for calcium my diagnosed (through CT scan) osteoarthritis pain in my clavicle joint started to subside to the point it is essentially gone now. As you know I could hardly get a shirt on because of the restriction and pain. After clearing the sulphur my arthritis is almost gone. After mold treatment, I was more clear-headed and freer of breathing problems. The oak treatment again enhanced clear headedness, more focus and calmer demeanor. The most recent treatment that made the most miraculous change, namely for flowers and perfume two weeks before my mother passed away. When the flowers arrived at the funeral home I thought I would be in serious trouble. To my surprise hardly an effect... no headache or congestion, etc. Later the flowers were brought to the home, which again my body was able to adapt and have no problems or side effects. Now that we have the beautiful flowering trees which in the past ruined my spring. This is the first spring that I have enjoyed walking and enjoying the trees and beauty... no headaches, congestion, etc. I am overjoyed. I just returned from a trip to Minnesota and South Dakota. I enjoyed ever day! No getting used to the new environment each part of the trip as in the past. I love to golf in the morning, which in the spring is the

worst time because of the pollen and fresh cut grass (golf courses mow the grass early in the morning). I would react to these allergens by developing neck and shoulder tightness and tension. Obviously, the worst spot on the body to ruin a golf game. That so far is no longer a problem and my golf game has improved. Finally, I had mucus build up during the night and especially bad upon getting up. That symptom is virtually gone. I can finally wear the teeth night guard that my dentist insists I wear. I could not previously wear it through the night because of my congestion which is now gone and I can now protect my teeth at night by wearing the night guard. I have probably missed some of the other changes and look forward to further improvements. Again thank you for your effective NAET treatments. It has been painless and without the side effects of drugs.

Regards
Dave

Request Reprints:

NAET Sp: Marcia Costello, R.N., M. Ac., L.Ac
Trinity Building, 31 Springhill Ave.
Marlborough, MA 01752.

CASE STUDY

My Son's Asthma

My four year old son was in one of his extreme asthmatic attacks, even using his facial muscles to breathe—this after just having spent two hours on a hospital inhaler. Dr. Devi had me listen to his distressed lungs through a stethoscope and it was frightening! A few moments after one NAET treatment for water chemicals we listened to his lungs again—and they were perfectly normal! Since then he went through the complete NAET program. He is a teenager (15) now and he is free of asthma. He makes sure that he checks everything with NAET self-testing procedures before using. As Dr. Devi has instructed, he also carries his inhaler with him all the time even though he never had to use it in years.

Vone Deporter
Woodland Hills, CA

CASE STUDY

Bronchial Asthma & Body ache

For approximately 15 years ever since I was a child I have suffered with frequent colds which turn into extended bouts with bronchial asthma and extreme weakness and fatigue. The doctors treated me with extensive doses of anti-

biotics, steroids, antihistamines, and cough medicine. I was usually depressed and so weak I could hardly move out of bed and I had to get shots every day for weeks. Along with it my stomach would gurgle and hurt for the duration of the medication. The doctors thought the stomach problems were due to steroids.

One night I had the flu and started wheezing, so I took some of the cough medicine I used to take. I had not had a cold since I moved out of Louisiana's humid climate, but I still had some of my old cough medicine. One hour later, I awoke aching all over, with my stomach hurting and gurgling. I called Dr. Devi and she told me to bring the cough medicine. As soon as she treated me for it I got my strength back, was no longer depressed and my stomach felt normal.

For years, I had severe body pain, and headaches. My pains left for good when I completed treatments for classic NAET groups.

Carole W.,
Irvine, CA

CASE STUDY

Asthma and Sinusitis

I came to Dr. Devi through a friend in 1985. I suffered from asthma since childhood. During the last 7 years I developed severe sinusitis. I was on antibiotics at least 20 days of a month. My symptoms were sinus headaches, shortness of breath, coughing and wheezing. Within the first two months, my sinus headaches were reduced by 90 percent. By then the coughing and wheezing were virtually gone. I was treated by NAET for 8 months and I was completely free of symptoms. Previously I tested positive for grasses, pollens and trees. As per her advice I waited for 10 months more after completion of NAET to do a traditional allergy testing (RAST). I tested negative for grasses, pollens and trees this time. I am free of asthma and sinusitis for the past 14 years! Thanks to Dr. Devi and NAET.

Greg A.
Anaheim, CA

CASE STUDY

Sinus Headaches and Allergic Rhinitis

I came to Doctor Devi a year ago with sinus headaches, shortness of breath, coughing, runny nose and wheezing. Within the first two months, my sinus headaches

were reduced almost by 90 percent. The coughing and wheezing are virtually all gone. Now, we are working on eliminating allergy symptoms. I have been very pleased with her treatment and I have recommended her to many others.

Jim Ashley
Anaheim

CASE STUDY

Tomato Induced Asthma!

I used to get a severe asthma and sinusitis whenever I ate tomatoes or anything made with tomatoes. Spaghetti with basil and garlic sauce was my favorite. Every time I ate that I used to get my throat tight, and in another few minutes, I would begin to get asthma. After I was treated for tomatoes by Dr. Devi, I no longer get any reactions after I eat tomatoes.

Jean Trott
Anaheim

CASE STUDY

Fear Triggered His Asthma

Every Saturday my seven year old son suffered from asthma. Medication or sprays did not help him at all. I had to take him to the doctor's office or emergency room. Just by sitting in the emergency room waiting area, his asthma would go away. Saturday was his father's turn to take him for the weekend. Since he was not feeling well on Saturday night, he could not go with him. When I brought him to Dr. Devi, she found out that the cause of his asthma was an emotional issue.

He was afraid to go with his father because he would have to spend the night in his room with his gay roommate; so he began having asthmatic episodes, spending Saturday evening in the emergency room. Then Sunday, his father would take him out for a couple of hours. After he was treated for his allergy and fear of his father's roommate, he stopped having Saturday night asthma.

Belle Cole
Fullerton, CA

CASE STUDY

Testimonials from Xango (Mangosteen juice)!

Asthma is an inflammatory disease of the small airways of the lungs, which results in wheezing, chest tightness, breathlessness, and coughing. A severe asthma attack can be life threatening and the number of deaths in children and

young adults from this disease has been increasing rather than decreasing. It is a potent killer of the young.

Air pollutants, inflammatory complications of allergies, and viral infections have been shown to cause asthma. The American Lung Association estimates that 6.3 million U.S. children under eighteen have asthma. It is the leading serious chronic illness among children. The number of cases of asthma has been dramatically rising but the reason why remains unclear.

Researchers at Cornell University studied over six thousand children, aged four to sixteen, who took part in the third National Health and Nutrition Examination Survey conducted by the U.S. Centers for Disease Control and Prevention from 1988 to 1994. The researchers looked at the results of health exams, household questionnaires on whether or not asthma had been diagnosed, blood tests measuring antioxidant levels, and exposure to cigarette smoke.

The xanthenes alpha-mangostin and gamma-mangostin are potent antioxidant agents and may be beneficial in helping to control asthma. These same xanthenes from the mangosteen are powerful anti-inflammatory agents. Scientists in Japan demonstrated that gamma-mangostin prevents prostaglandin release (an inflammation stimulator).

Prostaglandins are also partially responsible for the pain and swelling associated with most inflammation. If the swelling of lung tissues in an asthma attack can be inhibited or hindered, then the airways will remain open.

Xanthenes, as a family of biochemicals, also possess antiviral properties. Thus, the mangosteen appears to be the ideal botanical intervention for children with mild to moderate asthma since it possesses anti-inflammatory, antimicrobial, and anti-allergy qualities.

Mangosteen Medical Reference
J. Frederic Templeman, M.D.

CASE STUDY

Dear Editor,

My daughter was diagnosed with asthma when she was 6 yrs old. She had a bad attack that put her in the hospital. After that she didn't have too much trouble until she got a little older and was running and being more active. She carried an inhaler with her to gym class. Our whole family started on the mangosteen juice 1 and a half years ago. Brittany has had great results. Last winter she was able to go sledding and didn't have any problems with her asthma. She said that she was running up the hill for about the third time and thought, "Wow, I'm not having trouble breathing." She was excited this fall that she was able to run her laps in gym instead of having to walk/run them because she

couldn't breathe. We have been very happy with the results we have seen.

I also have asthma and have seen a great deal of improvement. I would definitely try it.

Karen Carmody

CASE STUDY

XanGo!!!

I've had chronic asthma since I was 6 months old. When I was a kid, I would be in the hospital for breathing treatments on a regular basis. I was also on two pills & 4 inhalers. I only wish this juice was out back then, as I'm sure it would have helped.

Grown up now, I still should have an inhaler, but I can't afford one. When I feel asthma coming on, I just take 2 sips of my juice & the symptoms are usually gone within a few minutes. Since my asthma has been so chronic, I've had to be on the juice for about 5 months now before I saw it helping those symptoms. I exercise regularly, eat right & still have some problems with my asthma, but I definitely see it improving. It will probably be a couple of years before I see myself being completely asthma free, as I've had it for almost years & it takes time for the mangosteen to heal that many damaged cells.

Hope that helps,
Kristen

CASE STUDY

Better Sleep - Less Pain

I can certainly testify to the wonderful benefits and healing qualities of the mangosteen fruit. I began taking 4 ounces of mangosteen juice a day the last week of November 2003. The second night I was taking the mangosteen juice, I slept five hours! Before then, I was only getting three hours a night sleep due to the pain I was in from arthritis, breathing problems from asthma, sinus drainage, and depression I was suffering because of the health problems. I wake up rested and with so much more energy.

I was taking 10 mg of Lortab three times a day and using lidocaine patches on my joints. Around the first of week of December, I noticed my pain level was greatly reduced; I was able to stop using the Lidocaine patches completely. I have only taken a couple of 5 mg of Lortab since then. I had been using a walker and needed help getting up from a sitting position. I can now get up by myself! The only time I use my

walker now is when I am around a lot of people, and that is only as a safety precaution to prevent being bumped into and loosing my balance.

My asthma and sinus problems are greatly improved! The last thing I did before going to bed at night was a breathing treatment. I had been waking around 2 am feeling like I was drowning and choking. I would have to use the Jet Neb Machine and do another breathing treatment. Often I had to have help because I was choking so badly, I could not do anything for myself. My days started with another breathing treatment. Also, I frequently used my pocket inhaler throughout the day.

My blood pressure is now about 125/75 instead of 180/90 like it has been for the past 30 years, even on medications. Occasionally, the doctors had managed to get my blood pressure down to 155/85 but those readings were not often. My depression is much better. I no longer cry as often or as easily. My complexion is so soft and smooth and much younger looking! All my friends have noticed how much better I look and have commented on the improvement.

After barely three months on mangosteen juice, a close friend, who had not seen me since I began taking it, saw me and said, "Wow, you look ten years younger girl! What in the world are you doing?" I have lost 35 pounds since the first of December! I feel like a new person! Thank you, mangosteen juice! You have given me my life back!

Nina Harrison
Georgia

CASE STUDY

Dear Editor,

It is very good to hear that Mangosteen juice has helped people with Asthma. I am 52, have had bronchial asthma my whole life. Just this past month, my brother who has highly benefitted from the Mangosteen juice for his own particular situation, shared some with me. Within one week, I noticed a difference. I woke up less tired, the drastic inflammation my ankles and feet are prone to subsided substantially...and this is just the beginning.

Thank you for sharing your stories.

Christine
Eugene, Oregon

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Nambudripad's Allergy Elimination Techniques (NAET®) Protocols and Procedures Part - 6

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

ABSTRACT

This is the sixth part of the series on NAET® protocols and procedures. This article will attempt to educate the reader about different methods of NST-NAET® testing procedures. Various steps of NAET® testing procedures are presented with illustrations for better comprehension. These steps are very important to achieve maximum results with NAET® desensitization of the patients with varied levels of sensitivities. Some patients may respond with simple steps of testing and treatments; some others may need different approaches to achieve satisfactory results. An NAET® specialist should be well informed about different types of testing and treatments in order to derive best results from NAET® treatments. NAET® is a noninvasive, holistic desensitization procedure with minimal or no known side effects. The holistic approach of NAET® 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. 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). Allergens are found everywhere and they may cause major health problems in a sensitive person. NST-NAET® testing procedures are noninvasive, inexpensive, simple methods which can be practiced by anyone anywhere. If studied and practiced properly, these testing procedures can help identify the allergen(s) causing the problems instantly. There are many options available to the patient if the culprit is identified. Either avoid the culprit completely or eliminate the allergy using NAET® treatments (Nambudripad's Allergy Elimination Techniques). A few types

of testing procedures are used in detecting the allergens and the source of the problems. Diagnosing a condition is cumbersome. Once diagnosed, treatments are easier using NAET®. Neuromuscular sensitivity testing (NST) using NAET® method is one of the most reliable methods of allergy testing, if done properly. It needs much practice to get accurate results. In the next few issues of this journal, various steps and methods of NST-NAET® testing and diagnostic procedures will be explained with illustrations. NAET® is administered to the patient in a specific order of desensitization of the allergens to be completely effective after making a thorough diagnosis (Journal of NAET Energetics and Complementary Medicine Vol 1, No 2. pp.112).

