

COMPARISON OF THE EFFECTIVENESS OF NST TESTING WITH COMPUTER GENERATED ENERGETIC SAMPLE OF MILK VS REAL MILK

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ABSTRACT

OBJECTIVES: It is widely recognized by holistic health practitioners as well as many traditional medical practitioners that there is no known effective testing procedure to detect food allergies using traditional medical approach other than using elimination diet to diagnose food allergies. This study will evaluate the efficacy of testing sensitivity to milk using computer generated energetic signatures of the milk via NST (Neuromuscular sensitivity testing part of Nambudripad's Allergy Elimination Techniques or NST) in comparison with NST on real milk. These results will also be compared with immunoglobulin levels in the blood.

METHODS: Twenty volunteers responded for an advertisement posted on the NAET® web site and in the community college news bulletin board inviting qualified participants to take part in the study. They were asked to complete the NAET® Allergy Symptom-Rating (ASR) questionnaire upon arrival at the research center. Out of 20 volunteers tested, 18 subjects tested positive for the energetic sample of cow's milk via NST. These 18 subjects from both sexes with varied health problems were enrolled into the study. They were further evaluated via NST for real milk, and via laboratory test for IgE study on milk. The IgE test results were found abnormally high on a total of 15 subjects out of 18 subjects tested (78%), and within normal limits on two.

RESULTS: Statistical analysis was performed using Excel statistical program on the collected data. The data was collected via NST on both milk energy and real milk, and total Immunoglobulin E for milk. The assumptions were met for randomization, and distribution. A paired t-test for means was performed on the NST data on both samples of milk energy and real milk. The results were as follows: NST milk energy: $ud=0.611$, $SD=0.213$, $SE=0.050$, $Tinv=2.109$, $Tstat=12.121$, $p\text{-value}<.0001$ ($3.27E-10$); NST milk: $ud=0.555$, $SD=0.291$, $SE=0.068$, $Tinv=2.10$, $tstat=8.086$, $p\text{-value}<.00001$ ($1.5E-07$); Total IgE: $ud=387.055$, $SD=417.407$, $SE=104.350$, $tstat=3.709$, $Tinv=2.10$, $Z=0.0001$ ($4.46E-05$).

CONCLUSIONS: Allergy Symptom-Rating questionnaire completed by the subjects prior to entering the study recorded that they had sensitivity reactions to milk. NST performed via a computer generated energetic signature of milk detected milk sensitivity in 18 subjects. NST for real milk, and Total IgE supported the findings detected by testing with milk energy. This study supports the use of NST testing with energetic signatures of the allergens as effective as testing with real foods.

INTRODUCTION

BACKGROUND: The prevalence of food allergy and allergy-based health disorders are increasing daily. There are various diagnostic procedures available today in traditional medicine and in energy medicine to test food allergy reactions (Dainese R, Galliani EA, et al; Nambudripad, 2005), but they are either too expensive or unreliable in the cases of mild sensitivities.

Traditional medicine utilizes various testing modalities to identify allergens and allergic reactions in sensitive individuals such as food avoidance test, food challenge test, scratch test, elimination diet, rotation diet (Randolph, 1989, 1990), pulse difference test (Arthur Coca, 59), patch test, skin prick test, Rast, Immunoglobulin studies (IgE, IgA, IgM, IgG) and IgE-specific antigen studies, etc. If the reactions are severe most of these tests will detect the allergens easily. For people who suffer from mild allergic reactions or sensitivities, these tests are not very encouraging.

Energy medicine practitioners also use some of the above tests in their practices, such as food avoidance test, pulse difference test, elimination diet, RAST, ELISA, and Immunoglobulin E, A, G, M, and total IgE, and IgE-specific antigen studies (Nambudripad, 2005). They also employ a variety of other tests for detecting allergies, sensitivities and food intolerances. Some of the commonly used nontraditional medical screening tests include: electrodermal screening test (also known as EDS or EAV or electroacupuncture by Voll), NST with real foods, NST with computer generated energetic samples, and NST-NAET® (Nambudripad, 2005).

