

Reducing HIV Infections Through NAET® Treatments

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ABSTRACT

Background: The human immunodeficiency virus or HIV, is a sexually transmitted disease. If one gets infected with the HIV one's body will begin to create antibodies to fight the infection to destroy the virus. Antibodies are special protein molecules that are created by the body's defense mechanism to defend the body by destroying the allergen that is attacking the body. So far there is no known effective treatment developed to eliminate the HIV infection or the viruses from one's body using a traditional medical approach. There are drugs that can slow down the HIV activity, and thus reduce the damage to one's immune system. With the help of drugs, one may be able to prolong the life of the sufferer for a few more years. We have found through our 23 years of NAET® practice that subjects with poor immune-function were able to improve their health and immune systems when they were able to assimilate essential nutrients from their daily foods after eliminating their allergies to the nutrients through NAET® treatments. Recently we have also discovered that some patients who tested positive for HIV became HIV negative after receiving a series of NAET® treatments as demonstrated in their laboratory blood tests. This discovery led us to conduct an exploratory study using NAET® on HIV positive subjects.

Objectives: We sought out to test the efficacy of NAET® (Nambudripad's Allergy Elimination Techniques) protocols for the treatment of allergy-related HIV infections in children between the ages of 4 months to 6 years to improve their immune function, general health and quality of life by reducing the symptoms of HIV infection and reducing the antibody production.

Hypothesis: It was hypothesized that the children in the treatment/experimental group will show a significant improvement in immune function, general health, and quality of life. This occurs by reducing the symptoms of the HIV infection and/or reducing the production of the HIV antibodies in a group of HIV positive subjects after administering a series of NAET® treatments using the NAET® HIV Protocol within a specified period of the study.

Methodology: We decided to conduct an experimental study on a group of HIV positive subjects who lived in an orphanage in Bangalore, India. Fifty subjects who were previously tested positive for HIV responded to the invitation for the study and twelve were randomly selected out of 50. All twelve were positive for HIV since birth. All selected twelve subjects suffered from numerous health problems including low grade fever, repeated upper respiratory infections, fatigue, general malaise, loss of appetite, sore throat, swollen lymph glands, and diarrhea for months previous to the study. After completing the initial evaluations, these twelve subjects were divided randomly into two groups: Experimental and control group. The six subjects in the experimental/treatment group were treated for 50 NAET® allergens following the specific NAET® protocol for HIV. The control group did not receive any NAET® treatments but continued all previous standard symptomatic treatments

and therapies. At the end of the 50 treatments, both groups were evaluated again using diagnostic modalities and the results were recorded. The diagnostic modalities used in this study: (1). Allergy Symptom-Rating Scale questionnaire - (ASRS) - completed by the caretaker from the orphanage before beginning the study and after completion of the study; (2). Neuromuscular Sensitivity Testing for the 50 allergens before and after the study; (3). Blood test for HIV Antibodies via Western blot method before and after the study; (4). Videotaping of the children before beginning the study and upon completion of the study.

RESULTS: Data was collected for these tests: ASRS; NSTRS, Laboratory blood test for HIV antibodies, and videotaping of the children's health status before and after treatments. Statistical analysis was performed on the collected data using Microsoft Excel statistical programs. Graphs were produced using Microsoft Excel program.

The difference between the measurements of three diagnostic evaluations compared with the video tape of each subject from the treatment group "before and after the treatment" was taken as the measure of the effect of the treatment on that subject.

ASRS-Study Exp. Group- Sum diff: 483; U_d : 21.954545; SD: 10.521983; SE: 2.2432943; t-stat: 9.7867435; P-value: <.0001; [t]: 2.0796138.

ASRS-Study Control Group - Sum diff: 3; U_d : 0.1363636; SD: 9.2041389; SE: 1.962329; t-stat: 0.0694907; P-value: 0.8256091; [t]: 2.0796138.

NSTRS-Exp. Group - Sum diff: 599; U_d : 11.98; SD: 2.3167; SE: 0.3276; t-stat: 36.566; P-value: <.0001; [t]: 2.0096.

NSTRS-Cont. Group - Sum diff 4; U_d : 0.08; SD: 1.066; SE: 0.1508; tstat: 0.5307; P-value: 0.598; [t]: 2.0096.

The blood was tested via Western Blot method before beginning the study and the tests were positive for HIV on

both groups. The blood tests were repeated on both groups at the end of the study and the tests were found negative on all six subjects in the experimental treatment group while there was no change noted on the six subjects in the control group when compared with the blood test from before beginning the study.