Testing Through a Surrogate

This method can be very useful to test and determine the allergies of an infant, a child, an invalid or disabled person, an unconscious person, an extremely strong, or very weak person because they do not have conclusive muscle strength to perform an NST test. This method can also be used to test a person with severe allergies or with a history of anaphylactic reactions to certain allergens.

The surrogate's muscle is tested by the tester. The surrogate holds the allergen while testing and during treatment. The patient and the surrogate are asked to make skin to skin contact while testing or treatment. The surrogate can hold or touch the patient's exposed area of the body or the patient can touch the surrogate's bare area of the body as long as the surrogate holds the allergen while testing and/or treatment and the patient will get the benefit of the testing and treatment. It is very important to maintain skin-to-skin contact between the surrogate and the subject during the procedure. If the patient (sitting in figures 1&2) maintains skin-to-skin contact with the surrogate, then the surrogate will not receive the results of the testing and treatment. If the patient breaks skin-to-skin contact, then the surrogate will get part of the result while the contact was not in place. NAET treatments can also be administered through the surrogate very effectively without causing any interference to the surrogate's energy. The testing or treatment does not affect the surrogate as long as the subject maintains uninterrupted skin-to-skin contact with the surrogate. The surrogate functions as a channel to communicate with the tester about the status of the energy of the patient by permitting the patient's energy to make contact with the tester energetically. We have done some double blind studies on this area and the results will be published in this journal at a later time. Due to the limited space available in



FIGURE 1
INITIAL TESTING THROUGH A SURROGATE



FIGURE 2
TESTING THE ALLERGEN THROUGH A
SURROGATE

each issue of the journal we are unable to publish all available data at any one time.

Oval Ring, or ‘O’ Ring Test

The oval ring test can be used in self-testing. This can also be used to test a subject if the subject is physically very strong with a strong arm and the tester is a physically weak person.

Step 1: The tester makes an “O” shape by opposing the little finger and thumb on the same hand. Then, with the index finger of the other hand, he/she tries to separate the “O” ring against pressure. If the little finger and thumb separates easily, test the ring finger and thumb. It should remain strong. If that also goes weak with medium pressure, use the middle finger and thumb. It should remain strong. Find a finger-thumb combination that can resist the pressure of the index finger of the other hand. Use that finger-thumb combination as the test muscle. If you can’t find any strong combination, you need to balance the body using step-5 from Standard NST.

Step 2: If the “O” ring remains inseparable and fairly strong, hold the allergen in the other hand, by the fingertips, and perform step 1 again. If the “O” ring separates easily, the person is allergic to the substance he/she is touching. If the “O” ring remains strong, the substance is not an allergen.

This can also be done through another person. The person whose fingers are being tested will be considered a surrogate.

The Finger-on-finger Test

The finger-on-finger test (Figure 6-7) is another way to test yourself. The strength of the interphalangeal muscles of two fingers of one hand is used here to test and compare the strength while holding an allergen. The middle finger is pushed down by the index finger or the

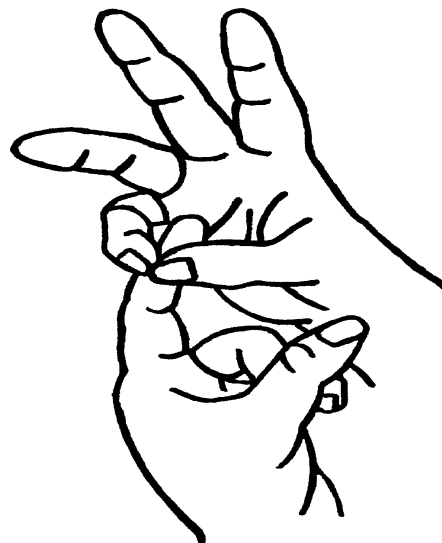


FIGURE 3
OVAL RING, OR ‘O’ RING TEST



FIGURE 4
SELF TESTING - FINGER ON FINGER TEST

index finger is pushed down by the middle finger of the same hand, in the absence and presence of the allergen in the other hand. This technique also needs much practice.

Step 1: The tester places the pad of the index finger at the back of the middle finger of the same hand. The middle finger is pushed down, using the index finger of the same hand. If the middle finger could resist the push by the index finger, then the person is balanced. If the person is not balanced, please balance using the same step-5 from standard NST. When the person is balanced, go to the next step.

Step 2: Then the tester holds the allergen in one hand. Next he/ she again places the pad of the index finger at the back of the middle finger of the same hand. The middle finger is pushed down, using the index finger of the same hand. The item you are holding is an allergen if the middle finger goes down easily while pushing with the index finger in the presence of the item.

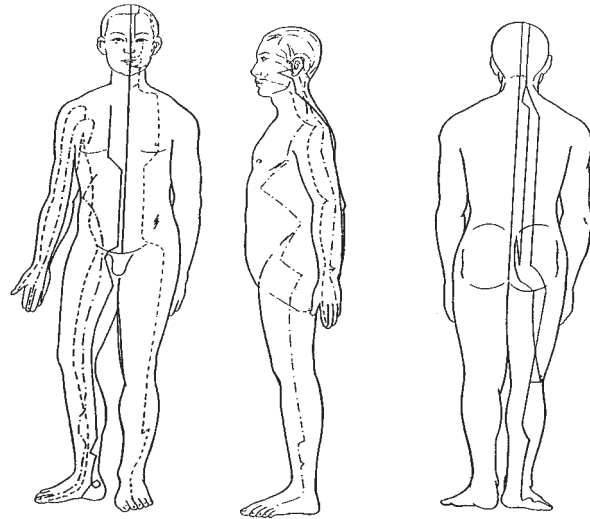


FIGURE 5
ENERGY FLOW THROUGH 12 MERIDIANS

Flow of Energy and the Importance of 25 - Hour's Allergen Avoidance

According to TCM (Traditional Chinese Medicine) theory, there are 12 major meridians in the body. Each one of them consists of many major nerves and the branches that supply nerve energy to their designated vital organs and associated tissues throughout the body. These meridians can also be referred to as “nerve energy pathways” or “energy pathways.” These energy pathways or energy meridians are named according to their travel routes, and/or their functional associations to its respective vital organs. They are also connected with specific spinal nerves since the major part of spinal nerves are dedicated to supply nerve energy to the major vital organs in order to maintain the proper body functions. These spinal nerves are messenger nerves carrying the messages to and from the higher levels of the communication system, the capital being the brain. So it should be assumed that any difference in energy we observe at the major organ level or even at a distant level of the energy pathway (at a tissue level or cell level) is the resultant message delivered from the brain through a series of specific connection and communication systems and nerve fibers. We can assume the messages are transmitted in a human body on an on-going basis from and to these following areas of the nervous system:

FLOW OF ENERGY

Lung--> Large Intestine--> Stomach-->Spleen--> Heart--> Small Intestine-->U. Bladder--> Kidney--> Pericardium-->Triple Warmer--> Gall Bladder--> Liver

TABLE-1
ENERGY FLOW THROUGH 12 MERIDIANS

The Brain (cerebral cortex with several gyrus, sulcus, nucleus, canals and fissures (two cerebral hemispheres with ventricles) → diencephalon through motor and sensory cortex → brain stem (midbrain, pons, and medulla) → cerebellum (gray and white matter) → spinal cord–spinal nerves → sympathetic and parasympathetic nervous systems → organs → tissues → cells → to outside of the body and then back to the origin of the energy journey from the highest part of the brain.

Below the spinal cord, the energy travels through the autonomic nervous system (sympathetic and parasympathetic nervous systems) and reach every organ, tissue, and cell in the body and shares each and every message to each area throughout the day or night without a break. The energy communication goes on whether the person is awake or asleep. Oriental medical system has further classified this energy system into 12 major divisions known as meridians. These meridians are organized according to their functions and the pathways they course through the body. They are named according to their important associations with the major vital organs since they supply the entire energy to each of those associated organs.

These twelve vital meridians together control the twelve major vital organ functions and these twelve major organs control the entire body functions. These twelve meridians are further divided into six Yin and six Yang meridians according to the functions at the organ level. Six Yin meridians supply energy to six Yin organs (Lung, heart, spleen, liver, kidney and pericardium) and associated tissues; the six Yang meridians supply energy to six Yang organs (Large intestine, small intestine, stomach, gallbladder, urinary bladder, and triple warmer) and associated tissues. Nerve energy circulates through these meridians throughout the day and night without any stop. Free flowing energy through these meridians signifies the wellness of the individual or it is said that the person's body is in "Homeostasis." A 24-hour period (a day) is further divided into 12 equal divisions; each division is assumed to be controlled by a separate meridian. From this we can understand a "quantum of energy" may take two hours to course through one meridian and take 24 hours to course through the entire meridian system in the body before it reaches at the beginning point. According to the NAET® hypothesis, it is assumed that a quantum that is associated with an offending substance or allergen could take 2 hours to pass through a meridian. In other words, the circulation of one energy unit or quantum takes about two hours to let a unit of energy to pass through one meridian. So it takes 24 hours for an energy unit to pass through the entire body and return to its starting point. Further, NAET® also postulates that when an energy unit or quanta originating from an allergen is being formally introduced into one meridian through NAET® and allowed to travel through all 12 major meridians without any interruption (which takes a full 24 hours), after it completes the journey the energy of that item or similar item

will not cause any more energy disturbance in those meridians with any future encounters with the energy of similar allergens. Through NAET® the energy of the allergen is formally introduced into the nervous system through autonomic nervous system at the lower end of the energy system from where the sympathetic and parasympathetic sensory nerve fibers gather information routinely and transmit them to the higher centers of the nervous system or brain. After the introduction, the energy is encouraged to course through the energy pathways uninterrupted until it returns to the beginning point. This creates a new and pleasant experience in the meridians about the allergen and the message of the pleasant encounter with this new energy is transmitted to the brain and it gets imprinted in the brain's memory. From then on the brain and nervous system identifies the same item or an item with similar energy as an ally and do not produce any adverse reaction in the body with any future contact with that item or similar energy.

If it is a food item, the individual will be able to eat, drink and use that item without producing allergic reactions. If different items are added to the original item then the new combined product may have different energy and it needs to be checked and desensitized again otherwise it may produce unpleasant reactions.

After receiving an NAET® desensitization, it is advised not to exercise vigorously for 6 hours and not to undergo any general acupuncture, chiropractic manipulations, massages, and saunas. Three meridian times (6 hours) should be avoided between other major activities after an NAET® treatment to receive sustaining and satisfactory results. A normal walk is fine during the 6 hours after an NAET® treatment.

According to the NAET® protocol that has been tested and verified over the years, it is not advisable to have any patient companions standing or sitting within ten feet of the patient while testing or treating a patient (the reasons will be explained at a later time). Children or pets are also not allowed in the treatment room. A third person or an animal standing within a patient's electromagnetic field can negate testing and treatment results. The treatment room should be separated by regular, wall dividers and curtains with wood, leather, metal or thick plastic that goes from the floor to seven feet upward. Doors, windows, dividers, curtains made from glass, thin fabric, and other such materials are not sufficient to prevent energy transfer from a person to another person or animal.

If someone is unable to be tested with NST or the patient is a child or an old person, too strong or weak patient, disabled one, or a person with a history of anaphylactic reaction in the past, etc., then such patients will be tested and treated through a surrogate. A surrogate is another fairly healthy person who can be assisting to perform NST on behalf of the patient while the patient is maintaining skin-to-skin contact with the surrogate during testing and treatment of the allergen(s). Also,

a full term pregnant woman, severely obese, or patients with any skin problems like dermatitis, eczema, burns, psoriasis will also be tested and treated through a surrogate.