Most of the testing devices used by the energy medicine practitioners are labeled by the FDA as “for investigational purpose only or class III device.” The efficacy of these instruments has not been put to vigorous testing yet. Unfortunately, most energy medicine practitioners are not coming forward to conduct enough clinical trials and double blind studies using these devices to establish the efficacy and safety of these modalities. Lack of financial resources of sole practitioners may be one of the main reasons for this lack of interest. Unless enough double blind studies and trials are conducted utilizing these devices, and unless the safety and benefits of these devices are established, the FDA cannot approve the usage of these devices as beneficial modalities for practical use (Nambudripad 99).

Energy medicine theorizes that when an energy field of an offending foreign substance (an allergen) interferes with a person’s energy field, it is capable of creating an energy interference between their energies (Nambudripad, 1999, 2002). The adverse interaction between these two energies weakens the person’s energy field and gives rise to various allergic reactions. When these allergic reactions are permitted to continue without correction, eventually the adverse energy of the foreign substance will invade the person’s body through one of the weak acupuncture energy meridians (Nambudripad, 1999, 2002, 2003, 2005). Usually the weakest meridian and its corresponding organ(s) become affected first by this energy attack and produce symptoms related to the particular meridian (Nambudripad, 1999, 2002, 2003, 2005). If the person did not avoid the causative agent that initiated the energy imbalance, and if the unbalanced energy is not corrected at this stage, then the energy imbalance is continued without interruption and eventually it will spread through other major energy meridians or 12 Acupuncture meridians (Low 1983, Kaptchuk 1983, Nambudripad 1999, 2002, 2003) and their corresponding vital organs. This will cause energy interference in the rest of the meridians and associated organs giving rise to the symptoms related to those organs (Kaptchuk 1983, Nambudripad 99, 2002, 2005). If there was a test to determine mild form of allergies starting early in the process (JNECM Spring 2005, Vol 1, no.1), and if the individual could simply avoid the detected allergens, he/she could enjoy their lives better. IgE-mediated or cell-mediated laboratory tests are not often sensitive enough to identify the energy-mediated reactions since the energy-mediated reactions are at the lower stages of the disease process. Some people have produced symptoms like asthma, and headaches and various unpleasant mind-body reactions when they are sitting or standing within certain distance from the suspected allergens (Nambudripad 2003). The complete relief of the particular symptom (asthma) was achieved, when the suspected allergen was moved away from the electromagnetic field of the person. So far there are no appropriate tests available today to measure the energy differences or imbalances of people before and after consuming allergic foods (Nambudripad, 1999, 2002) using traditional testing procedures.

Most people with mild, nagging and annoying adverse health symptoms may be suffering from simple food and other

allergies (*NAET: Coat of Many colors*, JNECM, Vol 1, No.1, 2005, Nambudripad, 1999, 2002). Patients with food sensitivity reactions may suffer poor quality of life and from many unexplained health complaints all of their lives. This group continues to suffer from various types of sensitivity reactions at different intensities. These mild reactions start out at energy levels first, then later on move to tissue or organ level (Nambudripad, 1999, 2002) producing symptoms like mild to severe itching, hives and various types of skin reactions, watery eyes, runny and congested sinuses, rapid heart rate, fatigue, headaches, irritability, mental confusion, insomnia, brain disorders, breathing disorders, indigestion, gastrointestinal discomforts, various types of pain disorders, mood changes, and swelling of the joints and/or brain tissue.

It is very important for people who have food allergies to learn to identify them by some means at the initial stage itself. NAET® uses neuromuscular sensitivity testing or NST (JNECM Spring 2005, Vol 1, no.1) using real foods and the energetic signature of the various foods to detect sensitivities and allergies. Even though NST with real foods have been used extensively in NAET® practice since 1984, it is not very well known to many traditional medical practitioners that energetic samples of the allergens produce similar or better results as real items. Testing with real foods is expensive, tedious and time consuming. Sometimes real food samples become stale and may lose effectiveness if they were made to stand outside the fridge for too long and they are also difficult to carry around more than a few hours at a time. At the end a few hours the real foods must be destroyed, otherwise these stale and old foods can be a source for bacterial growth and disease. If the effectiveness of energetic signatures are proven to be as effective as real foods, the above problems can be solved easily. Energetic samples of the allergens can be reproduced and used over and over without losing the effectiveness. Another advantage of using energetic signature samples will be while testing severely allergic patients. Real food or their smell may initiate anaphylactic reactions in extremely sensitive patients. The intensity of the sensitivities may be reduced when tested with energetic signatures. NST testing on the whole is an inexpensive procedure especially if one can utilize energetic signatures in the testing process.