CONCLUSIONS

The six experimental subjects received 50 NAET® treatments within a period of one year. At the end of the treatments, these subjects demonstrated significant improvements in their general health by showing improvements in their immune function, improved quality of lives, reduction in the symptoms of infection, and elimination of the HIV Virus infection demonstrated in the after study laboratory blood test as the HIV Positive status changed to HIV negative status. The control subjects (6 HIV positive members of the same orphanage) did not receive any NAET® treatments and did not demonstrate any change in their immune system conditions or quality of lives. The "after" study laboratory tests on their blood did not demonstrate any change in their HIV positive status when compared with the "before" study.

In the experimental group the p-value of the treatment effect (the difference between "before" and "after" treatments) was <.0001 in two categories of diagnostic evaluations. The "after" study laboratory tests were negative on the experimental subjects whereas there was no change noted in the control group. Significant improvements were also noticed in the general health, activities and appearances of the experimental subjects when comparing the "after" study videotape with the videotape from prior to beginning the NAET® treatments. This study supports the use of NAET® treatments as beneficial therapy in assisting allergy-based HIV positive subjects to improve their immune function, general health, quality of lives, reduction of symptoms of infection, and elimination of HIV virus antibodies.

INTRODUCTION

Background: NAET® theory states that 90% of human ailments (including HIV infections and AIDS) are due to the after-effects of allergies and sensitivity reactions to foods, chemicals, environmental substances (including virus, bacteria, mold, yeast, parasites and fungus), and people in their living environment (Nambudripad, 1999, 2005). Repeated allergic reactions result in a weakening of the immune system, which adversely affects the health of the person and their ability to resist disease (Krohn, Taylor, and Larson, 2000). After successful NAET treatments, allergy sufferers become normal, their immune systems begin to function normally making their bodies healthy and able to withstand many diseases and conditions. NAET® treatment for organisms, including viruses, bacteria, parasites, fungi, molds, and yeast eliminate the allergy to these organisms. Many disease conditions (including HIV infections and AIDS) will heal when the allergies are successfully treated with NAET®.

Objectives: This study proposes to test the efficacy of NAET® (Nambudripad's Allergy Elimination Techniques) protocols for the treatment of allergy-related human immunodeficient virus infection in children between the ages of 4 months- 6 years, especially in the areas of improving immune function, improving the quality of life and reducing the symptoms of infection.

Hypothesis: It is hypothesized that subjects in the experimental group will show significant improvements over the control group in the area of improving immune function, improving general health, improving the quality of life, reducing the symptoms of HIV infection and reducing the HIV virus antibodies using the NAET® methodology within a specific period of study.

Relevance of the NAET® Approach for Treating Human Immunodeficient Virus Infection

Various conventional medical researchers are already conducting studies to produce vaccines to reduce the HIV infection in affected people as well as to prevent infection to others. So far no definite solution has been found. While awaiting for the development of vaccines, many hundreds of HIV-affected people suffer from low immune system- related

illnesses, and many are dying without being able to handle the stress due to the effect of the virus. We strongly believe that the NAET® approach could substantially reduce many of the adverse symptoms, complications, acute and chronic infections and general fatigue that are prevalent in persons infected with HIV when the affected people begin to consume adequate nutrients after eliminating their allergies towards the nutrients. After successful NAET® treatments the affected persons will be able to consume normal food and drink and digest, absorb and assimilate nutrients as needed for their bodies to improve their immune function and thus to assist the body in eliminating the HIV virus. Even though it may take a series of NAET® treatments to achieve this goal, while we develop the vaccines, NAET® may be an alternate choice for the sufferers to eliminate their symptoms, improve their immune function and increase their life span.

When we enroll HIV positive subjects into the NAET® program, most of them suffer from general fatigue, fever, sore throat, runny nose, sinusitis, skin rashes, swollen lymph glands, headaches, and muscles aches. By the time they complete 15 to 20 NAET® basic treatments (basic treatments consists of essential nutrients from daily food), most of them gain energy and improve their conditions by reduced fever, reduced sore throat, improved sleep, reduced skin rashes, reduced swelling of the glands, reduced sinus and other infections, and reduced muscle aches and headaches. When they complete the NAET® program most of them begin to function normally.

The complete NAET® program usually takes about 75-100 office visits over a span of a couple of years. We have treated 300 plus cases with various infections (bacterial, viral and parasitic infections) and just a few HIV positive cases in different NAET® clinics worldwide and 90 percent of them are leading normal lives now.