Patients should not cross their hands or feet during the first 20 minutes after the NAET® treatment and while waiting in the office in order to maintain uninterrupted energy flow through meridians. Lying or resting with a calm mind will be beneficial. The patient should visualize positive, warm energy circulating through the 12 meridians while resting. Meditation is allowed and also it is advised to fill up the mind with happy and pleasing thoughts and not to think or focus on depressing and negative thoughts while holding the treated allergen and waiting for 20-minutes in the waiting room. The patient can also keep the mind blank during the first 20 minute-waiting period after the treatment.

Patients are also advised not to read or touch other objects with fingers during the 20 minutes following the NAET® treatment in order to avoid confusion in the meridian system by introducing another energy (possibly another energy of an allergen) into the nervous system. The body should be permitted to focus on the treated item only for the 20 minutes following the introduction of the allergen to the nervous system. During these 20 minutes it is postulated that the sensory nerve fibers from finger-pads will be communicating with the brain about their detection of “previously identified allergen but now a harmless substance” that produces no adverse reaction in the body upon contact after the NAET® treatment. If the patient touches a new item and that happens to be an allergen to the patient, then the finger-pads will be sending mixed messages of the presence of the new allergen in the midst of the previous on going communication. This can interfere and confuse the brain causing it to lose the original NAET® treatment.

According to the established NAET® protocol, the practitioner should always ask the patient to avoid the treated allergen for a full 24 hours after the treatment. To be safe, NAET patients are advised to avoid the desensitized substance for 25 hours. As explained in the previous section, the energy travels through the 12 acupuncture meridians or energy pathways throughout day and night. When energy of an allergen is introduced into the body through NAET®, if the body is responding positively to the treatment (NST will be strong on recheck), the new compatible, positive energy will begin its communication through the sensory nerve endings from finger pads to the brain.

It is postulated that confirmation and reconfirmation of the nerve endings of the fingers to the brain will take about 20 minutes. Most of the patients will feel pulsation on the fingers during this time. Patients are advised to continue to hold on to the desensitized allergen until the pulsation stops. Then, it is advised to repeat the NST and verify that it is indeed very strong. The positive outcome of the test is an indication that

the desensitization process for the allergen was successful and the sensitive allergen has been accepted by the brain as a harmless substance. Before the NAET® desensitization treatment, the energy system and the brain together was perceiving the substance as an allergen or as an invader and the body was fighting the allergen to prevent its association because the sensory fibers in the body were dormant (inactivated) towards the substance and refused to recognize it. When the substance is formally reintroduced to the brain through the nerve energy system, the energy of the treated allergen will begin its journey through all 12 meridians normally and it will return to the starting point after 24 hours.

When the new harmless form of energy circulates through the entire body without any interference (12 meridians), then that energy, whatever it may originate from (Food, shellfish, peanuts, chemicals, fabrics, latex, drugs, virus, bacteria, pesticides, etc.), the brain will not reject that energy, and thus the substance will not be viewed as a threat to the body on future contacts. Thus the substance will not cause any further adverse reaction in the body.

If the energy circulation was interrupted during the 24-hour travel period (by touching or eating a similar substance), the journey stops at that point. More NAET may be applied at that point to start the journey again or the unit of energy of the allergic item will not reach the destination after 25-hour period as expected and the energy will not be recognized or imprinted in the brain as harmless one. For example: if the energy was interrupted at the 22nd hour, the last meridian will be left behind without completion of the journey. If this item was not reintroduced again through NAET treatments to the liver organ/meridian (the last organ/meridian in the energy circle), this item may cause health problems related to the liver organ/meridian in the patient with future encounters with similar items. The item needs to be treated again to achieve the full benefit of the treatment. Avoiding for 24 hours is very important for NAET® to work. The person should keep the treated allergen or its products at least 5 feet away from the body. In all NAET® Clinics, patients will be given a guide book that gives a list of items to avoid and precautions to follow after each NAET® desensitization treatment. Patients or their responsible adults are also strongly advised to read the book (Nambudripad, 2004) and refresh the underlying concepts before coming for each treatment and also prepare patient's house for the next desensitization treatment by putting the things from the list away from reach for the following 24 hours.

If the patient is a highly sensitive person and experiences any discomfort during the 24-hour avoidance period (crying spells, depression, unusual emotional responses or unusual pains anywhere in the body, etc.) after each treatment, they may need to balance their NAET® gate points (Living Pain

Free, Nambudripad, 1997, pp 58) every two hours while they are awake for the following 24 hours. Through this process, they will be assisting the energy to pass through the respective meridians with ease while improving the energy circulation through meridians by massaging the acupuncture points. The chart showing these gate points will be given to patients and that will teach them the self-balancing techniques after the first NAET® treatment.

Patients are strongly advised to remember and retest with the doctor for the item that was treated on that day, after 25 hours, and at least within one week to insure the completion of the treatment. If the patient did not complete and pass the treatment, their symptoms due to the incomplete treatment may continue for a few days. Eventually the particular symptoms will wear off and they will return to their old-self if they did not repeat the treatment for the unfinished allergen. From our past experience, it has been noticed that incompletely treated allergens may begin to stir up health problems again in the future whenever patients come in contact with such allergens as was happening prior to getting the incomplete NAET® desensitization treatment. In other words, a partial clearance will not give patients the expected benefits or outcomes. However we have not yet observed any adverse problems due to any partial or incomplete treatments.

To insure maximum progress with the treatments, it is advised to maintain a treatment and food diary in the NAET® guide book at the appropriate sections for record keeping, or get a notebook if the space provided in the guidebook is insufficient. If the patients have frequent health problems and do not know the cause of the problems, write down all of the activities everyday for a month. It is also recommended to record all the food and drinks that were consumed even if they were in small portions. Take the record to the doctor's office and let the specialist test for the items in the list and discover any culprits. If patients needed help to record the treatments, it is better to ask the NAET® Specialist.

The patients may need to take extra precaution while they get treated for environmental substances: (mineral mix, metals, water, leather, formaldehyde, fabric, wood, mold, mercury, newspaper, marker ink, chemicals, flowers, perfume, pesticides, pollen, grass, weeds, smoke, etc.). Apart from staying away from the item, they may also need to wear a mask, gloves, socks, shoes, full gowns, a scarf to cover the ears, head, forehead etc., if they are found highly sensitive to the allergens. It is strongly advised to read the NAET® guidebooks for more information.

It is also advised to drink a glass of water before the NAET® treatment. It is our experience that energy moves better in a well hydrated body than its dry counterpart. Drinking 4-6 glasses water per day after NAET® treatment will help to flush out any toxins produced during the treatment.

Because NAET® is a complementary medicine, it is advised not to stop any other treatment that the patients are on such as medication, therapy, chiropractic treatments, massages, counseling, etc. It is good for the body to have a general body massage immediately before the NAET® or 6 hours after the NAET® treatments. When patients get treated for the food containing a particular vitamin, herb, or substance, at certain times they may be asked to stop using such avoidable items for 24 hours following that particular treatment if it is tested highly allergic to the patient. If it is tested moderately allergic then massaging the gate points every two hours (as described earlier) will be sufficient.

As mentioned earlier, NAET® treatment will not interfere with any other conventional or alternative treatments or procedures. In fact, if the patients can keep their body free of symptoms (appropriate non-allergic prescription medication necessary to keep the presenting symptoms under control, or use any medications, stool softeners, laxatives, therapies or procedures like colonics or high enemas as needed to eliminate the toxic build up, etc.), or keeping the symptoms under control with whatever methods they were using prior to beginning of NAET, then NAET® treatment has been found more effective on such people.

For female patients: Treatments are not advisable during the first three days of menstrual cycle. It is OK to get treated with NAET® during pregnancy. We have found if a pregnant mother is treated with NAET® during pregnancy, children are born with minimal allergy or reduced allergy to the items treated during pregnancy. There are certain special instructions to observe while getting NAET desensitizations during pregnancy. So if the patient is pregnant, the NAET specialist should be notified before beginning NAET.

NAET® Basics, combinations and treatment priorities

A set of substances are identified as the basic essential substances that need to be treated before trying to solve a presenting problem (Nambudripad, 1999). It is always found beneficial to treat the Basic 15 treatments (Nambudripad, 1999, 2004) before doing any other treatments if possible (Immunization, medication, heat, cold, wind, pollens, grasses, pesticides, humidity, hormones, food coloring, food additives, etc.). When a patient has an acute problem, practitioners can treat the acute problem before resuming the established normal order of treatments if the OCM gives permission.

Basic allergens (see Table 1 below) should be treated in the preferred order (Nambudripad, 2004). Most essential nutrients for the body will be treated within the 15 basics, if the order of treatment is followed. This helps to improve the

immune system. When the patients follow the specific order of treatments, patients usually require less number of desensitization treatments.

Patients with severe reactions are not required to hold the sample during the 20-minute waiting period. NAET® anaphylactic protocol should be followed when treating severely reactive patient or a patient with the history of previous anaphylaxis to any allergen (see the specific section below for additional details).

Once every two weeks, the NAET® specialist will retest all the previously desensitized allergens from the basic list starting from the beginning. This is to insure the completeness of the treatment. Upon retesting, using NST, if something was found not cleared to satisfaction, it will be checked for combinations and will be treated again if any combination is found needed with the help of NST.

During the 20-minute waiting period, or after leaving the office, if patients feel itching, light headedness, mood swings, abnormal appetite, a new pain anywhere in the body that they didn't have prior to the treatment, insomnia, excessive appetite, poor appetite, etc., then they should start massaging the gate points immediately (Nambudripad, 1997). It is strongly advised to repeat the gate-point massage every ten minutes until the problem subsides. In this process, it is hypothesized that the energy of the treated item is trying to continue its journey through the respective meridians and when it encounters any blockage, the body produces unpleasant symptoms alerting the patient of the situation, so that they could manually move the energy blockage by massaging the area of the energy blockage along the flow of energy towards the end point of the meridian thus helping the energy to move forward.

NAET®, The Energy Balancing Technique

If some part of the energy is accumulated anywhere in the meridian with abnormal flow of energy, it can generate unpleasant sensation or pain or discomfort. Massaging the gate-points will establish regular flow of energy in the body and the unpleasant experience will diminish when the circulating energy is balanced in the body through the energy balancing technique (Nambudripad, 1997, pp. 58).

Managing Anaphylactic Reactions

One of the greatest achievements of NAET® is its ability to effectively deal with and treat anaphylactic reactions from allergic substances. If the patient has a history of severe reactions, including severe anaphylactic incidents, they will

still be able to get NAET® desensitization treatments. However, for such situations, the NAET® specialist, who has extensive training to deal with anaphylactic cases, needs to be fully aware of this well in advance and take a few necessary and adequate precautions each time before starting the testing and desensitization procedures. For patients presenting anaphylactic situations, NST (Neuromuscular sensitivity testing to detect allergies and sensitivities) is conducted through a surrogate and also NAET® treatment is provided through a surrogate for a highly sensitive individual. This method will not allow the patient to touch the allergen directly until the allergy or sensitivity is completely cleared in order to prevent them from reacting adversely during the treatments. When the patient completes the NAET® desensitization treatment successfully to an item (even to an item that causes anaphylactic reactions - peanut, shellfish, milk, penicillin, mushroom, hair-dye, latex, etc.), they will still be able to use or contact that item in the future without any adverse reaction. During the course of the treatments in the doctor's office, anaphylactic patients or their guardians will be trained adequately to screen and detect the allergens on their own and if necessary to reduce or remove the reactions using self-balancing procedures through regular patient-education classes and daily practice through many home-balancing home work sessions before releasing the patients from the care of the NAET® specialist. In future issues, after presenting the NAET® treatment procedures, treatments for special cases will be presented. At that time treatment procedures for anaphylactic cases will be described in details.

Organ-meridian-spinal nerve root associations and specific function of the vital organs and meridians will be described in the next few issues before describing the actual NAET® treatments.

Conclusion

The NAET® protocols and procedures have been developed and tested and are 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. They will be published in the various issues of this journal. But more research and clinical trials are absolutely needed to further validate many of these findings on a larger number of patients. We are in the process of conducting studies on larger populations in order to determine the effect of NAET® on various conditions. 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. But there is no ONE general source or reference document on NAET® (except the training manuals, which are available only to the trainees at the time of training so far). 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.) 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 referenced document by NAET® professionals and other readers.