This study is proposed to demonstrate the effectiveness of NST screening procedure using energetic signatures of milk on 18 subjects. The data collected from milk energy testing will be compared with other testing modalities: NST for real milk, and blood serum study for IgE.

PRIMARY OBJECTIVE OF THE STUDY

The study will evaluate the efficacy of NAET® testing procedures in detecting sensitivity, intolerances, and allergies to milk using the computer generated energetic signature of milk in place of real milk in a group of 18 subjects from both sexes who were already known to have various levels of sensitivities to milk and milk products upon consuming even a small portion.

SECONDARY OBJECTIVE

If NST testing with energetic signature of the allergen is able to detect intolerance, hypersensitivity, or allergy to food instead of real food, then the medical practitioners may have an increased opportunity to detect allergies and sensitivities without exposing a severely sensitive patients to real food substances, thus causing them to have anaphylactic reactions or other severe unpleasant reactions during the testing procedures.

STUDY DESIGN

MATERIALS AND METHODS

SAMPLE CHARACTERISTICS

The study was limited to patients presenting to the PNIB Research center with a history of milk allergies, sensitivities and intolerances. No restrictions were placed on the patient's race, sex, income bracket, residential area, or occupation. Two examiners (experienced NAET® practitioners) were selected randomly out of five volunteers. One was assigned to perform NST testing on milk energy on 18 subjects and another tester was assigned to test 18 subjects on real milk.

SETTING

The study was conducted at the PNIB Research Center, in Buena Park, California in September 2005.

CLASSIFICATION

Double-blind study

SELECTION OF SUBJECTS

Eighteen subjects were selected from a group of twenty volunteers responding to the invitation posted on the NAET® website and in the community college news bulletin board to take part in the study. The subjects were asked to complete an allergy symptom-rating questionnaire form upon arrival at the research center. The subjects were known to have various levels of milk sensitivities according to the allergy symptom-rating questionnaire completed by them. The subjects were screened for admissibility into the study according to their history of milk sensitivity.

SUBJECTS' AGES

4 years to 78 years. (Table 3)

DISTRIBUTION

They included 8 males and 10 females, ranging in age from 4 to 78. The mean age for the group was 43.44. The mean age for males was 33.75 and for females it was 51.22. None of them had heard about NST-NAET® prior to arriving at the research center.

INCLUSION CRITERIA

Patients between the ages of 4-78 years were considered for the study. A history of previous allergic reactions to milk or milk products was considered as the primary important factor for the study. All patients included in the study (or their guardians) were required to sign a consent form which allowed the researcher to include them in the study.

EXCLUSION CRITERIA

- a. Serious illnesses e.g. cancer, chronic obstructive pulmonary diseases, kidney diseases, heart diseases, history of anaphylaxis, mental disorders, and pregnancy.
- b. Previous treatment for milk allergies.
- c. Knowledge of procedure

EXAMINER

The study included two experienced NST practitioners who were selected randomly out of five who volunteered to participate. The educational background of

the examiners were acupuncture, chiropractic, naturopathy, NST-NAET® training in basic, advanced level-1 and seven advanced level-2 classes. The examiners had practiced NST-NAET® for seven to ten years. Their age ranged from 30 to 50 years.

FOOD SUBSTANCE TESTED

1. Energy signature of real milk
2. Real milk

PREPARATION OF THE FOOD SUBSTANCES

One set of eighteen glass test tubes with lids were filled with one cubic centimeter of distilled water. The water was imprinted with the energy of real organic cow's milk bought at the market. The energy imprint was done by placing a glass tube filled with a sample of whole milk in the sending well and the 18 individual test tubes filled with distilled water in the receiving well of the electrodermal sensitivity (EDS) testing computer. Then the activation button was pushed to activate the energy transferring process from the real milk from the sending well into the distilled water filled test tubes in the receiving well. This procedure was capable of transferring the milk energy from the real milk into each separate glass tubes (Voll, 1975, Nambudripad, 1999).