Ever since the discovery of NAET®, the inventor, Dr. Devi S. Nambudripad, has trained over 9,000 practitioners worldwide in the use of this alternative and complementary treatment. This non-invasive treatment has been widely utilized in all parts of the USA, in addition to Australia, Canada, Europe, Japan, India, Indonesia, China, Taiwan, Korea and other parts of Asia. Non-invasive NAET® does not generally have limitations such as side effects and has been demonstrated to be effective clinically in eliminating allergies,

infections and diseases arising from allergies in hundreds of cases.

Materials And Methods

Method: The NAET® method has been highlighted in literature (Nambudripad Devi S: *Say Goodbye to Illness*, 1st edition, Delta Publishing 1993, 2nd edition 1999, Third Edition, 2002, pp. 136-137; Nambudripad Devi S: *Say Good-bye to Allergy-related Autism*, 1st edition, Delta Publishing 1999; 2nd. edition 2006, *The NAET® protocols and procedures*, The Journal of NAET® Energetics and Complementary Medicine (1) (1) 76-79, 2005, The Journal of NAET® Energetics and Complementary Medicine (1) (2) 107-113, 2005, The Journal of NAET® Energetics and Complementary Medicine (1) (3) 179-184, 2005, The Journal of NAET® Energetics and Complementary Medicine (1) (4) 265-270, 2005, Nambudripad, DS: NAET® Protocols and Procedures-part 5, The Journal of NAET Energetics and Complementary Medicine, Vol. (2)(1), pp.343-350. NAET Center, Buena Park, CA, 2005, The Journal of NAET Energetics and Complementary Medicine, Vol. (2)(2), pp.423-432. NAET Center, Buena Park, CA, 2006 and Teuber and Porch-Curren: *Curr Opin Allergy Clin Immunol* 3:217-221, 2003.

SAMPLE CHARACTERISTICS

Information about this research/treatment opportunity of the clinical trial was communicated via telephone and personal interviews to the Infant Jesus Orphanage where many HIV positive children are being cared for in Bangalore, India. The study was limited to the subjects at this particular orphanage presenting with HIV positive laboratory results and symptoms of lower immune function. No restrictions were placed on the patient's age, race, sex, income bracket, or health status. The base line measurements of age, history, symptom summary, and the laboratory report with positive reaction to HIV were comparable among the experimental and control groups.

SETTING

The study was conducted at the Infant Jesus Orphanage, Bangalore, India in association with the NAET® clinic of Sophia opportunity School, Bangalore.

CLASSIFICATION

An exploratory, repeated Measure Performance Study used a single a group of subjects (NAET® experimental group and control group).

SELECTION OF SUBJECTS

Twelve subjects were selected from a group of fifty HIV positive volunteers from the orphanage responding to the invitation for the study. Thirty-eight subjects out of 50 were rejected from the study initially since the research budget was sufficient to provide for 12 subjects only.

Twelve subjects remained in the study until the conclusion. The subjects had a diagnosis of HIV infection as recorded in the laboratory report taken prior to beginning the study. The caretakers of the subjects were asked to complete an Allergy Symptom-Rating Questionnaire prior to entering the study. The Allergy Symptom-Rating Questionnaire completed by the orphanage caretakers confirmed that these subjects in fact suffered from various allergies. The subjects were screened for admissibility into the study according to the positive status of HIV in the blood report that they brought along.

SUBJECTS' AGES

4 months to 6 years

DISTRIBUTION

The subjects included 7 males (58.33%) and 5 females (41.66%), ranging in age from 4 months to 6 years. The mean age for the group was 19.7 months. The mean age for males was 24 months and for females was 13.6 months.

INCLUSION CRITERIA

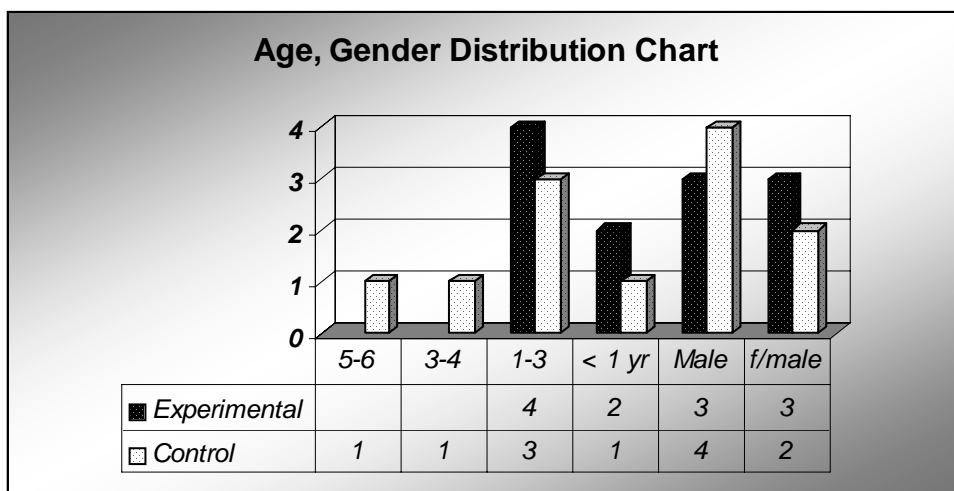
Volunteers were selected based on the inclusion criteria. For example, all control and experimental group subjects demonstrated HIV reactive status in their laboratory blood work prior to entering the study. Six experimental subjects were selected based on their blood reports. No discrimination was placed on age, health status, or race.