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Fundamentals Of Asthma

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ABSTRACT

Chronic lung disease includes asthma, chronic bronchitis, and emphysema. Many people believe they have asthma because they seem to wheeze, and in fact they may have been told that they have asthma. However, many of them do not. Asthma can be diagnosed only by hearing the characteristic wheezing in the lungs with a stethoscope. Definitions for asthma and related respiratory conditions are very revealing and help to provide a differential diagnosis for asthma and other respiratory problems. In this paper these conditions are clearly defined, and an outline for NAET® testing and treatment that will help, if not eliminate asthma, is presented. NAET® treatment is also helpful for other respiratory problems, but the focus of this paper is asthma.

INTRODUCTION

An article in the December 2003 issue of *Discover* listed asthma as number one of the eight greatest unanswered questions of medical science. The other medical problems for which medicine has a number of unanswered questions and which will command the most attention and funding in the future include cholesterol, obesity, Alzheimer's disease, aging, regeneration, infectious diseases, and cancer (Lemley, 2003).

In North America alone, at least 20 million people have asthma. Women make up 60% of adult asthma patients, but

asthma is the leading chronic disease among children. Twice as many boys as girls have asthma (Krohn, Taylor, and Larson, 2000; Krohn and Taylor, 2002). Over the last 20 years, the incidence of asthma has tripled in the developed world. Its prevalence in this country has been increasing since the early 1980s in all age, sex, and racial groups. This is puzzling, because asthma does not appear to be contagious, and two decades are not long enough for a genetic change to be so widespread (Lemley, 2003). Genetics do indicate that if one parent has asthma, chances

are 1 in 3 that each child will have asthma. Both parents having asthma increases the chance that their children will have asthma (Asthma and Allergy Foundation of America, 2006).

Asthma accounts for two million emergency room visits each year, and every day in America fourteen people die from asthma. It is the leading cause of school absenteeism and is the fourth leading cause of work absenteeism, resulting in approximately 15 million missed or lost workdays each year. The annual cost of asthma is estimated to be close to \$18 billion (Asthma and Allergy Foundation of America, 2006). A 2005 survey found that 43% of people with asthma in the family reported not having enough money to pay for health care. Forty-four percent of these households skipped treatment, cut pills, or did not fill prescriptions because of cost (Manning, 2005).

COMMON RESPIRATORY PROBLEMS

BRONCHITIS

One of the conditions that may be mistaken for asthma is bronchitis. Bronchitis is inflammation of the mucous membranes of the bronchial tubes and may be either acute or chronic. It involves the trachea as well as the bronchi. Acute bronchitis is most often found in small children and the elderly or debilitated. Symptoms include the early symptoms of an upper respiratory infection or common cold, which progresses to chest pain, fever, and a dry, irritating cough. The cough may become more productive with fever and chills, and muscle soreness. Headaches may also develop and the chest may feel tight (Krohn and Taylor, 2002; Nambudripad, 2003).

Chronic bronchitis is one of the chronic obstructive pulmonary diseases. It occurs when the airways are always inflamed and there is increased secretion from the bronchial mucosa and obstruction of the respiratory passages. People with chronic bronchitis have chronic coughs and shortness of breath. The interference of airflow to and from the lungs with persistent cough and expectoration breeds infection. Any person who has a cough that lasts for at least three months out of a year for two consecutive years or more and is short of breath after minimal exercise has chronic bronchitis (Krohn and Taylor, 2002; Nambudripad, 2003). Acute bronchitis is reversible; chronic bronchitis may not be.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease is caused by loss of lung tissue, resulting in permanent lung damage with destruction and plugging of the airways. People with COPD have a mucus-producing cough in the morning, and continue to have respiratory symptoms throughout the day. In addition to chronic bronchitis, emphysema is an irreversible form of chronic obstructive pulmonary disease. In emphysema the person cannot move air in and out of the lungs effectively and the lungs remain expanded (Krohn and Taylor, 2002; Nambudripad, 2003). COPDs are usually caused by or linked to cigarette smoking.

VOCAL CORD DYSFUNCTION

Vocal cord dysfunction (VCD) is often mistaken for asthma. In vocal cord dysfunction acute upper airway obstruction results from the vocal cords inappropriately clamping shut upon inspiration. These patients have a terrible sense of panic and feel that they cannot breathe. They complain of choking and being unable to get enough air. Vocal cord dysfunction occurs in both children and adults. The cause of vocal cord dysfunction is unknown, although it appears to be associated with gastroesophageal reflux (Allen, 2006). Exercise is the only trigger for about half of affected athletes with VCD, and many times they are misdiagnosed as having refractory exercise-induced asthma (EIA). Symptoms typically occur during competition or hard training.

VCD can be distinguished from exercise-induced asthma on the basis of history, signs, symptoms, and spirometry. With VCD, symptom onset usually is less than 5 minutes into exercise, whereas with exercised induced asthma symptom onset is more than 10 minutes. Patients with VCD can hold their breaths, whereas those with asthma cannot. Recovery from VCD is quicker and there is no refractory period and no late-phase response with symptoms 6-8 hours after exercise as there is with exercise induced asthma. Throat tightness is a major complaint with VCD, but not with EIA. Loud inspiratory stridor, a croup type sound, is common in VCD, and it is loudest over the larynx. Expiratory wheezing predominates in asthma. There is no cyanosis with VCD, and it usually does not awaken patients during the night. In patients with VCD and no asthma component, inhalers worsen their symptoms rather than improve them. Unfortunately some patients have both VCD and asthma, which complicates the diagnosis and treatment of the patient (National Jewish, 2006).

ASTHMA

Many people who have been told that they have asthma do not. Asthma can be diagnosed only by hearing the wheezing in the lungs with a stethoscope. Wheezing is breathing with a rasp or whistling sound, resulting from the spasm of the bronchi. The wheeze is heard as a high-pitched musical noise through the stethoscope, mainly on exhalation. In very bad asthma the sound is heard on both inhalation and exhalation. Dyspnea, cough, and wheezing all occur in asthma. A common feature in adults is nocturnal awakening with dyspnea and wheezing. In fact, this is so common that if they are not present, a diagnosis of asthma is suspect (Fauci, *et al*, 1998).

Asthma is recurrent episodes of inflammation causing reversible spasms of the bronchial tubes. Once inflamed, the bronchial tubes become irritable or “twitchy” and too narrow when they are exposed to substances to which they are very sensitive. The narrowing is due to contraction or spasm of smooth muscle, edema of the mucosa, and mucus in the bronchi and bronchioles. People with asthma develop shortness of breath, wheezing, tightness of the chest, and coughing. The skin may be pale and moist with perspiration, and in severe attacks there may be cyanosis of the lips and nail bed. The dry cough of the early stages becomes productive with thick mucoid sputum as the attack progresses. Asthma can range from occasional wheezing to severe attacks. An attack that lasts for days and cannot be reversed is called status asthmaticus, and it can be fatal (Fauci, *et al*, 1998; Krohn and Taylor, 2002; Nambudripad, 2003).

There are two types of asthma: extrinsic and intrinsic. Extrinsic asthma is thought to be caused by allergens with an increase in serum IgE, and accounts for over half of the asthma cases in children and young adults (Krohn and Taylor, 2002). These allergens may include pollen, smoke, dust, animal danders, and automobile exhaust. Indoor air is probably responsible for much of the increase in asthma. Volatile organic compounds emitted by furniture, paint, glues, cleaning products, and many other substances may be triggers. Cockroaches and their droppings are a major trigger for asthma. Weather changes, aspirin, medications, cigarette smoke, cleaning agents, and perfume are among other triggers (Krohn and Taylor, 2000; Krohn and Taylor, 2002; Nambudripad, 2003).

It is postulated that other factors such as cold air and exercise cause intrinsic asthma. However, many studies show

that allergy plays a role in intrinsic asthma. This type of asthma can be secondary to chronic or recurrent infections of the sinuses, bronchi, or tonsils and adenoids. Hypersensitivity to bacteria causing the infection may be the cause of this type of asthma. Viruses will trigger symptoms of asthma in children (Asthma and Allergy Foundation of America, 2006). Hormonal fluctuations can trigger asthma in women, and asthma in mothers is a stronger determinant of early onset asthma in a child than paternal asthma (Krohn and Taylor, 2002).

Children who have eczema, hay fever, or food allergies at a very young age, and toddlers who have frequent bouts of respiratory infections, are at high risk for developing asthma. Gastroesophageal reflux can irritate the lungs and present as asthma. Reflux of stomach acid into the airway triggers the asthma. This possibility must be investigated and eliminated as a possible trigger in patients with asthma.

NAET® TESTING AND TREATMENT FOR ASTHMA

All patients have a trigger for their asthma, and these triggers for asthma must be identified. Many substances can trigger asthma, and in some cases can be difficult to determine (Nambudripad, 2003; Asthma Initiative for Michigan, 2006). Patients should have testing for many different substances to help determine all of the triggers for their asthma. NAET® treatment for all of the possible triggers can control, alleviate, and eliminate their asthma. The following categories are among those that should be considered.

FOOD

Foods can be triggers for asthma and almost any food allergen can serve as a trigger. Although there can be many others, egg, milk, seafood (particularly shellfish), peanuts, chocolate, corn, and nuts are common offenders. Food colorings and food additives such as tartrazine, benzoate, sulfites, and sulfur dioxide can also trigger asthma. In addition to food colorings and additives, spices are very important to eliminate as triggers. Food allergens occur not only in the foods we eat, but also in alcoholic beverages, nutritional supplements, medications, soaps, cosmetics, cookware, glues, toothpaste, paper, paints, printing inks, and many plastics

(Winter, 1999a, 1999b, and 1992; Krohn and Taylor, 2002; Nambudripad, 2003).

Eliminating or treating allergenic foods produces significant improvement in three-fourths of asthmatic children and in one-third of asthmatic adults. Many patients know which foods trigger their asthma and cause them to wheeze. If treating for the NAET® basics does not clear up the asthma, other foods and food exposures should be screened to determine other treatment possibilities.

PHENOLICS

Phenolics are compounds that occur naturally in both plants and animals. They give the substance its odor, taste, and in some cases, its color. Phenolics are composed of a benzene ring with one or more hydroxide groups attached to the ring. Some of these compounds have other functional derivatives or chemical groups attached, causing them to be classified into different chemical families, but the compounds are still basically phenolics (Harborne and Baxter, 1993). Phenolics occur in large amounts in foods and frequently make up the major allergenic portion of a food. In addition, they also occur in pollen (Shahidi and Naczki, 2004).

Coumarin is particularly important in asthma. Acetylsalicylic acid, caffeic acid, chlorogenic acid, cholesterol, cinnamic acid, dopamine, ferulic acid, gallic acid, malvin, naringenin, phenylisothiocyanate, rutin, salicylic acid, umbelliferone, and the various food dyes such as yellow dye #5 should also be tested and treated if the patient is positive to them. Acetylcholine chloride, benzoic acid, and indole are not phenolics, but are allergenic compounds in foods that can contribute to asthma and should be tested and treated if indicated (Krohn and Taylor, 2001).

CHEMICALS

Chemicals can cause coughing, bronchitis, chest pain, "air hunger," and asthma. Chemicals encountered both indoors and outdoors can trigger asthma. Indoor pollution, including building materials, furnishings, combustion products from heating systems, fumes from appliances, cleaning supplies, room deodorants, disinfectants, detergents, plastics, and insecticides can all be offenders in triggering asthma (Rea, 1992-1996).

Personal care products such as perfumes, cosmetics, deodorants, fabric softeners, and washing detergents can play a role in asthma (Winter, 1999a). Items encountered in the workplace such as photocopiers, computers and printers, correction fluid, magic markers, inks, and papers, particularly carbonless paper, are asthma triggers for many people (Wilson, 1993; Winter, 1992, 1999a; Krohn and Taylor, 2000). Legally prescribed medications can also trigger asthma. The very medications that are supposed to provide relief can actually contribute to asthma (Krohn and Taylor, 2002; Nambudripad, 2003).

Outdoor air is often not safe to breathe and can be a causative factor in asthma. Traffic exhaust and smog can increase outdoor pollution. Oil refineries, crop and lawn chemicals, paving materials, and smoke from wood fires cause problems for many people. Natural events, particularly forest fires and dust storms, can trigger asthma (Rea, 1992-1996). Screening for and treating common chemicals is a necessity for asthma patients.

