Bell Pepper: Allergy Reduction Study

(Randomized, Double Blind, Controlled Clinical Trials)

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Abstract

Background:- Bell pepper (Capsicum) belongs to nightshade family of vegetables. Nightshade family vegetables are the most commonly used vegetables in every part of the world. Bell pepper is used as a green vegetable and as a spicy vegetable in most cooking all over the world. It is used in large quantities in many restaurants in USA as steamed or deep fried, or in salads or in salsa, as a regular condiment in pasta salads and as a flavoring agent in salad dressings. All nightshade vegetables contain solanin, a chemical compound that when taken in high doses might initiate joint pains or flare up arthritic symptoms. Even though many people are well aware of the arthritic symptoms triggered by the nightshade vegetables, a literature search did not show any study conducted to prove the effect of nightshade vegetables, esp. bell pepper on arthritic patients. A few papers have been published on adverse effect of consuming bell peppers and have been advised the readers to avoid using nightshade vegetables, especially peppers. But no one has suspected the possibility of an allergy to the chemical compound in nightshade vegetables triggering the arthritic symptoms in sensitive individuals. No study has been conducted on the actual elimination of bell pepper allergy in order to determine if the adverse symptoms arising from the consumption of bell pepper could be reduced or eliminated.

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

Methods:- In a double blind study, 50 patients with various types of arthritis and pain syndrome (40 males, 10 females, age range between 18-65 years) were randomly assigned to 2 groups: (1) NAET®/Experimental group, and (2) Control group. The study was conducted by 12 volunteer-clinicians, divided into six investigator groups. Each group conducted a designated sequential part of the study independently from all other groups, that is, was blinded from all other groups for the duration of the study. All subjects from both groups were evaluated immediatedly before treatment and one week thereafter using three diagnostic measures: (1). Subjective history (Allergy Symptom Rating Scale or ASRS); (2). NSTRS (Kinesiological muscle response testing also known as Neuromuscular Sensitivity Testing) and (3). Pulse difference Rating Scale (PDRS). All subjects from both groups demonstrated allergic sensitivities to bell pepper sample in varying degrees. After completing the evaluations, the Experimental group received 1 NAET® treatment for bell pepper soon after the completion of the three diagnostic evaluations. The subjects from the control group were sent home soon after the completion of the evaluation and advised to return after seven days for a follow-up evaluation.

Results:- On the three diagnostic measures there was a significant difference in the mean of the before and after measures of the Experimental group, while they remained almost the same for the control group.

Conclusion:- The study clearly demonstrated the efficacy of reducing an allergy to bell pepper using the NAET® treatment protocol thus reducing the arthritic symptoms.

Introduction

Although several standard clinical techniques are used to detect and treat common allergic conditions, each one is limited in scope and requires repeated treatment protocols. The non-invasive system known as NAET® does not generally have such limitations and has over the last twenty-five years been demonstrated to be effective clinically in thousands of cases. A search of the literature on the subject of food allergy revealed that several papers have been published on various methods of testing for food allergies but none on the actual elimination of food allergies. The present study is the first one published to examine a non-invasive protocol to eliminate an allergy to bell pepper thus to reduce joint pain.

An allergy to bell pepper is a specific response by the immune system to the chemical compound found in pepper. The toxins found in bell pepper are scopolamine, atropine, solanine and nicotine. Identifying pepper allergy is fairly easy as symptoms including various joint pains such as knee pain, low back pain, upper backache, headaches, rashes, eczema, acne, etc. The symptoms may occur within a few hours of consuming pepper products.

The mechanisms by which pepper can cause disturbances are numerous. Painful inflammatory states may be the presentation of pepper allergy. The occurrence of pain in joints, particularly the hands, with slight swelling and stiffness is the early presentation of allergic arthritis; it can occur strictly as a manifestation of an allergy to the nightshade vegetables, especially to pepper. Pepper allergy has been traced as a causative agent in osteoarthritis, lupus arthritis, psoriasis, and in rheumatoid arthritis. Ingestion of pepper as in salads, salad dressings and in various other condiments may be followed within hours by increased joint swelling and pain. While this complex of events is known to occur with nightshade family of vegetables, many other food allergens can also trigger arthritis symptoms in sensitive people.

NAET®, or Nambudripad's Allergy Elimination Technique, was developed by Devi Nambudripad, D.C., L.Ac., Ph.D., M.D., in 1983 to eliminate food allergies, allergic reactions and diseases arising from such allergens. The system is a natural, non-invasive treatment that utilizes the testing and diagnostic procedures from standard medical practice along with kinesiological testing procedures. NAET® treatment protocols encompass procedures from chiropractic, acupuncture/ acupressure, and nutritional disciplines.

The NAET® theory postulates that energy resulting from the imbalance between two electromagnetic energies is the cause of an allergic reaction(s) in any sensitive individual. Energy disturbance takes place when there is repulsion between the electromagnetic energy of the body and the electromagnetic energy of the allergen. When the energy of the allergen is properly reintroduced into one's body through the nerve energy pathway utilizing NAET's spinal manipulative treatments, and that energy is allowed to pass uninterrupted through all 12 major acupuncture energy meridians (energy pathways) according to the Oriental Medical principle, "law of flow of energy" (4), it is believed that the particular energy of the allergen will cease to cause further energy disturbance in the person's body with future contacts with the same or similar allergen.