EXCLUSION CRITERIA

The limited budget was the only limiting factor considered as an exclusion criteria for this study. No limitation was placed on age, sex, race, or health status on these subjects.

TABLE -1: AGE & GENDER DISTRIBUTION

	Experimental	Control
AGE 5-6 YRS		1
3-4 YRS		1
AGE 1-3 YRS	4	3
LESS THAN 1 YEAR	2	1
MALE	3	4
FEMALE	3	2



GRAPH 1

EXPERIMENTAL GROUP

The experimental group was selected on a random basis. All 50 names were written down individually on separate pieces of paper, folded into four and placed in a jar. A five year old child from the group was asked to pick six pieces of folded paper from the jar one at a time. The first six were selected as the experimental/treatment group. The next six were selected as the control group. The other thirty-eight were rejected from the study. The project was an exploratory study on a group of subjects who were tested positive for HIV and also suffered from lowered immune function due to low-grade fever, skin rashes, poor appetite, fatigue, listlessness, swollen lymph glands and diarrhea that was not responding to conventional symptomatic treatments. The total number of subjects selected to the experimental group was 6 (3 males and 3 females).

CONTROL GROUP

In this study, the control group included a group of 6 (4 males and 2 females) subjects who were not selected for the experimental group, tested positive for HIV prior to responding to the invitation to take part in this study, suffered from similar health symptoms as the those in the experimental group, but did not undergo NAET® treatment along with the experimental group. This group typically served as the basis for comparison with the subjects who were of primary interest in the research.

INFORMED CONSENT

All members of the orphanage sisters (catholic nuns) were given an opportunity to understand the scope of this research project and fully understand what to expect. They were given every opportunity to ask questions about all aspects of this study. NAET® treatments were demonstrated to the members in order to remove any hesitation, fear or concern about the procedures involved in the study before enrolling the subjects into the study. All sisters who were in charge of these subjects were provided with informed consent forms, a copy of a bill of rights, and were asked to sign the consent forms before beginning the project.

GENERAL TREATMENT PROCEDURE

The treatments were provided at the orphanage itself. Two NAET® clinicians commuted to the facility two times a week to provide the NAET® treatments to the subjects. A total of 50 NAET® treatments were given to the experimental group. The subjects required more than one treatments on several allergen groups in order to satisfactorily desensitize the allergens. The treatment frequency was two sessions per week. The list of NAET® allergens used in this study is given

Table -2. List of Allergens

1. HI Virus	26. Essential fatty acids
2. A drop of own Blood	27. Dried bean mix
3. HIV & Blood	28. Gelatin
4. BBF	29. Alcohol
5. Egg mix	30. Bacteria mix
6. Cal mix	31. Virus mix
7. Vitamin C mix	32. Parasite mix
8. B complex mix	33. Mold mix
9. Sugar mix	34. Immunoglobulins
10. Iron mix	35. Heat
11. Vitamin A mix	36. Cold
12. Mineral mix	37. Body secretion
13. Salt mix	38. DNA
14. Grain mix	39. RNA
15. Yeast mix	40. T cells & B cells
16. Candida mix	41. CD4 ⁺
17. Stomach Acid	42. HIV + Blood+ DNA
18. Base (digestive enzymes)	43. HIV+Blood+RNA
19. Organ mix	44. HIV+Blood+saliva
20. Hormones	45. HIV+Blood+Igs
21. Adrenal mix	46. HIV+Blood+CD4 ⁺
22. hypothalamus	47. Chemical mix
23. Amino Acids	48. Pesticides
24. Animal fat, Body fat	49. Immunizations
25. Vegetable fat	50. Medications or drugs