POLLENS AND TERPENES

Pollens and terpenes frequently are triggers for asthma. Pollens are analogous to human sperm and participate the reproduction of plants. Plants produce pollen in large amounts to ensure their survival. All plants produce pollen, but it is the lightweight, windborne pollen that is the allergenic pollen (Krohn, Taylor, and Larson, 2000). Even though the number of allergenic proteins in pollens is somewhat limited, all pollen indigenous to an area should be screened and all positives treated.

Terpenes, which occur in both plants and animals, are similar to phenolics, and can also be triggers for asthma. Terpenes have an isoprene ring, whereas phenolics have a benzene ring. As do phenolics, terpenes also contribute to the taste, smell, and sometimes color of the plant. Terpene levels go up about a month before the pollen of a plant appears, and patients complain that a given pollen is bothering them when the pollen is not yet out (Rea, 1992-1996). Terpenes can be a potent asthma trigger and must be treated.

DUST, DUST MITES, AND MOLD

Dust, dust mite, and mold allergy participate in the cause of asthma symptoms for many people. People with a dust allergy will always wheeze when they clean house or go into a dusty area, such as a storeroom. Household dust has a high

content of organic matter, including plant and animal components. It also contains inorganic residues, and house dust in humid areas contains mold spores (Krohn, Taylor, and Larson, 2000).

Dust mites are microscopic animals that themselves are not allergenic and are not inhaled, as they have sticky feet that cling to surfaces. Their floating carcasses plus their excrement is inhaled and will trigger asthma in many patients. The average dust mite produces about 20 highly allergenic fecal pellets per day. Dust mites do not live in dry climates or at high altitudes. They prefer warm, humid environments, and dust mite allergy is as high as 25 percent in humid areas. People with a dust mite allergy are worse when beds are made and have repeated sneezing on awakening. They are also better outside the house (Krohn, Taylor, and Larson, 2000).

People with mold allergy are worse in late afternoon, as well as during the fall season when the molds spore. Mowing the grass, working in the yard, and tilling the soil exacerbate their symptoms. Rain and melting snow increase the sporing of mold and symptoms caused by mold allergy (May, *et al*, 2004). People who wheeze may have mold colonizing in their lungs. Any infection from the sinuses will affect the lungs and must be investigated and treated (Krohn, Taylor, and Larson, 2000).

Dust, dust mites, and mold spores can be spread throughout a house by a forced air furnace. Using NAET® to treat for dust, dust mites, and mold can reduce and eliminate asthma attacks.

ANIMAL DANDERS/FEATHERS

All animals, including humans, shed dander into the air. Dander is composed of skin scales and scurf (dandruff). It floats freely in the air and can remain in an area for days after an animal is removed. It may take years to remove all traces of hair and dander from a house. People may be allergic to human and animal dander, as well as to animal serum and saliva. Asthma, as well as hives, headaches, loss of voice, itching or watering eyes, and sneezing may be triggered by animal dander (Krohn, Taylor, and Larson, 2000).

Feathers may also be a trigger for asthma. Down pillows, comforters, and sleeping bags can trigger asthma in the sensitive person, as can feathered pets (American Lung Association of Texas, 2006).

MICROORGANISMS

Hypersensitivity reactions to bacteria causing infections can trigger asthma. Viruses can trigger asthma in children (Allergy and Asthma Foundation of America, 2006). Hypersensitivity reactions to *Candida albicans* and its byproducts can also be causative agents in asthma. Both current infections and debris and toxins from prior infections can trigger asthma (Krohn and Taylor, 2002). Because of the role infections play, particularly in intrinsic asthma, patients must be screened for bacteria, viruses, parasites, and fungi, and treated, using NAET®, for any organism to which they test positive.

TOBACCO SMOKE

Tobacco smoke can trigger asthma. Sidestream smoke, the smoke from smoldering tobacco (passive smoking), and mainstream smoke, the smoke drawn through the tobacco during inhalation (active smoking) both can be triggers, as can the use of smokeless tobacco, snuff. Environmental tobacco smoke is made up of extremely small particles that are distributed throughout a room by airstreams and convective currents and are breathed in by people in a room. Tobacco smoke is irritating to both smokers and nonsmokers. Smoke odors cling to walls, carpeting, furnishings, draperies, clothing, hair, and other materials. Allergic people frequently react to these smoke residues (Krohn, Taylor, and Larson, 2000; Krohn and Taylor, 2000).

Many adults who have asthma remember their problems developing when they were children in a smoking household. More than 6.4 million children living today will die prematurely because they made a decision to smoke when they were adolescents (CDC, 2006). NAET® treatment with tobacco smoke, from cigarette, cigar, and pipe smoke, as well as a tobacco sample or a snuff sample, will help alleviate asthma in the sensitive patient.

SARCODES

Sarcodes are homeopathic treatment substances made from healthy tissue, in contrast to nosodes that are made from diseased tissues or disease substances (Scientific Department

of Biologische Heilmittel Heel GmbH, 2000). Treating asthma patients with the lung vial or even treating their own lungs will help control and eliminate asthma. Some patients may also need treatment with vials for the parts of the respiratory system, including the trachea, bronchi, bronchioles, and air sacs, as well as mucous membranes.

reaction, infection, or hormonal problem, but is affected by it (Krohn, Taylor, and Larson, 2000). The role that emotions may be playing should be investigated with any asthma patient. Treatments for emotional aspects as well as treatments for releasing tissue memory are a must for complete recovery from asthma.

WEATHER

Weather can be a factor in asthma. Cold fronts can trigger asthma attacks, as can substances blown in with the wind (Leviton, 1989). Patients with asthma may have to be treated for cold, heat, humidity, wind, and other weather factors (Nambudripad, 2003).

EMOTIONS

As with any physical substance, emotions can play a role in asthma. The immune system is stressed and weakened by emotionally stressful events, which can include deaths, divorce, problems with relationships of all kinds, and problems at home and at work (Nambudripad, 2003). The immune system cannot determine whether the stress is from an allergic

CONCLUSION

Testing and treatment with NAET® can identify, alleviate, and eliminate most asthma and triggers for the asthma. This treatment can lessen the severity and frequency of attacks and make them more manageable until they can, in some cases, be eliminated. Foods, phenolic food compounds, chemicals, pollens and terpenes, dust and dust mites, mold, animal danders, microorganisms, tobacco smoke, sarcodes, weather, and emotions must all be considered in the treatment, control, and elimination of asthma.

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Screening for Asthma Improvement Using SF 36® Asthma Outcome Monitoring System

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ABSTRACT

Objectives: The Asthma Outcomes Monitoring System (AOMS) project was initiated 1996. At that time, there were no well-validated *comprehensive* systems for tracking patient-based outcomes in adults with asthma. Thus, the primary mission of the AOMS was to develop a system that would provide information in support of the goals of asthma treatment, which had broadened beyond managing traditional clinical markers of disease severity to include a focus on the benefits of treatment in terms that are most meaningful to patients. Since we treat many asthma and allergy patients, we decided to utilize the AOMS program to monitor our patients.

Methodology: During the year of 2001, one hundred and thirty subjects were selected from the list of new patients who came in to the Pain and allergy clinic, in Buena Park, for NAET® treatments for asthma. All the selected subjects suffered from asthma and other respiratory system disorders for more than five years and they were taking medication regularly for their asthma. We asked the patients to complete the AOM survey on the initial visit, then onwards once every three months. One hundred and thirteen patients completed three evaluations while they were treated in our office. Seventeen patients did not complete three surveys. Some of them did one and some others did only two. So we did not include them in the final evaluation. The subjects were evaluated in eight health functions according to SF 36 categories: Physical Functioning, Role Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role Emotional, and Mental Health.

Results: Statistical analysis was performed on the collected data. The data was collected using the Asthma Outcome Monitoring System survey on 113 subjects on three occasions through the year. The means of all eight areas of health were calculated for three separate times and the data compared and the results are as follows:

Table-1: THE MEAN DATA OF THE 8 HEALTH FUNCTIONS OVER A PERIOD OF ONE YEAR IN 113 SUBJECTS WITH ASTHMA								
	PF8	RP8	BP8	GH8	VT8	SF8	RE8	MH8
Before NAET	38.7	36.7	42.6	39.6	46	40	38.5	41
Mid-NAET	45	45	51	45	52	47	45.6	49
>9 mo of NAET	48	48.9	55.5	48	57	51	47.8	52

Sum of Means of 113 subjects in 8 health functions in the first and second survey: Mean=56.5; Mean diff.= 7.1; Std. dev.=1.1; SE=0.42; Tstat=16.7; P-value= <.0001; [t]=3.5.

Sum of Means of 113 subjects in 8 health functions in the first and third survey: Mean = 85.1; Mean diff.= 10.6; Std. dev.=1.54; SE=0.58; Tstat=18.3; P-value= <.0001; [t]=3.5.

CONCLUSIONS: Significant improvements were noted in the second evaluation when compared with first evaluation. Average asthma reduction was achieved by 7 units. Further improvement was noted on third evaluation when compared to the first and second evaluations of the outcome study demonstrating that NAET® treatments were very effective in reducing asthma symptoms. The average asthma improvement (or reduction of asthma) was achieved by 11 units.

INTRODUCTION

Background: The Quality metric group uses the Dynamic Health Assessment (DYNHA®) System, a unique Internet application that provides practical and precise measurement at the individual level. Drawing on a pool of items from widely used health surveys-general and disease specific-DYNHA® designs a brief assessment by asking only those questions relevant to the individual's health state. By scoring all responses on a standard metric, results can be compared for those who answer different questions. The brevity of the assessment means that the DYNHA® System determines scores on the "health ruler" at a fraction of the cost of traditional health assessments. DYNHA® is the first system to provide result-in user-friendly, real-time report-that are precise enough for monitoring and managing the care of individuals. The information on Quality metric health surveys can be seen by logging on to their website at www.amIhealthy.com. The site also provides sample surveys in a variety of health problems.

The SF-36® (short form 36) Health Survey was developed for the Medical Outcomes Study, and has been tested and validated extensively. (The SF-36® Health Survey is a registered trademark of the Medical Outcomes Trust, Inc., 20 Park Plaza, Suite 1014, Boston, Massachusetts 02116.). SF-36® is a registered trademark of the Medical Outcomes Trust.

The SF-36® was originally designed in the US to help understand how the health care system affects health. Now it has a much wider application, being used to measure the general health of populations as well as to compare the health of patients with different medical conditions. It is a general measure that is intended to capture quality of life as well as whether an individual is healthy or not. The SF-36® is made

up of 8 scales. These cover the ability to function and complete everyday activities, including physical activities and social activities. The scales also capture well-being, such as energy or fatigue and mental health. The asthma outcome measurement survey is based on SF 36 model.

The AOMS represents a balance of the competing forces in measurement today: those of achieving both brevity and comprehensiveness in new tools. To that end, we used the best available short forms for measuring generic and asthma-specific functional health and well-being, and other concepts integral to the treatment of asthma. Thus, the adult AOMS programs draw on previously existing modules. Specifically, the AOMS adult program incorporates the SF-8 Health Survey to measure generic functional health and well-being and the ITG Asthma Short Form to measure asthma-specific functional health and well-being. These tools, developed over the past decade, are among the most widely used in patient-based assessment of health and health care.

The survey measures something very different from a physical examination or laboratory test. The AOMS measures how you view your health, what you can do and how you feel.

The development and validation of the AOMS was supported by the Joint Council of Allergy, Asthma and Immunology, the JCAAI, which is sponsored by the American Academy of Allergy, Asthma and Immunology and the American College of Asthma, Allergy and Immunology.

This is a 32-item disease-specific instrument for adults with asthma. The aim of the AQLQ is to reflect areas of function important to adult asthmatics. Available in both interviewer-administered and self-administered forms, the four domains

measured by the AQLQ are activity limitations, emotional function, exposure to environmental stimuli and symptoms.

Qualitymetric Asthma Control Measurement: Evaluates asthma risk and measures treatment effectiveness by screening and monitoring change in asthma control over time and well-suited to measure the degree of control in a variety of settings ranging from clinical practice to disease management and clinical trials.

Asthma Impact Measurement: Assesses the impact of disease on functional status and well-being to evaluate outcomes in clinical trials, identify patients in need of treatment and/or monitor treatment outcomes in clinical practice.