Another set of 18 test tubes with lids were filled with real milk from the same batch of milk that was used in the imprinting process of the milk energy. Both sets of 18 test tubes of test samples were prepared the night before the study. Milk was selected for this study because most people with hypersensitivity reactions to milk are aware of their sensitivities and it is a hard-to-avoid, food item from one's everyday life. Both group of samples were randomly numbered from one through eighteen and kept in individually labeled, sealed envelopes until the time of the actual testing on the following morning.

RANDOMIZATION AND BLINDING PROTOCOL

The monitor assigned pre-selected ID number labels to the subjects on a first come basis. The subjects were examined by the examiner in a randomly determined order. Random sequence for subjects was determined by pulling numbers from a hat. Two examiners remained in two separate rooms and each subject was guided in and out of the room by the monitor for the testing.

Testing for Milk energy: The monitor checked the subject's ID and handed the matching numbered envelope with milk energy sample to each subject before entering the

testing room. After completing the NST for the sample the examiner was instructed to place the sample back in the same envelope and place the envelope in the outgoing tray on the table. When the testing of each subject was over, the monitor collected the envelope from the tray.

Testing for Real Milk: The monitor checked the subject's ID and handed the matching numbered envelope with real milk sample to each subject before entering the testing room. After completing the NST for the sample the examiner was instructed to place the sample back in the same envelope and place the envelope in the outgoing tray on the table. When the testing of each subject was over, the monitor collected the envelope from the tray.

Since the allergens were numbered and kept in individually sealed envelopes, and the subjects were tested in a random order, the subjects and the examiner did not know which allergen was tested on each one. Thus the subjects, and the examiner were blinded to the allergens they tested. The examiner did not discuss the result of the NST testing with the subject. The examiner and subjects did not communicate in any way at any stage of the research project.

MONITOR

In both examination rooms there was no one present other than the examiner and the subject. The monitor ushered the subjects, one at a time, into the examination rooms. The monitor placed a pen and a sheet of paper with the subject's ID number next to the sample-tray in each room in order for the examiners to write the test result after each NST. Two columns were drawn on the sheet of paper next to the allergens and labeled as "NST before touching the sample" "NST after (while) touching the sample." The guideline for marking the results in the columns were written above the columns as "NST not weak=1, NST slightly weak= 1.5, and NST weak=2" and the examiners were instructed to place the appropriate number in the column against the sample tested.

The examiner remained in the same room. The examiner tested the subject for the respective sample (real milk in one room and the milk energy sample in another room). After each sample was tested the examiner asked the subject to wipe the hands with a wet cloth towel and dry with a dry towel before leaving the room to the other examination room. The examiner recorded the results of the NST for the particular subject on the sheet before receiving the next subject. The monitor assigned 3 minutes per subject in each

room. Two minutes were assigned to balance the subject prior to beginning of testing (JNECM, Vol. 1, No.2, 2005). Thirty seconds should enable the examiner to conduct the NST and allow the subject to wipe his/her hands before he/she left the room. After completing the examination on a subject, the instructor was instructed to place the paper in the tray along with the envelope with the test sample for the monitor to collect them soon after the testing procedure was done on each subject. The monitor ensured that the examiner left the examination room immediately for 5 minutes on a short break following the completion of testing six patients. The monitor further ensured that the examiners had no communication between the subjects or research assistants during the entire testing period.

RECORDER

The recorder collected the results of each subject's NST exam after each test and placed them in an envelope and sealed it. The recorder ensured the examiner marked the NST results in the respective column for each subject before placing the paper in the envelope. The recorder checked for the presence of appropriate marks against each respective column in the sheet of paper provided to the examiners for each subject, matching their own individualized identification number. The recorder and examiner had no communication.

