An Investigation Into The Methods Of Detecting And Eliminating Eczema In A Group Of Subjects With Allergy-based Eczema Through NAET® Desensitization Procedures

Devi S. Nambudripad, M.D., Ph.D., D.C., L. Ac., Kris K. Nambudripad, BSEE, M.Ac., L..Ac, Mala M. Moosad, R.N., L.Ac., N.D., Mohan K. Moosad, DBA., L.Ac., N.D., and Farangis Tavily, L.Ac.

ABSTRACT

OBJECTIVES: To determine the efficacy of detecting the common triggers of eczema and reducing the symptoms through NAET® desensitization procedures.

METHODS: Thirty subjects with the history of eczema were studied. They suffered from eczema for over four years and presented in our office with appointments for treatments. They were asked to complete the NAET® Allergy Symptom-Rating questionnaire on the initial visit and again and at the end of 15 treatments. Their salivary pH was tested twice before and after treatment; they were tested for 15 food groups via NST and EAV twice, before and after treatment.

RESULTS: Statistical analysis was performed using Microsoft Excel statistical program on the collected data. The data was collected on ASRS, NST, EAV and pH levels on 30 subjects. The group mean data of ASRS before the treatment was: 10.3 and after the completion of NAET® for 15 basics was: 4.1; the group mean data for salivary pH measurement before treatment was 5.46 and after treatment it was 6.66; the group mean data for NST before treatment was 74.83 and after treatment it was 30.1; the group mean data for EAV before treatment was 95.15 and after treatment it was 66.42. A paired t-test for means was performed on ASRS, pH levels, EAV and NST data and the results were as follows: ASRS-Ud= 6.133, SE=0.457, t-stat=13.43, [t] with df29=2.0452, p-value<0.0001; pH levels- Ud=1.197, SE=0.058, t-stat= 20.76, [t] with df29=2.0452, p-value<0.0001; EAV reading- Ud=28.732, SE=1.10, t-stat= 26.100, [t] with df29=2.0452, p-value<0.0001; and NST- Ud=1.49, Std. Err 0.04, t-statistic 36.38, df 29, [t]=2.0452; p-value <.0001.

CONCLUSIONS: According to the initial ASRS data, these subjects suffered from eczema for over four years. All 30 subjects were positive for preselected 15 food groups when tested via NST and EAV. All 30 subjects had a low pH before treatment. After completion of NAET® for 15 basic food groups, there was a significant reduction of the symptoms of eczema when comparing the before treatment ASRS data with after treatment results p-value=<.0001. When the pre treatment results of pH level measurements, EAV and NST are compared with post treatment record, significant changes were also observed. This study supports the use of NST as a reliable screening modality to detect eczema triggers and NAET® desensitization procedure as an effective treatment modality to reduce symptoms of eczema in people who suffer from allergy-based eczema.

INTRODUCTION

BACKGROUND: National Institute of Health estimates as many as 15 million people in the United States suffer from some form of eczema. Anyone who has ever lived with any type of eczema know, how devastating the symptoms of such a disorder can be. If one could detect the eczema triggers before one exposes himself/herself to the offending item(s), one could easily prevent the agonizing symptoms of eczema and not become so frustrated due to having a poor quality of life. If they could reduce or eliminate eczema altogether, then life will be easier for the eczema sufferers. NAET® specialists have found allergies to items from one's daily foods and surroundings trigger eczema in sensitive individuals. Food allergy screening can be done very successfully using NAET® procedures (JNECM Spring 2005, 1(1):53-58). Most common symptoms of eczema are itching, scratching, dryness, crusting, flaking, blistering, cracking, oozing, or bleeding (Nambudripad, 2007). So far no definite cause for eczema has been found by the traditional Western medical researchers. NAET® postulates that an allergy to foods, heavy metals and environmental factors are the major causes of eczema. For the past 24 years NAET® has been using NST-NAET® testing procedures (JNECM Spring 2005, 1(1):53-58) to detect the triggers of eczema and eliminate them permanently through NAET® desensitization procedures in hundreds of eczema sufferers (Nambudripad, 1989, 1993, 1999, 2002, 2007).

The main purpose of this study is to evaluate the efficacy of NAET® testing procedures in detecting the common triggers of eczema from a list of basic food groups. The secondary purpose is to examine the effectiveness of NAET® desensitization procedure as a beneficial treatment modality once the triggers are detected and reducing the symptoms of eczema (Nambudripad, 1999, 2002, 2003, 2005, 2007) providing a better quality of life to the sufferer.

STUDY DESIGN
MATERIALS AND METHODS

SAMPLE CHARACTERISTICS

The study was limited to patients presenting to the Pain clinic with a history of eczema and other skin disorders. No restrictions were placed on the patient's race, sex, income bracket, residential area, or occupation. They were asked to complete an allergy symptom questionnaire (ASRS) before beginning the testing. Their salivary pH levels were measured and tested for NAET Basic 15 food groups via EAV and NST [(JNECM Spring 2005, 1(1):53-58); (JNECM Spring 2005, 1(2):151-152; JNECM Spring 2005, 3(1): 635:650)].