Purpose of the study: This study is proposed to demonstrate the effectiveness of NAET® treatments over a period of 1 year on 113 asthma cases. Allergy symptoms rated and recorded by the subjects prior to entering the study, then once every three months for three times consecutively.

MATERIALS AND METHODS

SAMPLE CHARACTERISTICS

The study was limited to patients presenting to the Pain and allergy clinic, in Buena Park, California with a history of asthma over five years. No restrictions were placed on the patient's race, sex, income bracket, residential area, or occupation.

SETTING

The study was conducted at the Pain and allergy clinic, Buena Park, California during the period of 2001 through 2003.

CLASSIFICATION

The Asthma Outcome Monitoring Survey

SELECTION OF SUBJECTS

One hundred and thirty subjects were selected from the list of new patients who came to Pain and Allergy clinic with the complaints of asthma over a period of one year. One hundred and thirteen patients completed the study by giving evaluation of their health status at three different times while still going through NAET® treatments. The subjects were referred to our clinic by our satisfied prior patients.

The subjects were asked to complete an allergy symptom-rating questionnaire form upon arrival at the research center. The subjects had known food sensitivities to various food substances according to the allergy symptom-

rating questionnaire completed by them. The subjects were screened for admissibility into the study according to their history of food sensitivity.

SUBJECTS' AGES

18 years to 78 years.

DISTRIBUTION

They included 53 males and 60 females, ranging in age from 18 to 78. The mean age for the group was 41.25. The mean age for males was 36.9 and for females it was 44.2. None of them had heard about NST-NAET® prior to arriving at the clinic.

INCLUSION CRITERIA

Volunteers were selected based on the inclusion criteria such as all subjects suffered from asthma over a period of five years. All subjects were between the ages of 18 to 78 years and should have established and demonstrated a diagnosis of asthma from a pulmonologist prior to entering the study.

EXCLUSION CRITERIA

Any subject that had a history of various complications of illnesses other than asthma 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, etc.
5. Chronic Obstructive Pulmonary Disorders
6. History of anaphylaxis or severe allergies.

PROCEDURE

Observing inclusion and exclusion criteria, the subjects were selected for the study. Each subject upon arrival at the clinic was given the choice to take part in the AOM survey study. The subjects who volunteered to take part in the study were asked to complete the AOM survey form. A sample of the AOM survey questionnaires are given in pages 444-447 of this article. Then they continued with the scheduled treatments for NAET® classic allergen list.

(Continued on Page 448)

(continued on page
135)

(Continued from Page 443)

The treatment period: 9 months

Final evaluation: After 1 year

TREATMENT PROCEDURE

The study subjects received NAET treatments twice a week for 55 groups of NAET® classic allergens to eliminate their known 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® classic-55 continued until the subjects were tested strong for all 55 groups via NST. All subjects were instructed to observe NAET® post-treatment instructions as identified in the patient instruction handbook (The NAET® Guidebook, Nambudripad, 2001). The entire desensitization process for 50 allergens was completed within 9 months.

OUTCOME MEASURES

Every three months the participants were asked to complete the AOM survey forms. Some of them were able to complete the survey on-line. Others who were not computer literate were given the printed version of the survey. After they completed the forms, one of the research associates input the data into the computer at the *Amlhealth.com* site. The computer generated the result a few minutes after entering the data. The result was printed out and saved for analysis at the end of the study. The results of the “before NAET®, in the middle of NAET®, and after NAET®” treatments were compared on individuals and on the groups. The mean difference between three evaluations were noted.

SUMMARY OF STATISTICS

The data from three AOM survey questionnaires were collected from the study. The mean difference between the measurements of three evaluations of each patient “before NAET®, in the middle of NAET® intermediate and after NAET® treatment” has been taken as the measure of the effect of the treatment on that patient.

Number of Subjects completed the study: 113

Male 53; Female 60

Number of evaluations: 3

Number of NAET treatments received: 50

1. Hypothesis for AOM Survey between 1st & 2nd Survey

$$\begin{aligned} \text{Ho: } & U_d = 0 \\ \text{Ha: } & U_d > 0 \end{aligned}$$

2. Hypothesis for AOM Survey between 2nd & 3rd Survey

$$\begin{aligned} \text{Ho: } & U_d = 0 \\ \text{Ha: } & U_d > 0 \end{aligned}$$

3. Hypothesis for AOM Survey between 1st & 3rd Survey

$$\begin{aligned} \text{Ho: } & U_d = 0 \\ \text{Ha: } & U_d > 0 \end{aligned}$$

The following 8 health functions were evaluated once every three months for three times through this survey on 113 subjects:

TABLE-2: HEALTHFUNCTIONS

PF8 (Physical Functioning)

RP8 (Role Physical)

BP8 (Bodily Pain)

GH8 (General Health)

VT8 (Vitality)

SF8 (Social Functioning)

RE8 (Role Emotional)

MH8 (Mental Health)

Summary Measures

PCS(Physical Component Score)

MCS(Mental Component Score)

NAET CLASSIC ALLERGENS

The NAET Classic Allergens include the above 15 NAET Basic Allergen groups plus 40 other major allergen groups. There are a total of 56 major groups of allergens in NAET classic allergens. After the Basic allergens, the preferred order of treatments is given below. About 80 percent of one's allergic reactions towards substances will diminish if one clears 100 percent on all these allergens.

1. BBF (brain, sympathetic and parasympathetic nervous system balance).

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

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

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

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

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

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

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

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

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

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

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

13. Stomach acid (Hydrochloric acid).

14. Digestive enzymes (digestive juice from the intestinal tract contains various digestive enzymes: amylase, protease, lipase, maltase, peptidase, bromelain, cellulase, sucrase, papain, lactase, glucoamylase, and alpha galactosidase).

15. Hormones and Histamine (estrogen, progesterone, testosterone).

16. Cold

17. Heat

18. Humidity

19. Dampness

20. Dust/ dust mites

21. Smoking/nicotine

22. Pollens

22. Perfume mix/flowers

23. Nightshade vegetables/vegetable mix

24. Animal epithelial/dander

25. Virus mix

26. Bacteria mix

27. Grasses/weeds

28. Formaldehyde

29. Chemical mix (Soap, Detergent, etc.)

30. Turkey/serotonin/neurotransmitters

31. Food coloring/food additives

32. Artificial sweeteners

33. Coffee, chocolate and caffeine

34. Spice mix 1 & 2

35. Vegetable fat & animal fat

36. Nut mix-1 & nut mix-2

37. Fish and shell fish

38. Amino acids 1 & 2

39. Whiten-all

40. Fluoride

41. Gum mix

42. Dried bean mix

43. Alcohol

44. Gelatin

45. Vitamin D

46. Vitamin E

47. Vitamin F (fatty acids)

48. R.N.A. & D.N.A.

49. Starch mix (Carbohydrates)

50. Parasites

51. Latex/plastics

52. Crude oil/synthetic materials, etc.

53. Immunizations/vaccinations/ drugs

54. Pesticides

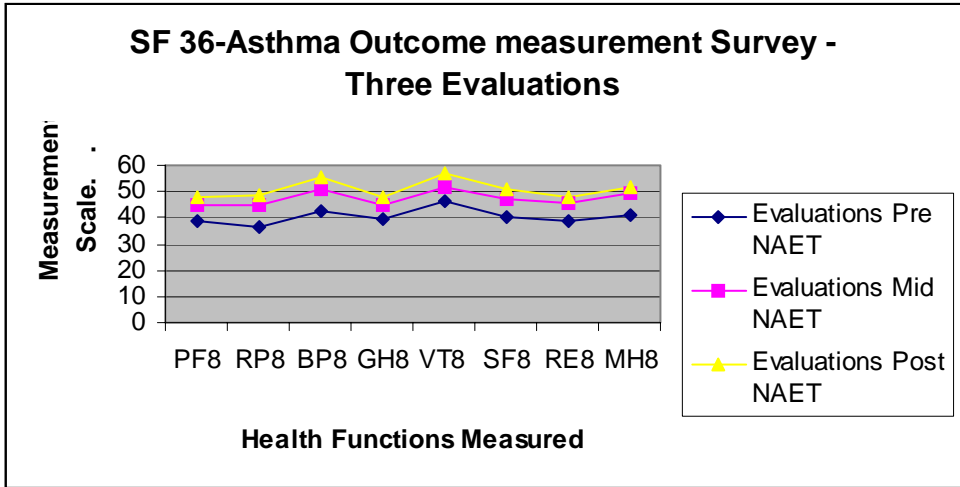
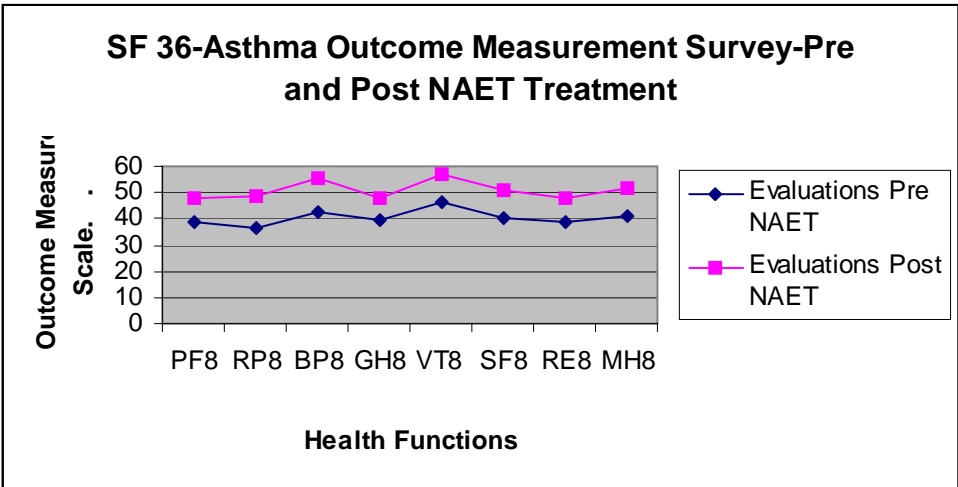
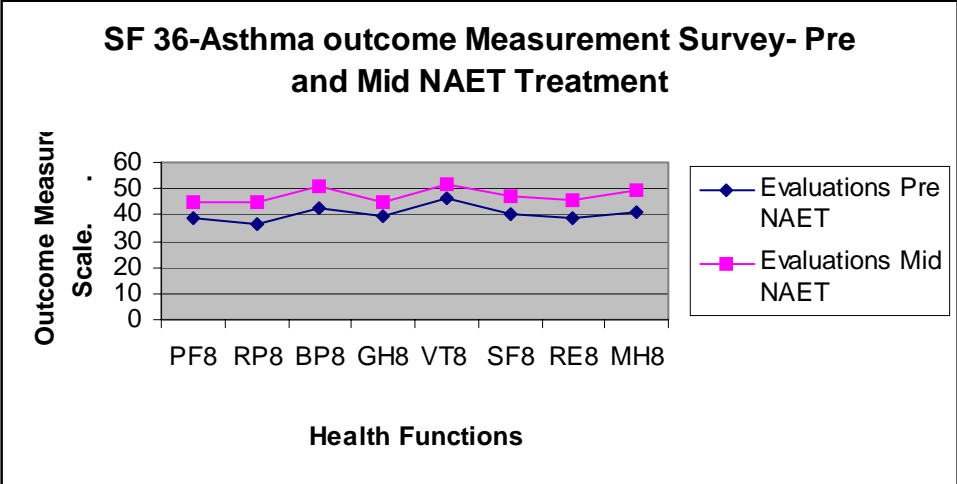
55. Emotional Blockages

Table-3: Health Functions and Number of Surveys done

H/Fns	<NAET	Mid NAET	>9 mos of NAET
PF8	38.7	45	48
RP8	36.7	45	48.9
BP8	42.6	51	55.5
GH8	39.6	45	48
VT8	46	52	57
SF8	40	47	51
RE8	38.5	45.6	47.8
MH8	41	49	52
Summary Measures			
PCS	37.9	47	50
MCS	41	50	53

Table-4: THE MEAN DATA OF THE 8 HEALTH FUNCTIONS OVER A PERIOD OF ONE YEAR IN 113 SUBJECTS WITH ASTHMA

	PF8	RP8	BP8	GH8	VT8	SF8	RE8	MH8	PCS8	MCS8
Before NAET	38.7	36.7	42.6	39.6	46	40	38.5	41	37.9	41
Mid-NAET	45	45	51	45	52	47	45.6	49	47	50
>9 mo of NAET	48	48.9	55.5	48	57	51	47.8	52	50	53



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 microsoft Excel was used for analysis of the data, to generate graphs, tables etc. This was a repeated measure experimental design. The study consisted of 113 subjects. Each one completed the AOM survey questionnaires three times at three months interval. 1st test: prior to beginning of the study, the 2nd test: at the middle of the study the 3rd test: at the end of the study after the successful completion of 50 NAET® classic allergens.