After completion of NST testing, the subjects were directed to the laboratory technicians to draw blood samples for the IgE studies.

PROCEDURE

General and specific details of neuromuscular sensitivity testing which is part of NAET® covered under the section titled *NAET® protocols and procedure in volumes 1 & 2*. It is also available from other resources (Nambudripad, 1999, 2000, 2002, 2003, 2005).

The NST baseline screening was done by the examiner prior to testing with each milk energy and real milk samples without having them touch the sample test tubes. The result was recorded on the sheet of paper in the column specified as "Before touching the sample." Then the subject was made to hold the sample tube in his/her hand making contact with their finger pads. NST measurement was recorded while the subject was in contact with the sample tube on the sheet of paper in the column specified as "after touching

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TABLE 1: Age & Gender of the Population

Gender	Population	Ave. Age
Male	8	33.75
Female	10	51.2
Total	18	43.44

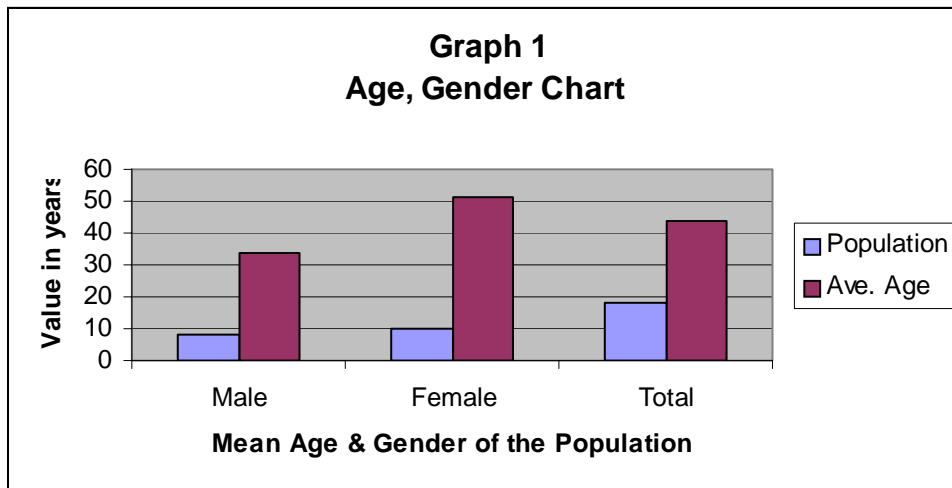


TABLE 2: Symptoms Reported by the Subjects

S.No Sub	gender	Abd. Bloat	Acne	ADD	Anger	Asthma	Back Spasm	Back ache	Body ache	constipation	Cough	Dematitis	Drowsy	Eczema	Fatigue
1	Male	3	2			1		2		1				3	1
2	Male	2				1				1	1		1		
3	Male		3		2				2					2	
4	Male	3		1			4	3		1		1		1	
5	Male		2												
6	Male	2			3										
7	Male	3							1						
8	Male	4	2					2							
9	Fem	1												5	
10	Fem									3					
11	Fem	3				3									
12	Fem	3	1					2		2		1	1		1
13	Fem	4							2						
14	Fem	5												3	
15	Fem	2			1			2			2		3		
18	Male	2				2									

TABLE 3
Total No. of Symptoms Reported by the Subjects

Symptoms Reported	No. of Subjects with similar Symptoms
Abdominal Bloat	13
Acne	5
ADD	1
Anger	3
Asthma	4
Back stiffness	1
Backache	5
Body ache	3
Constipation	4
Cough	2
Dermatitis	2
Drowsy>meals	3
Eczema	5
Fatigue	2

TABLE 4: NST TESTING FOR MILK ENERGY & REAL MILK

Milk Energy NSTAfter	Milk Energy NSTBefore	Milk Energy NSTDiff	Whole milk NSTAfter	Whole milk NSTBefore	Whole milk NSTDiff
2	1.5	0.5	2	1.5	0.5
2	1.5	0.5	1.5	1.5	0
1	1	0	1	1	0
1.5	1.5	0	1	1	0
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
2	1	1	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1.5	1	0.5	1.5	1	0.5
1	1	0	1	1	0
1.5	1	1	2	1	1
1	1	0	2	1	1