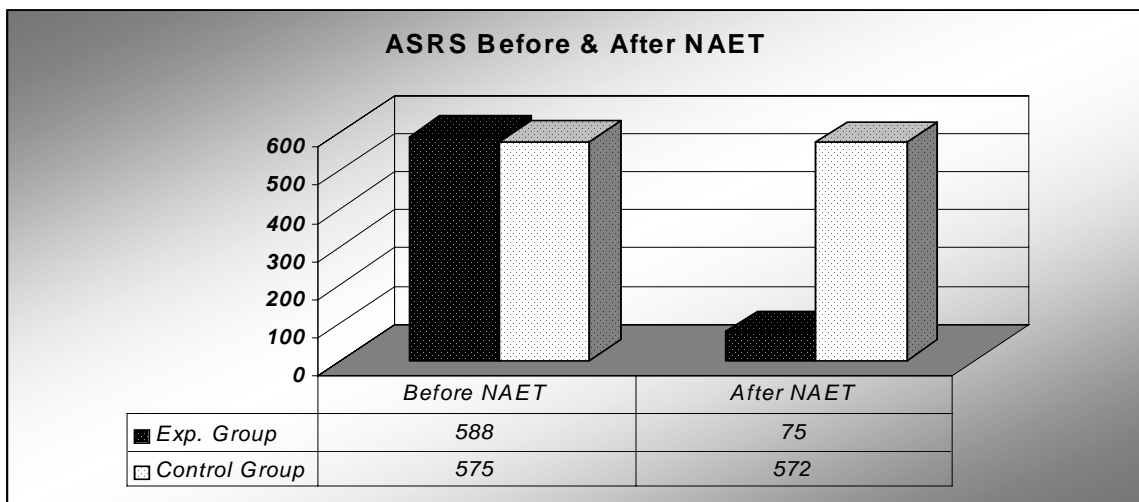
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TABLE - 3: ALLERGY SYMPTOM RATING ON A "0-10" SCALE - EXP. GROUP

ASRS EXP Grp	ASRS Pre Tx	ASRS Post Tx
Symptoms	Total Grp score	Total Grp score
Abdominal Bloating	46	13
Asthma	14	2
Bodyache	28	4
Cankersores	20	0
Cough	3	1
Dermatitis	34	8
Diarrhea	29	2
Eczema	41	6
Fatigue	44	10
Fever	19	0
Flatulence	23	4
Headache	14	4
Hives	18	0
Indigestion	30	4
Insomnia	25	5
Itchy eyes	26	1
Joint pains	1	1
Moodswing	6	1
Rashes	28	0
Sore Throat	35	3
Sinusitis	33	6
Swollen glands	30	0
	588	75

TABLE - 4: ALLERGY SYMPTOM RATING ON A "0-10" SCALE - CONTROL GROUP

ASRS Cont Grp	ASRS Pre Tx	ASRS Post Tx
Symptoms	Total Grp Score	Total Grp Score
Abdominal Bloating	45	35
Asthma	18	22
Bodyache	28	25
Cankersores	21	22
Cough	14	13
Dermatitis	32	33
Diarrhea	29	30
Eczema	39	39
Fatigue	42	42
Fever	19	19
Flatulence	23	24
Headache	19	18
Hives	18	19
Indigestion	30	32
Insomnia	22	21
Itchy eyes	26	27
Joint pains	6	11
Moodswing	23	23
Rashes	17	16
Sore Throat	37	35
Sinusitis	40	38
Swollen glands	27	28
	575	572