SETTING

The study was conducted at the Pain clinic, in Buena Park, California in September-October, 2006.

TYPE OF STUDY DESIGN

This was a repeated-measure experimental design. Each of the 30 subjects was tested two times for all four modalities used in this study.

SELECTION OF SUBJECTS

Thirty subjects with different skin problems, which significantly reduced their quality of life, were selected for the study. These patients presented a series of symptoms including atopic eczema, dry skin, acne, hives, indigestion, itching and skin rash at various areas in the body. They presented in our office with appointments for treatments during a span of four weeks in 2006. The subjects were asked to complete an allergy symptom-rating questionnaire form upon arrival at the clinic. The subjects had known to have chronic skin problems and food sensitivities to various food substances according to the allergy symptom-rating questionnaire completed initially but none of them suspected food sensitivity as a possible cause for their chronic skin problems.

SUBJECTS' AGES

4.5 years to 60 years.

DISTRIBUTION

They included 17 males and 13 females, ranging in age from 4.5 to 60. The mean age for the group was 14.89. The mean age for males was 7.718 and for females it was 24.3 None of them had any previous experience with NST-NAET® prior to arriving at the clinic.

INCLUSION CRITERIA

Patients between the ages of 4.5 - 60 years were considered for the study. A history of skin disorder 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 food allergies using NAET®.

c. Knowledge of procedure

EXAMINER

Three experienced NAET® practitioners volunteered for this study. The study included two practitioners who were randomly selected out of three, to run three testing modalities (NST, EAV and pH level) twice–once before beginning the treatments and again at the completion of treatments. One NAET® practitioner was selected to provide NAET® desensitization treatments to 30 subjects once a week for 15 weeks. The educational background of the examiners included: acupuncture, chiropractic, naturopathy, NST-NAET® training in basic, advanced level-1 and ten advanced level-2 classes. The examiners had practiced NST-NAET® for seven to thirteen years. Their age ranged from 30 to 55 years.

FOOD AND ALLERGEN GROUPS TESTED

1. BBF (Brain body balance)
2. Egg mix (animal protein, egg white, egg yolk, chicken, feathers, tetracycline)
3. Calcium mix (breast milk, cow's milk, goat milk, different calcium sources)
4. Vitamin C mix (Fruits and vegetables)
5. B complex (15 B vitamins)
6. Sugar mix (14 Sugars)
7. Iron mix (Beef, Pork, Lamb meat and iron)
8. Vitamin A mix (Fish, shellfish, beta carotene)
9. Minerals, trace minerals (43 trace minerals, drinking water and city water)
10. Salt Mix
11. Grains (Wheat, rice, corn, oat, rye, millet)
12. Yeast mix (Candida albican, yogurt and whey)
13. Acid (acidity of the body)
14. Base (alkalinity of the body)
15. Vaccinations & Immunizations

PREPARATION OF THE FOOD SUBSTANCES

Two sets of 15 glass test tubes with lids were filled with one cubic centimeter of distilled water. The water was imprinted with the energetic signatures of the real items from the above list by transferring their energies into each separate glass tube via the EAV computer (Voll, 1975, Nambudripad, 1999). Two sets of 15 samples-tubes were prepared for the study. These foods were selected for the study because people with eczema have been known to react to these common, hard-to-avoid, food items from one's everyday life. For several years we have observed in our clinic patients that the patients who suffered from eczema were found to be highly sensitive to the food and allergen groups from the above list. When their sensitivities were removed through NAET® desensitization treatments towards these allergens, their symptoms of eczema were reduced or eliminated permanently in most cases (Nambudripad, 1999, 2002, 2007). They were also able to consume the desensitized foods without triggering any more symptoms of eczema thus improving their quality of life.

One set of samples was used for this study and a second set of food samples was kept as backup.

METHOD

This was a repeated measure study on a group of preselected clinic patients. The test samples (food and allergen groups) were also preselected. Randomization and blinding were not applicable to this study since the subjects were already informed about the food groups to be treated a week in advance so that they were able to prepare their homes before coming to the clinic for treatments so that it will be easier for them to avoid any contact with the treated food substances for the 25 hour following the initial treatment for the treatment to be effective.

Subjects reported once a week at the clinic. Upon arrival at the clinic, they were advised to wash their hands with soap and water and dry with a clean paper towel. Next the examiner takes the subject into the treatment room; performs initial balancing and permission check, then applies NAET® desensitization treatment on the first allergen group. Then The subject will be given acupressure energy balancing treatments on six gates (Nambudripad, 1989, 1999, 2002, 2007). The subject would be allowed to rest quietly for 20 minutes. At the

end of twenty minutes, the subject is retested via NST for the treated sample. If the NST is strong, he/she will be asked to wash hands with plain water. Then he/she will be sent home with the instruction to avoid the treated allergen group for the following 25-hour period (Nambudripad, 2002, 2005, 2006, 2007). He/she also will be instructed to report on the following week for the next treatment on the list given above. NAET® treatment procedure requires following the order of treatment as given in the list above.