<p>TABLE 5</p> <p>Interpretive Guide for</p> <p>NST-NAET® Results</p> <p>NST-NAET®</p> <p>NST Strong --> (No allergy) = 1</p> <p>Slightly weak->Mild allergy= 1.5</p> <p>NST weak--> (mod - Severe Allergy) = 2</p>

TABLE 6: IGE TOTAL TESTED FOR MILK

Allergens Tested	IgE Total ku/L
Cow's milk	657
Cow's milk	198
Cow's milk	21
Cow's milk	21
cow's milk	318
Cow's milk	548
Cow's milk	619
Cow's milk	244
Cow's milk	1371
Cow's milk	390
Cow's milk	1371
Cow's milk	186
Cow's milk	185
Cow's milk	244
cow's milk	188
Cow's milk	20
cows milk	185
cows milk	317

TABLE 7

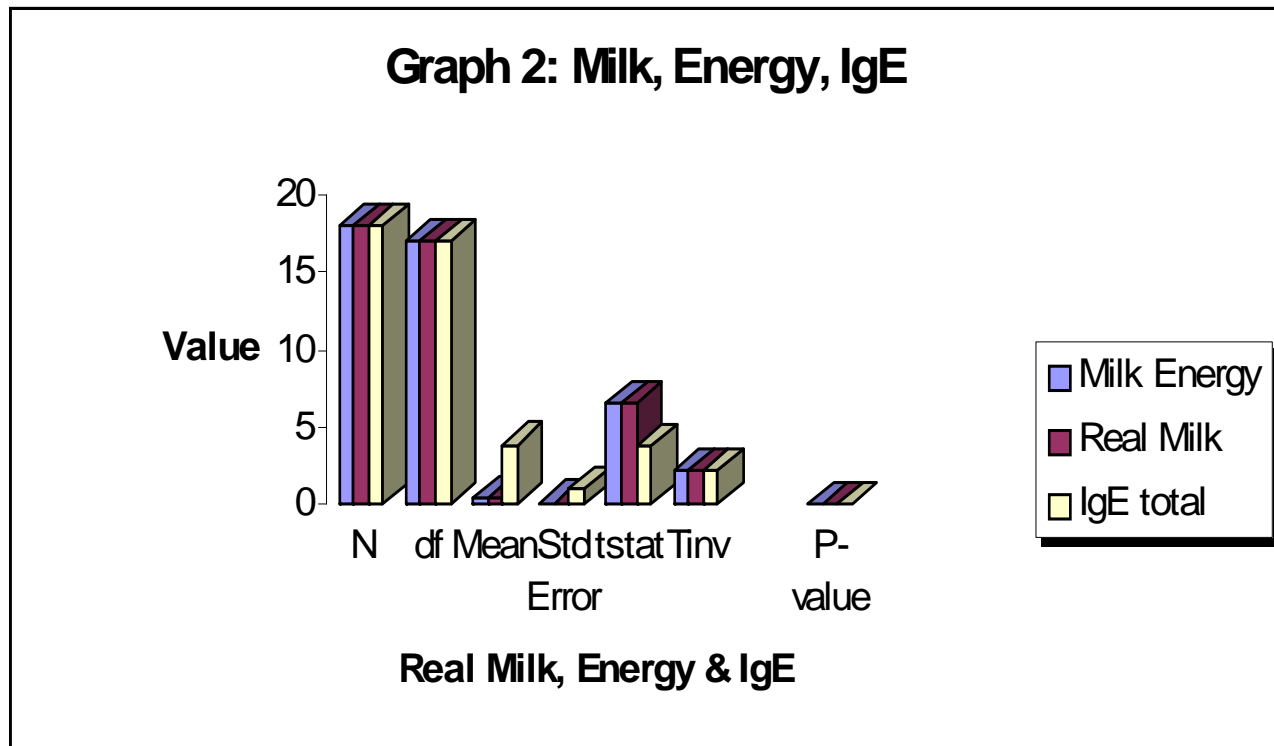
Interpretive guide for Total IgE Lab Results