GRAPH 2

**Table 5: NSTRS Before & After Study
Group Scores - Exp. Group**

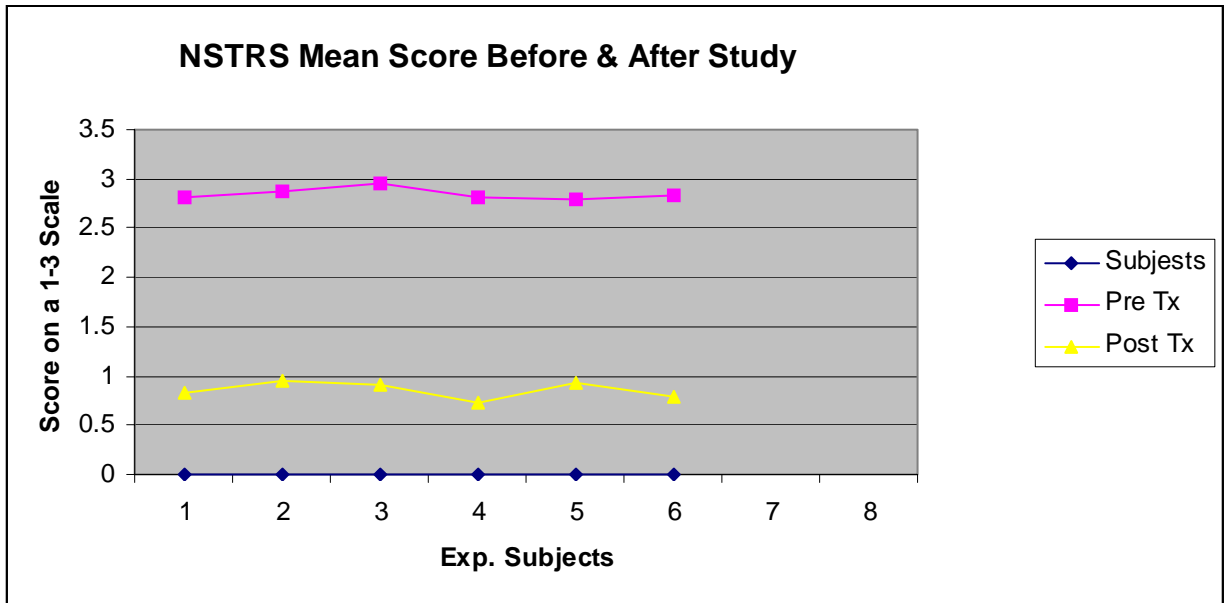
NSTRS Mean Score Experimental Group

Subjects	Pre Tx	Post Tx
Sub. 1	2.82	0.82
Sub. 2	2.88	0.96
Sub.3	2.96	0.92
Sub.4	2.82	0.72
Sub.5	2.8	0.94
Sub.6	2.84	0.78

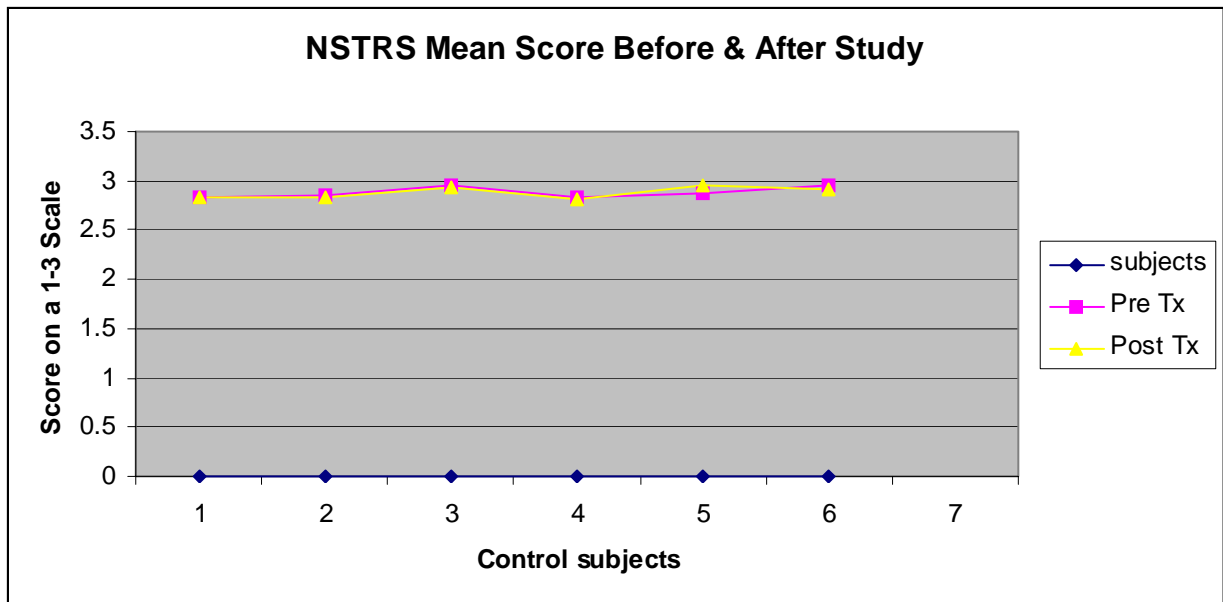
**Table 6: NSTRS Before & after Study
Group scores - Control Group**

NSTRS Mean Score Control Group

subjects	Pre Tx	Post Tx
Sub. 11	2.84	2.84
Sub. 12	2.86	2.84
Sub.13	2.96	2.94
Sub.14	2.84	2.82
Sub.15	2.88	2.96
Sub.16	2.96	2.92