Thirty subjects were treated once a week for 15 food and allergen groups in 15 weeks following the order of NAET® treatments. They were reevaluated at the end of sixteen weeks using all four testing modalities (ASRS, salivary pH, EAV and NST).

COLLECTION OF DATA

The before and after data from ASRS, salivary pH level, EAV and NST testing were collected from all 30 subjects and sent to the statistician for analysis.

SUMMARY OF STATISTICS

Number of Subjects in the study: 30

Male ---------- 17

Female ---------- 13

No. of allergen groups tested via NST & EAV: ---------- 15

No. of allergen groups treated via NAET®: ---------- 15

No of Weeks for the study: --------- 16

1. HYPOTHESIS FOR ASRS

Ho: $U_d = 0$

Ha: $U_d = 0$

2. HYPOTHESIS FOR SALIVARY PH

Ho: $U_d = 0$

Ha: $U_d = 0$

3. HYPOTHESIS FOR NST

Ho: $U_d = 0$

Ha: $U_d = 0$

4. HYPOTHESIS FOR EAV

Ho: $U = 0$

Ha: $U = 0$

STATISTICAL ANALYSIS

RESULTS

Statistical analysis (Zar, 1999; Reddy, 2002; Dawson & Trapp, 2001) of the data was analyzed by NARF Statistical team. 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, dj, 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). The statistical software from Microsoft Excel was used for the analysis of the data, and to generate graphs, tables etc.

DESCRIPTION OF COLLECTED DATA

All 30 subjects were tested initially for their salivary pH before beginning NAET treatments. They were tested for 15 allergen groups via NST & EAV before treatments. Then all 30 were treated via NAET® desensitization treatments once a week for 15 weeks for 15 groups. At the end of 15th week and early 16th week they were reevaluated using previously used four testing modalities. The 30 subjects had a total of 1123 positive NSTs out of 1350 (30X3X15) NST tests performed. According to NST the percentage of observed total food reactions in this group of 30 was 83% before the NAET® treatment. EAV tests recorded hypersensitivity reactions on all 15 allergen groups on all 30 subjects before treatments. All 30 subjects recorded low salivary pH before treatments.

The data included 30 allergy symptom-survey forms completed by the subjects about their allergic history in their

TABLE – 1A : ASRS BEFORE AND AFTER NAET ® TREATMENTS

ID No.	Dry skin Before NAET®	Dry Skin After NAET®	Eczema Before NAET®	Eczema After NAET®	Acne Before NAET®	Acne A After NAET®
1	3	1	3	1	2	1
2	3	1	3	1	3	1
3	2	1	3	1	0	0
4	2	1	3	1	0	0
5	2	1	3	1	0	0
6	3	1	3	1	0	0
7	3	1	3	1	2	1
8	2	1	3	1	0	0
9	2	1	3	1	0	0
10	3	1	3	1	0	0
11	1	0	3	1	0	0
12	2	1	2	1	2	1
13	2	1	2	1	0	0
14	2	1	2	1	0	0
15	2	1	2	1	0	0
16	2	1	3	1	0	0
17	2	1	2	1	0	0
18	2	1	2	1	0	0
19	2	1	3	1	0	0
20	3	1	2	1	0	0
21	3	2	3	1	0	0
22	2	1	3	1	2	1
23	2	1	2	1	0	0
24	2	1	3	2	0	0
25	2	1	2	1	3	2
26	2	1	2	1	0	0
27	3	2	3	1	0	0
28	3	2	3	2	2	1
29	2	1	2	1	0	0
30	3	1	3	1	1	1

TABLE – 1 B: ASRS BEFORE AND AFTER NAET ® TREATMENTS

ID No.	Hives Before NAET®	Hives After NAET®	Indigestion Before NAET®	Indigestion After NAET®	Itching Before NAET®	Itching A After NAET®	Skin Rash Before NAET®	Skin Rash After NAET®
1	0	0	3	1	2	1	3	1
2	0	0	2	0	3	1	3	1
3	2	1	2	0	2	0	3	1
4	0	0	2	1	3	1	0	0
5	0	0	2	0	2	1	0	0
6	0	0	2	1	2	0	0	0
7	2	1	3	1	2	1	3	1
8	0	0	1	0	2	1	0	0
9	0	0	2	1	2	2	2	1
10	0	0	2	1	2	1	0	0
11	0	0	1	1	2	1	0	0
12	0	0	2	1	2	0	2	1
13	0	0	2	1	2	1	0	0
14	0	0	2	1	2	1	2	1
15	0	0	2	1	2	1	0	0
16	0	0	2	1	1	0	1	1
17	0	0	2	1	1	0	0	0
18	0	0	3	1	3	1	0	0
19	2	1	2	1	1	1	2	1
20	0	0	2	1	3	0	0	0
21	0	0	2	1	0	0	0	0
22	0	0	2	1	2	1	2	0
23	3	2	0	0	0	0	3	0
24	0	0	0	0	0	0	2	0
25	2	1	3	1	0	0	0	0
26	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0
28	0	0	0	0	2	1	0	0
29	0	0	3	1	0	0	3	0
30	0	0	2	1	0	0	0	0