IgE ku/L **class**

Normal <185 ku/L

TABLE 8: REAL MILK, ENERGY & IGE TEST RESULTS

	Milk Energy	Real Milk	IgE total
N	18	18	18
df	17	17	17
Mean	0.44	0.44	3.87
Std Err	0.068	0.068	1.04
tstat	6.46	6.46	3.7
Tinv	2.1	2.1	2.1
P-value	<.0001	<.0001	<.0001



(continued from page 570)

the sample.” After completion of the NST screening for milk energy and real milk, blood was drawn by the laboratory technician for serum immunoglobulin-E studies. Total of 18 subjects were tested for the serum IgE studies.

COLLECTION OF DATA

The data from both NST testing and the IgE test results along with the allergy symptom-rating records were collected by the monitor and sent to the statistician for analysis. Data were kept in sealed envelopes until the time it was ready for analysis.

SUMMARY OF STATISTICS

Number of Subjects in the study:	18
Male	8
Female	10
Foods tested positively by NST:	18
Number of subjects tested by IgE:	18

1. HYPOTHESIS FOR MILK ENERGY VIA NST

$$H_0: U_d = 0$$

$$H_a: U_d \neq 0$$

2. HYPOTHESIS FOR REAL MILK VIA NST

$$H_0: U_d = 0$$

$$H_a: U_d \neq 0$$

3. HYPOTHESIS FOR IgE TOTAL

$$H_0: U < 0.1$$

$$H_a: U \geq 0.1$$

All 18 subjects were tested for milk and milk energy via NST. Out of 18 tested, 18 subjects tested positive for milk energy via NST and sixteen subjects (89%) tested positive for real milk via NST. Out of 18 subjects tested for IgE, 15 subjects (84%) tested positive for milk and three tested within normal limits.

The data included 18 allergy symptom-survey forms completed by the subjects about their allergic history in their own words (Table - 2 and -3). Table - 4 shows the NST results for milk energy and real milk tested. Table -5 shows the interpretive guide for NST. Table- 6 displays the IgE results. Table -7 gives the interpretation for IgE results. Table - 8 gives the summary of the results. Table 9 gives the percentage of the test effect of each test. Graph - 1 shows the age, gender distribution. The graph - 2 displays the summary of statistics in graph form for easy understanding. Graph-3 gives the summary of the test effect in percentage.

STATISTICAL ANALYSIS

RESULTS

Statistical analysis (Zar, 1999; Reddy, 2002; Dawson & Trapp, 2001) of the data was analyzed by NARF Statistical team. The statistical software SAS, was used for the analysis of the data and Microsoft Word and Excel were used to generate graphs, tables etc. Data was checked for normality by SAS using proc univariate procedure. The results are given below:

Paired sample t-testing was done on the data. The paired-sample t test does not have the normality and equality of variances assumptions of the two-sample t test, but assumes instead that the differences, d_j , come from a normally distributed population of differences. If there is, in fact, pairwise correlation of data from the two samples, then the paired-sample t test will be more powerful than the two-sample t test. (Zar, 1999). Unless “n” is very small, only a small correlation is needed to make the paired-sample test advantageous (Hines 1996).

NST milk energy: $u_d=0.611$, $SD=0.213$, $SE=0.050$, $T_{inv}=2.109$, $T_{stat}=12.121$, $p\text{-value}<.0001$ (3.27E-10); NST milk: $u_d=0.555$, $SD=0.291$, $SE=0.068$, $T_{inv}=2.10$, $t_{stat}=8.086$, $p\text{-value}<.0.0001$ (1.5E-07); Total IgE: $u_d=387.055$, $SD=417.407$, $SE=104.350$, $t_{stat}=3.709$, $T_{inv}:2.10$, $Z=0.0001$ (4.46E-05).

The above data are measurements of NST results with and without holding the selected items tested in the study.