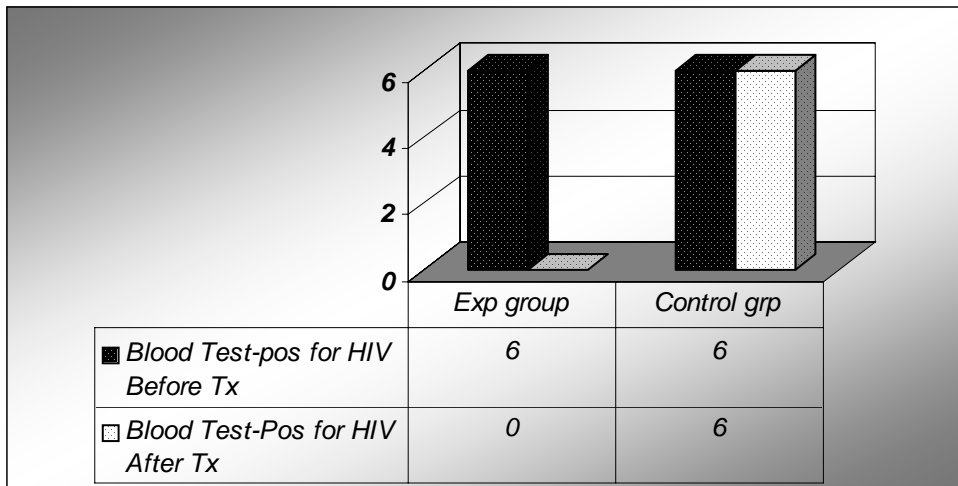
GRAPH 3



GRAPH 4

Table 7: Blood Test Before & After Study

	Blood Test-pos for HIV	
	Before Tx	After Tx
Exp Group	6	0
Control Group	6	6



GRAPH 5

(Continued from page 513)

on the Table 2. The treatments were given according to the order of listed allergens.

After completing treatment for each group of allergens, individual components of each group were tested again to insure the completeness of the treatment before permitting subjects to use or eat the items. The subjects were also treated for virus mix, mold, fungi, bacteria, HI Virus itself, and various foods and chemical allergens during the course of the year.

DIAGNOSTIC MODALITIES

The following list of diagnostic modalities were used on the subjects before beginning the study, and after completion of 50 treatments.

1. Allergy Symptom-Rating Scale questionnaire (ASRS) (before the beginning the treatments and at the end of the 50 sessions)
2. NST or Neuromuscular Sensitivity Testing Rating Scale (NSRS) for 50 groups of allergens before and after the study from the NAET® Basic list as per NAET® HIV treatment protocol
3. Laboratory blood study for the presence of HIV antibodies
4. Five minute videographing of the subjects before beginning and after completion of the study

TREATMENT PROCEDURE

The experimental group received an evaluation of their sensitivities to various foods and other substances initially and then they were treated twice a week to eliminate these sensitivities using NAET®. The presence of sensitivity or the status of the previous treatment was tested on each item on each visit by Neuromuscular Sensitivity Testing (NST), (JNECM 1(1) 19-28, 2005; (JNECM 1(1) 53-68, 2005; (JNECM 1(2) 107-112, 2005. If the desensitization was not found satisfactory via NST, the treatment for the particular allergen was repeated on the same item until the item was desensitized satisfactorily.

Desensitization treatment for NAET® Basic-50 continued until the subjects were tested strong for all 50 items via NST. All experimental subjects were instructed to observe NAET®

post-treatment instructions as identified in the patient instruction handbook (The NAET® Guidebook, Nambudripad, 2004). Qualitative improvements were recorded by video recording of each experimental subject before beginning the study and after 50 treatments. The entire desensitization process for 50 allergens was completed within one year.

Outcome Measures: All the diagnostic evaluations were repeated after completion of 50 treatments on both the experimental and control subjects. The results of the “before and after” treatments of the experimental group were compared on the experimental group itself; then the results were compared with the control group.

Summary of Statistics

The data from the Allergy Symptom Rating Scale (ASRS), the Neuromuscular Sensitivity Testing Rating Scale (NSTRS), and the before and after laboratory blood test reports on HIV status were collected from the study. The improvement in general health was also studied from the videograph taken “before and after” treatments.