TABLE-2: SALIVARY pH BEFORE AND AFTER NAET® TREATMENTS

ID No.	Salivary pH Before Tx	Salivary pH After Tx
1	5.4	6.9
2	5.5	6.8
3	5	6.8
4	5.3	6.6
5	5.6	6.5
6	5.5	6.6
7	5	6.8
8	5.4	6.5
9	5.6	6.5
10	5.5	6.9
11	5.7	6.7
12	5.7	6.6
13	5.8	6.8
14	5.4	6.7
15	5.5	6.5
16	5.6	6.7
17	5.4	6.9
18	5.3	6.9
19	5.6	6.4
20	5.5	6.7
21	5.5	6.7
22	5.2	6.7
23	5.4	6.9
24	5.4	6.8
25	5.5	6.5
26	5.5	6.8
27	5.6	6.7
28	5.5	6.7
29	5.4	5.7
30	5.5	6.4

.

TABLE-3: EAV BEFORE AND AFTER NAET® TREATMENTS

ID No.	Mean EAV Before Tx	Mean EAV After Tx
1	97.5	65.4
2	95.4	64.9
3	96.5	63.1
4	95.4	61.1
5	95.3	61.4
6	95.7	58
7	95.5	55.8
8	95.6	55
9	95.5	55
10	96.3	61.3
11	96.2	69.1
12	97.7	69.1
13	93.1	66.9
14	93.6	66.9
15	95.1	74.5
16	93.8	73.8
17	96.1	74.8
18	96.6	73.9
19	94.6	66.7
20	94.9	69.6
21	95.7	69.4
22	92.7	67.5
23	94.3	69
24	90.7	68.4
25	96.5	66.1
26	95.1	66.3
27	96.3	67.5
28	94.1	72.1
29	93.9	73.1
30	95	67

TABLE - 4: MEAN-NST BEFORE AND AFTER NAET® TREATMENTS

ID No.	Mean NST Before Tx	Mean NST After Tx
1	2.86	0.93
2	2.6	1.1
3	2.7	1.1
4	2.46	1.13
5	2.8	1.13
6	2.46	1.2
7	2.73	0.87
8	2.6	1.13
9	2.6	0.87
10	2.47	1.12
11	2.53	0.9
12	2.4	1.07
13	2.53	0.87
14	2.27	0.93
15	2.4	0.8
16	2.33	0.93
17	2.67	0.8
18	2.53	0.93
19	2.6	0.93
20	2.4	1.07
21	2.67	1.06
22	2.4	1.33
23	2.4	1.13
24	2.6	0.87
25	2.47	1.07
26	2.2	0.8
27	2.33	1.33
28	2.4	0.87
29	2.27	0.93
30	2.13	0.8

TABLE - 5A : NST BEFORE AND AFTER NAET® TREATMENTS

Substances Tested	1B	1A	2B	2A	3B	3A	4B	4A	5B	5A	6B	6A	7B	7A	8B	8A	9B	9A	10B	10A
BBF	3	0	2	1	3	1	2	1	3	1	2	1	3	1	3	1	2	1	2	1
Egg Mix	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	2	1
Calcium Mix	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	2	1	3	1
Vitamin C Mix	3	1	3	1	3	1	3	1	3	1	3	2	3	1	3	1	3	1	3	1
B Complex mix	3	1	2	1	2	1	2	1	3	2	2	1	2	0	2	1	3	1	2	1
Sugar Mix	3	1	3	1	3	1	2	1	3	1	3	1	3	1	3	1	2	0	2	1
Iron Mix	2	1	2	1	2	1	2	1	3	1	2	1	2	1	2	1	3	1	2	1
Vitamin A Mix	3	1	3	1	3	1	3	2	3	1	3	2	3	1	3	2	3	1	3	2
Salt Mix	3	1	3	1	3	1	2	1	3	1	3	1	3	0	2	1	3	1	3	1
Mineral Mix	3	1	3	1	3	1	3	1	3	2	2	1	3	1	3	1	3	0	3	1
Grain Mix	3	1	3	1	2	1	3	1	2	1	3	1	2	1	3	1	2	1	3	2
Yeast Mix	3	1	2	1	3	2	2	1	3	1	2	1	3	1	2	1	3	1	2	1
Acid	3	1	3	2	3	1	3	2	2	1	2	2	3	1	3	2	2	1	3	2
Base	3	1	2	1	3	1	2	1	3	1	2	1	3	1	2	1	3	1	2	1
Immunizations	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1