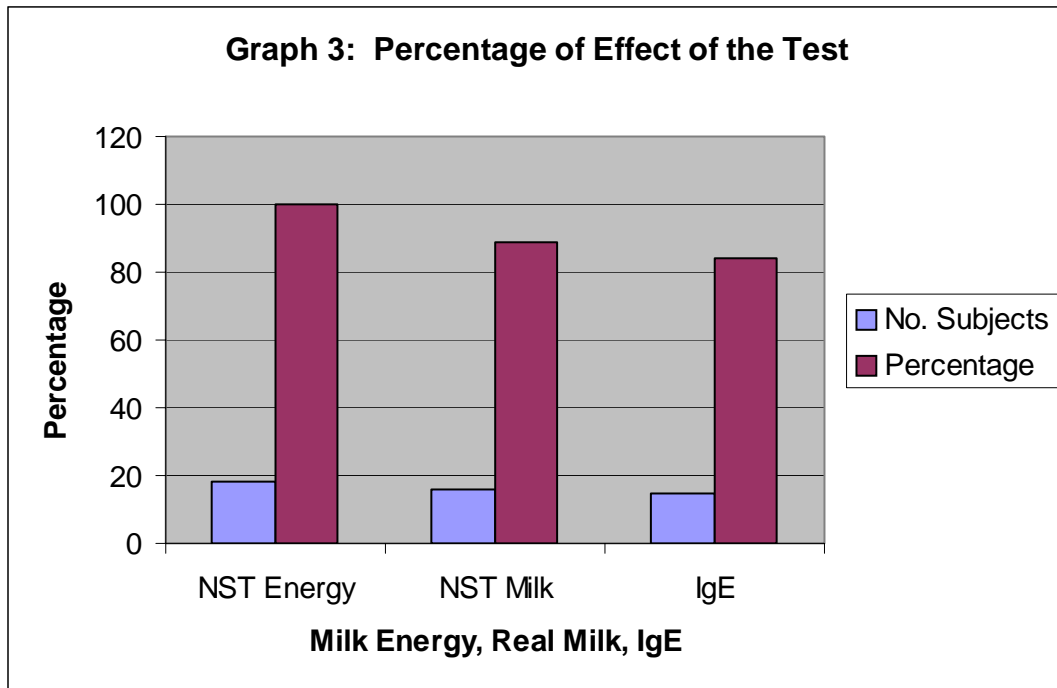


TABLE 9: THE PERCENTAGE CHART

	No. Subjects	Percentage
NST Energy	18	100
NST Milk	16	89
IgE	15	84

CONCLUSIONS

In this double-blind study, subjects were made to record their reactions to milk via ASR (Allergy-Symptom Rating) in their own words prior to entering the study. Then NST with milk energy was compared with NST with real milk and Serum Immunoglobulin E study. This study showed a remarkable correlation of NST via milk energy when compared with NST with real milk and serum immunoglobulin results as well as allergy symptom rating questionnaire completed by the subjects prior to entering the study. All 18 participants had recorded sensitivity reactions to milk upon ingestion. It was found that NST testing with milk energy was able to identify sensitivity in 18 out of 18 subjects tested. Serum IgE recorded positive results in 15 subjects out of 18 tested and 16/18 subjects tested positive via real milk sample. This study has confirmed the effectiveness of NST to detect milk sensitivity via milk energy as effective as testing with real milk or via serum immunoglobulin E measurement.

In this study, our primary goal was to test the efficacy of NST testing with milk energy in comparison with NST testing with real milk and serum IgE testing in identifying milk allergy. NST testing with the energetic signature of milk demonstrated significant result than NST testing with real milk and serum IgE in identifying the sensitivities to milk in 18 subjects when compared with the Allergy Symptom-Rating (ASR) data completed by the subjects prior to entering the study (table 2). The data obtained from this double-blind study strongly support the use of NST with energetic signature of the allergens to screen food sensitivities and food allergies in people.

It is highly recommended that similar studies should be done on other foods, chemical, and environmental substances and on larger and more diverse populations to further document the reliability of NST with energetic signatures of other substances. If more allergy screening modalities are also found to be equally cost effective and reliable in screening allergies and sensitivities, people from all walks of life could benefit from such testing procedures in identifying their allergies and sensitivities before the allergies and sensitivities control their lives. The quality of their lives could be improved considerably.

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