Number of Subjects in the study: 12

Experimental group 6

Male 3; Female 3

Control Group 6

Male 4; Female 2

Number of Allergens treated 50

1. Hypothesis for ASRS

Ho: $U_d = 0$

Ha: $U_d > 0$

2. Hypothesis for NSTRS

Ho: $U_d = 0$

Ha: $U_d > 0$

3. Laboratory Test for HIV

$$H_0: U = 0$$

$$H_a: U_d > 0$$

COLLECTION OF DATA

The spread of the collected data is as follows: The data included three “before and after” measurements from both groups of subjects and the before and after study videograph from all subjects. The two groups included the experimental group (the group who received “NAET®” treatment) and the control group (who did not receive “NAET®” treatment). The first group is called “Experimental” or “E” group and the second group is called the “Control” or “C” group. There were 6 subjects in the “E” group and 6 subjects in the “C” group. Two diagnostic measurements were performed on each subject from both the “E” and the “C” groups “before” beginning the study and again “after” completion of the study. Laboratory blood testing was done before and after the study on both groups. The “before and after” videograph was taken of both groups and used as an evaluation modality as well as to support the data collected from other evaluations. “NAET®” treatment is considered to be effective if significant improvements are observed in the four diagnostic measurements (including the videograph) in the “E” group comparing the before and after treatment in the “E” group as well as in the “C” group.

ABOUT THE TABLES & GRAPHS

Table 1 recorded the age and gender distribution of the subjects from both groups. Table 2 shows the list of allergens treated on the experimental group. Tables 3 and 4 show the results of the “before” and “after” records of the Allergy Symptoms Rating Scale from the experimental group and the control group respectively. Table 5 and 6 show the NST mean data of both groups. Graph-1 gives the age and gender distribution of the subjects. Graph-2 shows the comparison data from both groups on ASRS. Graphs 3 & 4 demonstrate the NST mean scores of the “before” and “after” data from both groups. Graph 5 shows the “before” and “after” study of the HIV results from both groups.

DETAILS OF THE TWO SETS OF DATA

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

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

3. Two sets of laboratory blood work using Western blot methods on both groups from “before” and “after” study

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

STATISTICAL ANALYSIS

RESULTS:

Statistical analysis (Zar, 1999; Dawson & Trapp, 2001; Practical Statistics for Medical research by Douglas Altman, 1999) of the data was analyzed by NAR Foundation Statistical team. The statistical software Excel was used for the analysis of the data and Microsoft Excel was used to generate graphs, tables etc. This was a repeated measure experimental design. The study consisted of 6 experimental subjects. Each test was performed twice, 1st test: prior to beginning the study, the 2nd test: at the end of the study after the successful desensitization of 50 NAET® allergens.

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

About the Data: Data was received from three diagnostic measures along with a recorded videograph. The distribution of data includes: a total of three sets of data received from a repeated measure performance study that was done on 12 subjects on three different diagnostic modalities (ASRS; NSTRS; and the laboratory blood test study). The measurements were taken prior to beginning the study and at the end of the study on both the experimental and control groups using these above screening instruments.

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

The objective of the study was to test the efficacy of NAET® (Nambudripad’s Allergy Elimination Techniques) protocols for the treatment of allergy-related HIV infection in the subjects between the ages of 4 months - 6 years, especially in the areas of improving their immune function, improved quality of lives and reduction of the HIV infections.

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

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The blood samples from both groups tested via Western Blot method “before” and “after” NAET® treatments were positive on both groups before receiving NAET® treatments. The blood was tested on both groups after completion of the study. The after-study blood test-results showed HIV negative for the six subjects from the exp. group whereas the control group showed HIV positive in their after-study blood tests. The videograph taken “before” and “after” treatments, demonstrating improvements in general health, appearance, and activities, supported the findings from the diagnostic evaluations.

CONCLUSION

After completing 50 NAET® treatments, the experimental subjects demonstrated significant improvements in the area of their general health, status of their immune systems, and reduction of HIV antibodies in their blood tests when compared with the before and after study results from the control group. In the experimental group the p-value of the treatment effect (the difference between the “before” and “after” results) was <.0001 in all two categories of diagnostic evaluations while the p-value remained >.05 in the control group in all three diagnostic evaluations. Significant improvements were noticed on the experimental subjects when comparing the videographs from prior to beginning the NAET® treatments to those taken after completion of 50 treatments. There was no change observed in the before and after videographs of the control group.

The conclusion drawn from the above four diagnostic evaluations (including the videograph) is that the “NAET®” desensitization treatments were able to improve the immune function, improve the quality of lives, reduce the symptoms of infections, and reduce HIV antibodies significantly in the experimental group (p-value <.0001) when compared to the subjects from the control group (p-value >.05). This indicates that “NAET®” is a preferred choice of treatment for subjects suffering from allergy-based HIV infections.

It is recommended that similar studies be done on larger populations to determine if the NAET® treatment is as effective as this study indicates. It would be optimal if these

studies were performed using different populations at different locations, and compared with other types of treatment modalities.

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