TABLE - 5B : NST BEFORE AND AFTER NAET® TREATMENTS

Substances Tested	11B	11A	12B	12A	13B	13A	14B	14A	15B	15A	16B	16A	17B	17A	18B	18A	19B	19A	20B	20A
BBF	3	1	2	1	3	1	2	1	3	1	3	1	3	0	2	1	3	1	2	1
Egg Mix	2	1	3	1	2	1	3	1	1	1	3	1	3	1	3	1	3	1	3	1
Calcium Mix	3	1	3	1	2	0	3	1	3	1	2	1	3	1	3	1	3	1	3	1
Vitamin C Mix	2	1	3	1	2	1	2	1	2	1	2	1	3	1	3	1	3	1	3	1
B Complex mix	3	1	2	1	2	1	2	1	2	0	2	1	2	1	2	1	2	1	2	1
Sugar Mix	3	2	2	1	3	1	2	0	3	1	2	0	3	1	3	1	3	1	2	1
Iron Mix	2	0	2	1	3	1	2	1	2	1	2	1	2	0	2	1	2	1	2	1
Vitamin A Mix	3	1	3	2	3	0	2	2	2	1	3	1	3	1	3	1	3	1	3	2
Salt Mix	2	1	2	0	3	1	3	0	3	0	2	1	3	1	3	1	2	1	2	1
Mineral Mix	3	1	2	1	3	1	2	1	3	1	3	1	2	1	3	1	2	1	2	1
Grain Mix	2	1	3	1	2	1	3	1	1	0	2	1	3	1	2	0	2	1	3	0
Yeast Mix	2	1	2	1	3	1	2	1	3	1	2	0	3	1	2	1	3	1	2	1
Acid	3	0	2	1	2	1	2	1	3	1	3	2	3	1	3	1	3	0	3	2
Base	3	1	2	1	3	1	2	1	3	1	2	1	2	0	2	1	3	1	2	1
Immunizations	2	1	3	2	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1

TABLE 5C- NST BEFORE AND AFTER NAET® TREATMENTS

Substances Tested	21B	21A	22B	22A	23B	23A	24B	24A	25B	25A	26B	26A	27B	27A	28B	28A	29B	29A	30B	30A
BBF	3	1	2	1	3	1	3	1	2	1	2	1	3	1	2	1	3	1	2	1
Egg Mix	3	1	3	1	3	1	3	1	3	1	2	1	2	1	3	1	2	1	3	1
Calcium Mix	3	1	3	1	2	0	3	1	2	1	3	1	3	1	2	1	2	0	3	1
Vitamin C Mix	3	1	3	2	3	1	3	1	2	1	3	1	2	1	2	1	2	1	2	1
B Complex mix	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	0	2	1	1	1
Sugar Mix	3	1	2	1	2	1	3	2	2	0	2	1	2	2	2	0	2	0	1	0
Iron Mix	3	1	2	1	2	1	2	1	2	0	2	1	2	0	2	1	2	1	2	0
Vitamin A Mix	3	1	3	1	3	1	2	1	2	1	3	2	3	1	3	2	3	0	2	0
Salt Mix	2	1	3	1	3	0	2	1	2	1	2	0	2	1	2	0	3	1	3	0
Mineral Mix	3	2	2	1	3	1	3	1	2	0	2	1	3	0	2	1	3	1	2	1
Grain Mix	2	1	3	1	2	1	3	1	2	1	3	2	2	1	3	1	2	1	3	1
Yeast Mix	3	1	2	1	3	1	2	1	3	1	2	1	2	1	2	1	3	1	2	1
Acid	2	1	2	2	3	1	2	1	2	1	3	2	3	0	2	1	2	1	2	2
Base	3	1	2	1	3	1	2	1	3	1	2	1	3	1	2	1	3	1	2	1
Immunizations	2	1	2	1	2	1	2	1	2	1	2	1	2	1	3	2	2	1	2	1

TABLE 6
TOTAL NO. OF SYMPTOMS REPORTED BY THE SUBJECTS

Symptoms	No. of subjects
Dry skin	30
Eczema	30
Acne	8
Hives	5
Indigestion	25
Itching	22
Skin rashes	13