The differences between the measurements in health functions of each patient “before” and “after” the NAET® 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 asthma in adults between the ages of 18-78 years, especially in the areas of improving quality of life and reduction of asthma symptoms.

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

The mean differences between the measurements of each patient on 8 health functions “before” and “after” the NAET® treatment were noted as follows:

Health Fns Tested	Number of Surveys		
	<NAET	Mid NAET	>9 mos of NAET
PF8	38.7	45	48
RP8	36.7	45	48.9
BP8	42.6	51	55.5
GH8	39.6	45	48
VT8	46	52	57
SF8	40	47	51
RE8	38.5	45.6	47.8
MH8	41	49	52

Sum of Means of 113 subjects in 8 health functions in the first and second survey: Mean=56.5; Mean diff.= 7.1; Std. dev.=1.1; SE=0.42; Tstat=16.7; P-value= <.0001; [t]=3.5.

Sum of Means of 113 subjects in 8 health functions in the first and third survey: Mean = 85.1; Mean diff.= 10.6; Std. dev.=1.54; SE=0.58; Tstat=18.3; P-value= <.0001; [t]=3.5.

CONCLUSIONS

Significant improvements noted in the second evaluation when compared with first evaluation. Average asthma reduction was achieved by 7 units. Further improvement was noted on third evaluation when compared to the first and second evaluations of the outcome study demonstrating that NAET® treatments were very effective in reducing asthma symptoms and improving the quality of life. The average asthma improvent (or reduction of asthma) was achieved by 11 units.

ACKNOWLEDGEMENTS

We sincerely want to express our profound gratitude to Qualitymetric group for developing SF 36® Health Survey. We have found this survey very useful in recording the quality of life and improvents in the health conditions and plan treatments accordingly. We also would like to extend our thanks to NAR Foundation research associates and the statistical team for designing the study, 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 (research assistants, volunteer-assistants, and subjects) who participated in this study.

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BOOK REVIEW

NAET: Say Good-bye To Asthma

by

(Devi s. Nambudripad)

An excellent source of Information to rid of your Allergies

Book Review by Frances Taylor, MA.,

INTRODUCTION

NAET: Say Goodbye to Asthma

A Revolutionary Treatment for Allergy-Based
Asthma and Other Respiratory Disorders

Devi S. Nambudripad, MD, DC, Lac, PhD
(Acu)

This very thorough book describes the NAET® method of diagnosing and treating allergy-related asthma and other respiratory disorders. Anyone who suffers from asthma or an allergy related disease or condition should read and utilize the methods described in this book. Traditional medicine only controls asthma. NAET® treatment can not only lessen the severity and frequency of attacks, but in many instances, can eliminate it.

The Forward, Preface, and Introduction are extremely informative and are an integral and important part of *Say Goodbye to Asthma*. They enable the reader to better understand the contents of this book as well as the development of NAET®. This book will also give 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, and will help the reader understand asthma better as well as allowing them to understand the help NAET® has to offer. These case studies and testimonials should inspire readers with asthmatic symptoms to investigate this method of treatment.

NAET® has a relationship to Oriental Medicine, and these origins are explained. The meridians and the nutrients that will strengthen them are described. Special diagrams show with great clarity where important points

are located on the meridians, and how these points may be used in treatment. Points for resuscitation are also given.

Diagnosing asthma is discussed in detail. The importance of health history is emphasized and explained, as are the conditions under which asthma develops for the patient. Helpful questionnaires are included. The role of the NAET® practitioner or specialist for cases of asthma is also described, as are the conditions under which a pulmonologist and the emergency room should be utilized.

Allergy-related asthma has the possibility of hundreds of different triggers, and some patients may have more than one trigger. Identifying these triggers is essential to treatment. Many of these triggers are identified and explained in this book, as well as testing for them. Categories of allergens are thoroughly discussed and can include inhalants, ingestants, contactants, injectants, infectants, physical agents, genetic factors, mold and fungi, and emotional stressors. The details included regarding these classes of allergens will help the reader understand and investigate what his/her personal triggers may be.

Neuro Muscular Sensitivity Testing is one of the important tools of the NAET® practitioner. A chapter devoted to this technique describes this type of testing as well as the variations. Self-testing as well as surrogate testing are included. Photographs further clarify, enhance, and explain this testing method.

A chapter on Allergies, Nutrition, and Exercise explains nutritional disorders, and presents the major nutrients with a description of each as well as foods in which they may be found. Information regarding water intake, diet, and exercise is also included in another chapter. Tips for the difficult task of living with asthma are given, as are tips for beginning treatment with NAET®. Facets of NAET® treatment are described as it applies to asthma.

Self-testing is presented, and points to use for self-testing are described. Many balancing methods that will

help with asthma are included as well as self-balancing the body during asthma. Special techniques for small children are also given. However, none of these techniques substitute for NAET® treatment by a practitioner trained in these techniques.

This book has an excellent glossary containing terms with which both patients and practitioners should be familiar.

Reading this book is a must for anyone having asthma, as well as for anyone who knows someone who has asthma. Its contents offer hope and help for sufferers of asthma. Reading this book is also a must for all NAET® practitioners and specialists.

Frances A. Taylor, MA, CHom
Los Alamos, NM

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CASE REPORT

Overcoming 61-year-old Chronic Asthma Through NAET

Meher Davis, D.Ac. & Firoza Moose, D.Ac., India

ABSTRACT

Objective: Many thousands of people in every part of the world who suffer from asthma have been unable to find relief or appropriate medical help for various reasons. While most patients respond well to conventional anti-asthmatic therapy as outlined in current guidelines, a small percentage, however, have problems in responding appropriately to the inhaled as well as oral medications. These patients often have a long-standing or chronic asthma. NAET treatments have proven to be very effective in treatment resistant asthma cases. We would like to present a case study of an asthmatic patient who received freedom from asthma after treatment with NAET.

INTRODUCTION

Asthma is an allergic state in which the bronchial tubes constrict the passage of air, resulting in severe difficulty in breathing and a whistling type of exhalation. The sides of the airways in the lungs become thick and swollen, causing recurring episodes of wheezing, breathlessness, tightness and aching of the chest, with throat constriction-like sensations. Sufferers often have a persistent cough that lasts more than a week or coughing attacks after laughing, crying, brisk-walking, or exercising. Some people wake up in the middle of the night coughing or wheezing, especially between 3 a.m. and 5 a.m., the lung meridian time (Nambudripad, 2003).

A 62 year old lady walked into our clinic, huffing and puffing from having climbed 5 steps. Her chest was heaving and she was

completely out of breath and could not speak for a while. She pulled out her inhaler, took a couple of puffs and finally regained her breath. We took her history and were told that she had been asthmatic since she was an infant. At the time she came to our clinic, she was on 2 prednisole tablets, a Ventorlin (Salbutamol) inhaler and a Becoride (Corticosteroid) inhaler twice a day.

The first treatment we did for her was BBF. That night she slept through the lung meridian time for the first time in several years. Previously, she would wake up breathless and coughing between 3-4 a.m.

BBF treatment was followed by the 25 basic treatments. After the sugar mix treatment we noticed some improvement.

She had cut down on the prednisole tablets and was now taking 1.5 per day. The grain mix treatment made a dramatic difference. She had been very allergic to wheat. She had to repeat grains three times with DNA/RNA and then with heat. We also found an emotion with wheat. The emotion was loneliness.

THE ORDER OF THE TREATMENTS

BBF
Egg Mix
Cal Mix
Vitamin C Mix
B Complex Mix
Sugar Mix
Iron Mix
Vitamin A Mix
Mineral Mix
Salt Mix
Grain Mix
Wheat mix
Loneliness
Starch mix
Yeast Mix
Acid
Base
Hormones
Organ mix
Artificial Sweeteners
Caffeine mix
Nut Mix 1
Nut Mix 2
Spice mix 1/Spice mix 2
Animal Fat
Vegetable Fat
Shell Fish Mix
Fish Mix
Dried Bean Mix
Amino Acids
Turkey
Whiten-all
Alcohol
Baking Powder/Baking Soda
Gelatin
Gum Mix
Vitamin E
Vitamin D
Vitamin K
Night shade vegetables

Vitamin F
Coconut
Coconut oil
NET Self Esteem
Aroma Therapy oil

We worked through more of the basics and the patient's asthma responded very well. By the time we had completed 35 of the basics she had come down to one puff of her inhalers once a day. She said she needed to have that one puff as it made her feel more secure. There did not appear to be a physical dependency on the inhalers, only an emotional one. After we had completed the 35 basics she had fewer attacks but the asthma was not gone completely. We tested further and discovered that coconut was a big problem for her. Not only was she allergic to it as an ingestant but also as a contactant. She had been using coconut oil on her hair! Once again, there was an emotion attached to the treatment. This time, the emotion was low self esteem. We treated that and there was a dramatic change.

At this time asthma was no longer a problem. She was completely off her medications and now she only carried the inhalers in her handbag for "security." She was delighted with the results and could not believe that she had been cured of asthma in this lifetime.

We saw her once again about 9 months later. She had been suffering from slight breathlessness. NST indicated this time that it was caused by an inhalant. We traced it to an aromatherapy massage oil that she was using. It caused her stomach to bloat, which in turn pressed on her diaphragm and made her breathless. The oil was treated successfully and she has since stopped coming into the clinic.

We received a phone call several months later telling us that she was off to Spain for a holiday. She was totally well and enjoying her life thanks to NAET.

DISCUSSION

We have described here the NAET treatments and the management of a patient who was diagnosed with asthma since infancy and suffered throughout her youth until she was sixty-two years old. She had no relief from her asthmatic symptoms, even though she took all prescription medication as directed. While most patients respond well to conventional antiasthmatic therapy as outlined in the current guidelines, a small percentage of patients, however, have problems in responding appropriately to inhaled as well as oral medications. The above case study suggests that, for asthmatic patients who are resistant to standard medical care,

there are alternative therapies, which can be administrated as adjunctive therapies to classical medications. This patient was allergic to the daily foods that were supposed to help keep her healthy. If she would not have been allergic to the foods she ate regularly, she would have likely responded to the medication and controlled her asthma. There is no effective allergy elimination treatment in traditional medicine. Although oftentimes traditional medicine controls symptoms very effectively by powerful pharmaceutical drugs, when a patient is allergic to the food that he or she consumes on a daily basis, drugs alone do not control the asthma as desired. If this patient had avoided the allergic foods, the medications could have helped her keep her symptoms under control.

Through our 23 years of clinical experience, NAET treatments have shown to be very effective in eliminating allergies to the treated items permanently. The above case study is one example. NAET is a perfect solution worth considering for treatment-resistant cases of asthma. More aggressive studies should be done to understand NAET mechanics fully. NAET can be a good source of inspiration for future research in asthma patients.

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NEWS AND VIEWS

CHRIS SAILS, ND



Srinivasa Ramanujan

Background: Srinivasa Aiyengar Ramanujan was one of India's greatest mathematical geniuses. He made substantial contributions to the analytical theory of numbers and worked on elliptic functions, continued fractions, and infinite series.

Ramanujan was born on December 22, 1887 at his grandmother's house in Erode, a small village about 400 km southwest of Madras, in Tamil Nadu State, India. When Ramanujan was a year old his mother took him to the town of Kumbakonam, about 160 km nearer Madras. His father worked in Kumbakonam

as a clerk in a cloth merchant's shop. In December 1889 he contracted smallpox.

When he was nearly five years old, Ramanujan entered the primary school in Kumbakonam although he would attend several different primary schools before entering the Town High School in Kumbakonam in January 1898. He started school in an English medium being that India was a British colony at that time and education was organized along the English system.