TABLE 7
INTERPRETIVE GUIDE FOR NST-NAET® RESULTS

NST-NAET®

NST Strong --> (No allergy) = 0

Slightly-1level weak->Mild allergy=1

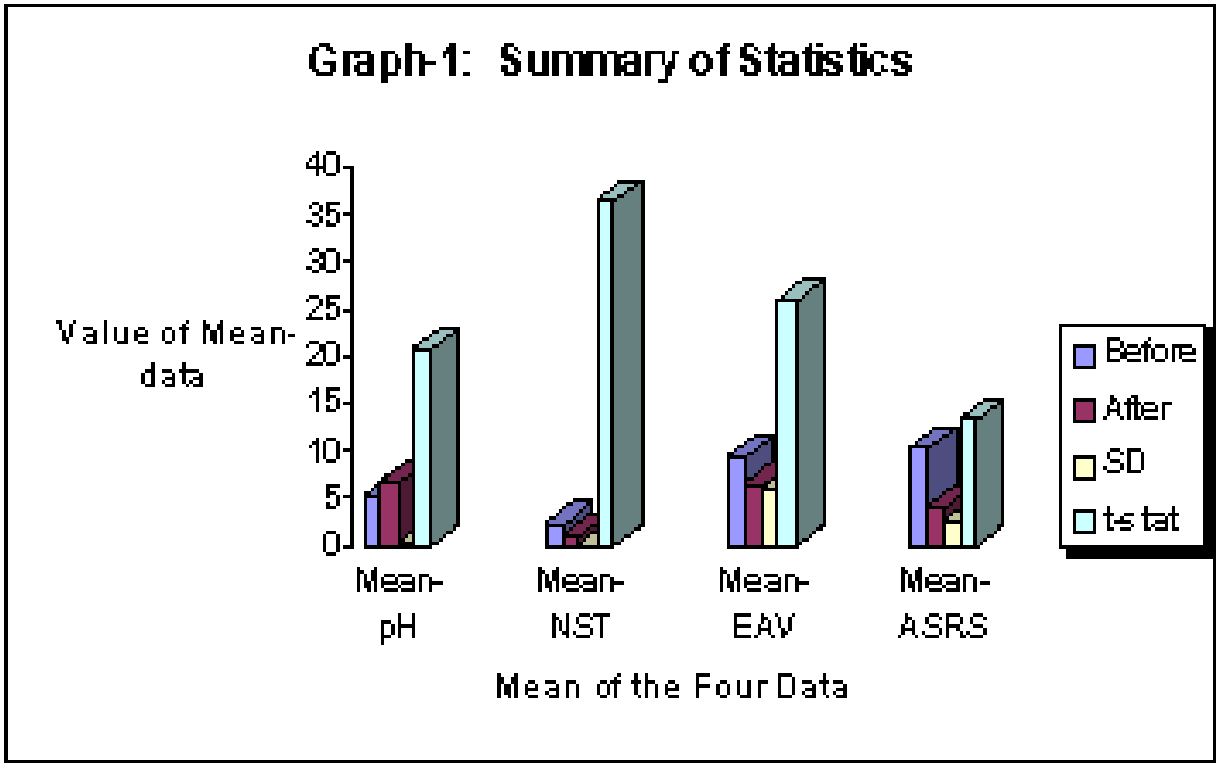
NST 2 levels weak--> (mod Allergy) = 2

NST 3 levels weak -- > (Severe Allergy)=3

TABLE 8: Summary of Statistics

No. of Subjects in the study	30
No. of Allergens Tested	15
No. of Weeks for the Study	16
No. of Testing Modalities Used	4
No. of Evaluations done on each Modality	2

	Before	After	SD	t-stat	p-value
Mean-pH	5.46	6.65	0.32	20.8	<.001
Mean-NST	2.4	1.2	0.22	36.3	<.001
Mean-EAV	9.5	6.6	6.02	26	<.001
Mean-ASRS	10.3	4.1	2.5	13.4	<.001



own words (Table 1A & 1B). Table 2 shows the before and after salivary pH levels. Table 3 shows the EAV results from before and after treatment. Table 4 displays the before and after mean-NST. Table 5 A, B, C shows the before and after NST readings. Table 6 lists the number of the subjects suffering from similar health problems. Table 7 gives the interpretation for NST result. Table 8 gives the summary of statistics. The graph-1 displays the summary of statistics in graphic form for easy understanding.

RESULTS: The data was received on ASRS, NST, EAV and pH levels on 30 subjects. The group mean data of ASRS before beginning the testing was: 10.3 and after the completion of NAET® for 15 basics was: 4.1; the group mean data for salivary pH measurement before beginning treatment was 5.46 and after treatment it was 6.66; the group mean data for NST before treatment was 74.83 and after treatment it was 30.1; the group mean data for EAV before treatment was 95.15 and after treatment it was 66.42. A paired t-test for means was performed on ASRS, Ph levels, EAV and NST data and the results were as follows: ASRS-Ud= 6.133, SE=0.457, t-stat=13.43, [t] with df29=2.0452, p-value=0.0001; pH levels-Ud=1.197, SE=0.058, t-stat= 20.76, [t] with df29=2.0452, p-value=0.0001; EAV reading- Ud=28.732, SE=1.10, t-stat= 26.100, [t] with df29=2.0452, p-value=0.0001; and NST-Ud=1.49, Std. Err 0.04, t-statistic 36.38, df 29, [t]=2.0452; p-value <.0001.

CONCLUSIONS: In this study, the primary goal was to test the efficacy of NST in identifying the eczema triggers before the subjects get exposed to the items so that they could easily avoid them. The secondary goal was to test the efficiency of NAET desensitization on the once detected allergens so that the subjects could reduce or eliminate their eczema leading to have a better quality of life. According to the initial ASRS data, these subjects suffered from eczema for over four years. Food sensitivity was never suspected as a possible cause in these cases since they did not notice any change in their conditions when they avoided all suspected food groups in the past. NST testing on the preselected 15 basic essential nutrient groups were positive on all 30 subjects (83% positive). All of the subjects had a low pH when measured using their saliva. EAV testing also recorded sensitivities on these 15 groups. After completion of NAET for 15 basic food groups, there was a significant reduction of the symptoms of eczema on these subjects when comparing the before treatment ASRS data with after treatment results (p-value=<.0001). When the pre - treatment results of pH level measurements, EAV and NST were compared with post- treatment record, significant changes were also observed (p-values <.0001 in all three evaluations). This study supports the use of NST as a reliable screening modality to detect food sensitivities in the subjects with eczema. This study also supports the idea of NAET® as an effective treatment modality to reduce symptoms of eczema in people who suffer from allergy-based eczema.

It is highly recommended that similar studies should be done on subjects who suffer from eczema and other skin disorders using other food groups, chemical and environmental allergens from the surroundings or from daily living and on a larger and more diverse population to further document the effectiveness NAET testing and treatments. These testing and treatment procedures are also very cost effective. If these testing modalities and treatment procedures were found significantly effective in reducing eczema and other skin problems, people from all walks of life could benefit from such testing procedures in identifying their allergies and sensitivities and eliminating them before the allergies and sensitivities control their lives. The quality of their lives could be improved considerably.

The study was conducted by the NAR Foundation Research associates at the pain clinic, Buena Park, California. The study was funded by the NAR foundation, Buena Park, CA.

ACKNOWLEDGMENTS

We sincerely want to express our profound gratitude to NAR Foundation research associates and the statistical team for designing the study, supervising, monitoring, and coordinating the entire study from the beginning to completion and making sure that the procedures were followed very strictly by everyone involved. Our sincere appreciation is expressed here to our dedicated volunteers (examiner, monitor, recorder and subjects) who participated in this study.

REFERENCES

American Academy of Dermatology. EczemaNet. AAD, 2005. http://www.skincarephysicians.com/eczemanet/whatis.html.

American Academy of Family Physicians. Eczema: Tips on How to Care for Your Skin.

Atopic Dermatitis, The Epidemiology, Causes and Prevention of Atopic Eczema, Edited by Hywel C. Williams. University of Nottingham, 2000.

Dainese R, Galliani EA and et al: Discrepancies between reported food intolerance and sensitization test findings in irritable bowel syndrome patients. Am J Gastroenterol.1999; 94(7):1892-7.

Daniels, Lucille, and Catherine Wothingham: Muscle Testing Techniques of Manual Examination, 3rd ed., 1972

Dawson and Trapp RG: Basic and Clinical Biostatistics. 3rd Ed. Boston: McGraw-Hill, 2001. p. 334-43.

East Asian Medical Studies society: Fundamentals of Chinese Medicine, Paradigm publications, 1985.

Beijing College of traditional Medicine; Essentials of Chinese Acupuncture, Foreign Language press, Beijing, China, 1980.

Goodheart George : Applied Kinesiology research Manual. Detroit, MI: Private Printing, 1964, 71, 73, 74.

Herman PM and Drost LM: Evaluating the Clinical Relevance of Food Sensitivity Tests: A Single-Subject Experiment. Alternative Medicine Review. 2004; 9(2), 198-207

Hyde, Patricia, Reviewer. All About Eczema. TeensHealth. Nemours Foundation, 2006.

Jerrold H. Zar: Biostatistical Analysis, Fourth Edition, Prentice-Hall, Inc., Upper Saddle River, New Jersey 07458, 1999.

Kenney JJ, Clemens R, Forsythe KD. : Applied kinesiology unreliable for assessing nutrient status., J Am Diet Assoc. 1988; 88(6):698-704.

Krohn, Jacqueline and Frances Taylor. Finding the Right Treatment, Second Edition. Point Roberts, WA: Hartley & Marks, 2002.

Krohn, Jacqueline, and Frances Taylor. Phenolics and Other Allergens. Los Alamos, NM: K and T Books, 2001.

Lawson A, Calderon L. : Inter-examiner agreement for applied kinesiology manual muscle testing. Percept Mot Skills. 1997; 84(2):539-46.

Larsen F and Hanikin J. "Epidemiology of Atopic Dermatitis." Immunology and Allergy Clinics of North America . 22:1-25. 2002.