As a student he was a slow learner in all subjects except in mathematics. He excelled in math. In fact his teachers could not keep up with him. At this time, he came across a book written by G.S. Carr, Synopsis of Results in Pure and Applied Mathematics, which greatly affected his life as it provided him the information that he was looking for. In 1904, he was given a scholarship to Kumbakonam government college. He became very obsessed with mathematics and everything else became insignificant to him. This caused him to neglect other subjects at the college and he failed his term and could not graduate from the university. He also lost the scholarship. He did not have a job, no money and now no scholarship either. But his passion for mathematics grew many fold. Following that he spent a few years wandering around and concentrating on mathematical work on his own.

In 1906 Ramanujan went to Madras where he entered Pachaiyappa's College. His aim was to pass

the First Arts examination which would allow him to be admitted to the University of Madras. He attended lectures at Pachaiyappa's College but became ill after three months study. He took the First Arts examination after having left the course. He passed in mathematics but failed all his other subjects and therefore failed the examination. This meant that he could not enter the University of Madras. In the following years he worked on mathematics developing his own ideas without any help and without any real idea of the then current research topics other than that provided by Carr's book.

Continuing his mathematical work Ramanujan studied continued fractions and divergent series in 1908. At this stage he became seriously ill again and underwent an operation in April 1909 after which it took him some considerable time to recover. He married on 14 July 1909 when his mother arranged for him to marry a ten year old girl S Janaki Ammal. Ramanujan did not live with his wife, however, until she was twelve years old. His marriage brought him back to reality of facing responsibility of taking care of his wife. He looked for a job where he could earn enough money to live and permit time to work on his interest -Mathematics.

Without money he was soon in difficulties and, without telling his parents, he ran away to the town of Vizagapatnam about 650 km north of Madras. He continued his mathematical work, however, and at this time he worked on hypergeometric series and investigated relations between integrals and series. He was to discover later that he had been studying elliptic functions.

Ramanujan continued to develop his mathematical ideas and began to pose problems and solve problems in the *Journal of the Indian Mathematical Society*. He developed relations between elliptic modular equations in 1910. After publication of a brilliant research paper on Bernoulli numbers in 1911 in the *Journal of the Indian Mathematical Society* he gained recognition for his work. Despite his lack of a university education, he was becoming well known in the Madras area as a mathematical genius.

In 1911 Ramanujan approached the founder of the Indian Mathematical Society for advice on a job. After this he was appointed to his first job, a temporary post in the Accountant General's Office in Madras. It was then

suggested that he approach Ramachandra Rao who was a Collector at Nellore. Ramachandra Rao was a founding member of the Indian Mathematical Society who had helped start the mathematics library.

Ramachandra Rao liked this young man and helped him find a job where he also had plenty of time to work on mathematics. He helped him grow in many areas.

Ramanujan was quite lucky to have a number of people working round him with a training in mathematics. In fact the Chief Accountant for the Madras Port Trust, S N Aiyar, was trained as a mathematician and published a paper *On the distribution of primes* in 1913 on Ramanujan's work. The professor of civil engineering at the Madras Engineering College C L T Griffith was also interested in Ramanujan's abilities and, having been educated at University College London, knew the professor of mathematics there, namely M J M Hill. He wrote to Hill on 12 November 1912 sending some of Ramanujan's work and a copy of his 1911 paper on Bernoulli numbers.

The University of Madras gave Ramanujan a scholarship in May 1913 for two years and, in 1914, he traveled to Trinity College, Cambridge, to begin an extraordinary collaboration. Setting this up was not an easy matter. Ramanujan was an orthodox Brahmin and so was a strict vegetarian.

Ramanujan sailed from India on 17 March 1914. It was a calm voyage except for three days on which Ramanujan was seasick. He arrived in London on 14 April 1914. After four days in London he went to Cambridge and Ramanujan spent a couple of weeks in his friend Neville's home before moving into rooms in Trinity College on 30th April. Right from the beginning, however, he had problems with his diet. The outbreak of World War I made obtaining special items of food harder and Ramanujan began having on-going health problems related to diet and the cold weather (Winter) in England.

On 16 March 1916 Ramanujan graduated from Cambridge with a Bachelor of Science by Research (the degree was called a Ph.D. from 1920). He had been allowed to enrol in June 1914 despite not having the proper qualifications. Ramanujan's dissertation was on

Highly composite numbers and consisted of seven of his papers published in England.

Ramanujan fell seriously ill in 1917 and his doctors feared that he would die. He did improve a little by September but spent most of his time in various nursing homes.

On 18 February 1918 Ramanujan was elected a fellow of the Cambridge Philosophical Society and then three days later, the greatest honor that he would receive, his name appeared on the list for election as a fellow of the Royal Society of London. He had been proposed by an impressive list of mathematicians, namely Hardy, MacMahon, Grace, Larmor, Bromwich, Hobson, Baker, Littlewood, Nicholson, Young, Whittaker, Forsyth and Whitehead. His election as a fellow of the Royal Society was confirmed on 2 May 1918, then on 10 October 1918 he was elected a Fellow of Trinity College Cambridge, the fellowship to run for six years.

The honors which were bestowed on Ramanujan seemed to help improve his health a little and he renewed his efforts at mathematics. By the end of November 1918 Ramanujan's health had greatly improved.

Ramanujan sailed to India on 27 February 1919 arriving on 13 March. However his health was very poor and, despite medical treatment, he died there the following year.

Ramanujan left a number of unpublished notebooks filled with theorems that mathematicians have continued to study. G N Watson, Mason Professor of Pure Mathematics at Birmingham from 1918 to 1951 published 14 papers under the general title "*Theorems stated by Ramanujan*" and he published nearly 30 papers which were inspired by Ramanujan's work. Hardy passed on to Watson the large number of manuscripts of Ramanujan that he had, both written before 1914 and some written in Ramanujan's last year in India before his death.

CONCLUSION

Ramanujan's years in England were mathematically productive and he gained the recognition he hoped for. Cambridge granted him a Bachelor of Science degree "By Research" in 1916, and he was elected a Fellow of

the Royal Society (the first Indian to be so honored) in 1918. But the unaccustomed culture, weather, living habits, unavailability of proper food (he was a strict vegetarian and it was during War time) took a toll on his health. Ramanujan had always lived in a warm climate and had his mother to cook for him; later his wife did the cooking. In England, he was forced to live in the English winter, he had to do all his own cooking to maintain the dietary rules of his caste. Wartime shortage for particular type of foods made the situation worse. In 1917, he was very ill and hospitalized, by late 1918 his health improved. He returned to India. He died on April 26, 1920 in Kumakonam.

ACKNOWLEDGEMENT

We acknowledge our sincere thanks to the following internet sites for making the information available: Wikipedia, the free encyclopedia; Biography in *Dictionary of Scientific Biography* (New York 1970-1990); Biography in *Encyclopaedia Britannica*. The photograph of Ramanujan on page 457 is taken from a stamp issued by the Indian Post Office to celebrate the 75th anniversary of his birth.

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ABSTRACT

EGG ALLERGY ELIMINATION THROUGH NAET®

A RANDOMIZED, DOUBLE BLIND, PLACEBO-CONTROLLED CLINICAL TRIAL

MOHAN MOOSAD, M.AC., ND.

Background: Although several standard clinical techniques are used to detect and treat common allergic conditions, each one is limited in scope and requires to follow repeated treatment protocols. The non-invasive system known as NAET® does not generally have such limitations and has over the last twenty-three years been demonstrated to be effective clinically in thousands of cases.

Objective: We sought to determine the efficacy of NAET® in permanently eliminating egg allergy for a sample of patients. NAET® is a natural treatment that utilizes standard medical diagnostic measures along with kinesiologic, chiropractic and oriental testing, procedures to identify the allergens, as well as the intensity of reactions to the allergens which vary from individual to individual. Treatment consists of a sequence of spinal manipulations at specific thoracic and lumbar spinal levels along with acupuncture acupressure on configurations of standard acupuncture points.

Methods: In a double blind study, 26 patients with diagnosed egg allergy (13 males, 13 females, age range between 18-65 years) were randomly assigned to 2 groups:

- (1) NAET®/Experimental group, and
- (2) Placebo/control group

The study was conducted by 12 volunteer-clinicians from NAET® research associates, divided into six investigator groups. Each group conducted a designated sequential part

of the study independently from all other groups, that is, was blinded from all other groups for the duration of the study. Subjects from both groups (Experimental and Control) were evaluated immediately before treatment and eight weeks thereafter using the following ten diagnostic measures: Subjective history (Allergy Symptom Rating Scale or ASRS); ALCAT Test; antibodies to milk protein in the blood serum by Immunoglobulins G, Immunoglobulins A, Immuno-globulins M, and Immunoglobulins E (IgG, IgA, IgM, IgE) by Elisa method (enzyme linked Immunosorbent Assay); EAV (electroacupuncture by Voll); Intradermal testing for egg sensitivity. NSTRS (Kinesiologic muscle response testing also known as Neuromuscular Sensitivity Testing) and Pulse difference Rating Scale (PDRS) were tested by two well trained NST clinicians at two different times before and after the treatments. Both groups demonstrated allergic sensitivities to whole egg test sample in varying degrees. After completing the evaluations, the Experimental group received 2 NAET® treatments on whole egg, on two consecutive Saturdays. The Placebo group received two treatments on placebo samples on the same days along with the experimental group on two consecutive Saturdays as well. At the end of the treatment phase, once again both groups were evaluated for whole egg test sample using all of the nine diagnostic measures.

RESULTS

Arithmetic Mean of before and after treatment of ten Evaluations of both groups are given below:

:

THE EXPERIMENTAL GROUP

Before	After
ALCAT (before): 0.69	ALCAT (after): 0.31
IgG (before): 725	IgG (after): 594
IgA (before): 450	IgA (after): 429
IgM (before): 1699	IgM (after): 1207
IgE (before): 18	IgE (after): 16
ID (before): 12	ID (after): 10.6
ASRS (before): 9	ASRS (after):6
NST-1 (before): 1.9	NST-1(after):1.2
NST-2 (before):1.92	NST-2(after):1.23
EAV (before): 99	EAV (after): 61
PDRS-1 (before):7.6	PDRS-1 (after): 2.7
PDRS-2(before):7.6	PDRS-2 (after): 2.68

THE PLACEBO/CONTROL GROUP

Before	After
ALCAT (before): 0.30	ALCAT (after): 0.23
IgG (before): 716	IgG (after): 694
IgA (before): 675	IgA (after): 138
IgM (before): 1646	IgM (after): 2423
IgE (before): 10	IgE (after): 10.38
ID (before):14	ID (after): 13.42
ASRS (before): 8	ASRS (after): 8
NSTRS-1 (before): 2	NSTRS-1 (after):2
NSTRS-2 (before): 2	NSTRS-2 (after): 2
EAV (before): 100	EAV (after): 99
PDRS-1 (before):7.7	PDRS (after): 8.3
PDRS-2 (before):7.7	PDRS-2 (after): 8.3

P-value of the differences of EXP group

P-value: Alcat=.04; IgG=0.12; IgA=0.12; IgM=0.0003; IgE=0.21; ID=<.0001; ASRS=<0.0001; NSTRS-1=<0.0001; NSTRS-2=<0.0001; EAV=<.0001; PDRS-1=<0.0001; PDRS-2=0.0001

Control Group was tested for all initial evaluations using the whole egg sample, then was treated for distilled water (placebo sample instead of egg), and final evaluations were done using whole egg sample. The control group did not have any measurable differences when compared with the before and after placebo treatments.

On the ten diagnostic measures there was a significant difference in the means of the before and after measures of the Experimental group, while they remained almost the same for the Placebo group. At 95% CI, p-values were less than 0.05 in all tests except for IgG, IgA & IgE studies (IgG=p-value=0.12, IgA study=0.12; IgE=0.21); NSTRS and PDRS were evaluated by two clinicians at different time to evaluate the intertester reliability among two clinicians for these two tests. A significant correlation was noticed with the results both testers received on these two testing—NST and PDRS (p-value <0.0001).

CONCLUSION

The study demonstrated the efficacy of eliminating or reducing egg allergy using the NAET® treatment protocol. This study also evaluated the reliability of performing two testing procedures (NST & PDRS) by two independent examiners in testing the subjects for egg at two different times. There was a significant correlation in the results they received as shown above, when the two clinicians tested the subjects independently, demonstrating that there is a good reliability between these well trained clinicians in their performance while doing these two evaluations.

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