Ludtke R, Kunz B, Seeber N, Ring J. Test-retest-reliability and validity of the Kinesiology muscle test. Complement Ther Med. 2001; 9(3):141-5.

Motoyama M. Comparison of Diagnostic Methods in Western and Eastern Medicine. A Correlation between Ki Energy and Environmental Conditions. Tokyo, Japan: Human Science Press, 2000

Miki Shima, The Medical I Ching Blue Poppy Press, 1775 Linden Ave., Boulder, CO, 1992

Monti DA, Sinnott J, et al: Muscle Test Comparisons of Congruent and incongruent self-referential statements. Perceptual and Motor Skills 1999; 99, 1019-1028.

Nambudripad DS: Say Goodbye to Illness, Third Edition, Delta Publishing Co., Buena Park, CA, 2002. www.naet.com

Nambudripad DS: Say Goodbye to Your Allergies, Delta Publishing Co., Buena Park, CA, 2003.

Nambudripad, DS: The NAET® Guide Book, Sixth Edition, Delta Publishing Co., Buena Park, CA, 2004, www.naet.com.

Nambudripad, DS: NAET Protocols and Procedures, The Journal of NAET Energetics and Complementary Medicine, Vol. 1, no.1, NAET Center, Buena Park, CA, 2005, pp.19-28.

Nambudripad, DS: NAET Protocols and Procedures, The Journal of NAET Energetics and Complementary Medicine, 2005: Vol. 1(1):19-28, Vol. 1(2):107-112, Vol.1(3):179-184, vol.1(4):265-270; 2006: Vol.2(1): 343-350, Vol.2(2): 423-432, Vol.2(3): 499-506, Vol.2(4):559-564; 2007: Vol.3(1): 621-626, NAET Center, Buena Park, CA, 2005.

Nambudripad, Devi. Freedom From Eczema, Buena Park, CA: Delta Publishing Company, Buena Park, CA 2007.

National Eczema Society. Eczema: Frequently Asked Questions. United Kingdom, 2007. http://www.eczema.org/faqfile.htm.

NIAMS. Health Topics: What is Atopic Dermatitis? National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health, Bethesda, MD, 2005. http://www.niams.nih.gov/hi/topics/dermatitis/ffdermatitis.htm.

Norris J, Barriga K, et al: Risk of Celiac Disease Autoimmunity and Timing of Gluten Introduction in the Diet of infants at Increased Risk of Disease. JAMA 2005; 293 (19): 2343-51

O'Connor, J. and Dan Bensky, trans.: Acupuncture, a Comprehensive Text, Chicago, Eastland Press, 1981

Randolph, Theoron, et al: An alternative approach to Allergies, Harper &row, publishers, Inc., 10 East 53rd street, New York, Ny, 1990

Reddy MV: Statistics for Mental Health Care Research. 2002, NIMHANS publication, INDIA.

Rosner B: Fundamentals of Biostatistics, 2000, 5th Edition, Duxbury.

Rudikoff D and Lebwohl M. "Atopic dermatitis." Lancet 351(9117): 1715-21. 1998.

Royston Low: The secondary Vessels of Acupuncture, Thorsons publishing Group, 1983.

Schmitt WH Jr, Leisman G. :Correlation of applied kinesiology muscle testing findings with serum immunoglobulin levels for food allergies. Int J Neurosci. 1998; 96: 237-44.

Sicherer SH: Food Allergy. The Lancet, 2002 August 360: 701-710.

Sher, L. "The effects of natural and man-made electromagnetic fields on mood and behavior: the role of sleep disturbances." Med Hypotheses. 2000 April; 54 (4): 630-3.

Taylor Frances, NAET: Coat of Many Colors, The journal of NAET® Energetics and complementary Medicine, Vol. 1, No.1, Buena Park, Ca, 2005

Ted J Kaptchuk: The Web that has no Weaver, Congdon and Weed, New York, 1983

The Burton Goldberg Group. Alternative Medicine-The Definitive Guide. Puyallup, WA: Future Medicine Publishing, Inc., 1993.

Tom and Carole valentine, et al: Applied Kinesiology, Muscle Response in Diagnosis, Therapy & Prevention, Healing Arts Press, Rochester, Vermont, 1987.

US National Library of Medicine. Eczema. MedlinePlus, 2007.

http://www.nlm.nih.gov/medlineplus/eczema.html.

Voll R: Twenty Years of ElectroAcupuncture Diagnosis in Germany: A Progress Report. Am J Acupuncture 1975; 3(19):7-17.

Wikipedia. Eczema. 15:09, 3 April 2007. http://en.wikipedia.org/wik/Eczema.

Reprint requests to:
NAR Foundation

NAR Foundation
6714-32 Beach Blvd.
Buena Park, CA 90621, USA
E-mail: narfbp@hotmail.com