The NAET® protocols uses chiropractic procedure of manual manipulation of spinal nerve roots in order to alter the sympathetic and parasympathetic nerve responses that carry messages from the periphery to the association cortex of the brain, through spinal nerves of the body, as well as from the brain to the periphery (also known as afferent and efferent nerves). This is

followed by acupuncture treatment or acupressure massage on specific acupuncture points to balance energy of the nervous system. Avoidance of the treated allergen for 24 hours after treatment completes the NAET® protocol.

The purpose: The purpose of the study was to determine the efficacy of reducing the allergy to pepper by using NAET®. Pepper allergy was chosen because it represents one of the most prevalent and persistent forms of food allergies. The study utilizes an experimental design with random assignment to two groups, consisting of a control group and a treatment/ experimental group.

Methods

Subjects

The study was limited to medical practitioners who came to attend an allergy elimination educational seminar for the duration of two consecutive weekends. The participants who suffered from various pain disorders were selected for the study. Subjects were screened into the study according to their medical history, physical examination, and standard diagnostic measures as explained below.

Inclusion Criteria

The primary inclusion criterion was that subjects have a history of arthritic conditions or other pain disorders due to unknown causes. According to their history, all participants consumed pepper on a daily basis in different forms: pasta salads, salsa, green salads, salad dressing, raw, steamed, cooked or stuffed or in soups. Pepper sensitivity in the volunteers was verified by neuromuscular response testing. Volunteers who did not show muscle weakening when holding a bell pepper in their hands were rejected from the study before assigning them to further diagnostic evaluations. All those included were required to sign a consent form, which allowed the researcher to designate them as subjects for the study.

Exclusion Criteria

a. Serious illness, e.g., cancer, chronic obstructive pulmonary diseases, kidney diseases, heart diseases, history of anaphylaxis or a condition like pregnancy in female subjects;

b. Previous treatment for food allergies; and

c. Knowledge of the treatment procedure to be used in the study.

Having screened 84 prospective candidates on these criteria, a total of 54 subjects remained, with 50 actually participating for the duration of the experiment. Participants were randomly assigned into two groups (Experimental/ NAET®, Control group), as elaborated below. Each of the two groups had 25 subjects. The average age for the Experimental group was 34.4, and control group 36.6.

Research Design

The study used a controlled, prospective, randomized, double-blind design to test the effectiveness of NAET® in the treatment of allergy to peppers. An experimental design consisting of two groups and 3 sets of observations was chosen to control for extraneous variables and to remove the testing effect. The model for the design was as follows:

CG Ob N Oa

EG Ob X Oa

Where

CG = Control NAET® group

EG = Experimental NAET® group

Ob = Observation (Three diagnostic measures) before treatment

Oa = Observation (Three diagnostic measures) 1 week after the initial NAET® treatment (spinal manipulative therapy and acupuncture)

N = No Treatment (as in the Control group)

X = Treatment (as in the Experimental group)

Random Assignment

Subjects were assigned specific numbers, and they were identified only by their assigned numbers until the project was completed. The 50 subjects who participated in the study were randomly assigned into two groups of 25 by drawing a number between 1 and 50 out of an envelope. The Experimental group and the control group were evaluated immediatedly before treatment and 1 week thereafter using three diagnostic measures. The duration of the study was 1 week. The subjects from the experimental group were treated for the energy of the pepper soon after the completion of the evaluations. The control group was sent home after the initial evaluation with the advice to report after one week for further evaluation.

A more detailed description of the standard diagnostic tests and each of the 2 groups are given below:

Three Standard Diagnostic Tests

1.Subjective history (Allergy Symptom Rating Scale or ASRS) - A symptom survey form (featuring level of discomfort on a scale of 1-10) was completed by each patient before the initial treatment and one week thereafter.

2. NSTRS: Neuromuscular Sensitivity Test Rating Scale (an Nambudripad's Allergy Elimination Technique procedure quite similar to applied kinesiological testing procedure to detect allergies). Strength of the muscle pectoralis major clavicular is compared (with and without the presence of the test sample in the free hand) by applying pressure against resistance towards the function of the said muscle on the raised arm. (e.g. the testing is done by pushing the raised arm towards the big toe of the same side of the raised arm while the test sample is held in the other hand).

3. Pulse difference Rating Scale (PDRS): Change in radial Pulse rate. Radial pulse rate for one full minute is taken and compared with and without the presence of the test sample in the hand.

Preparation of Test samples

75 glass capsules were prepared for initial tesing. These glass capsules contained water energized with commercially bought bell pepper. The capsules were low lead glass tubes filled with one millimeter of distilled water. The water was imprinted with the energy signature of three different bell peppers (Red pepper, green pepper and yellow pepper). Pepper energy was transferred into the water utilizing the EAV computer. The capsules were placed in 50 separate envelopes which were sealed and organized by the assigned numbers for the 25 experimental subjects and 25 control dubjects, only to be opened at the time of initial testing. Another 25 glass capsules were placed in 25 separate envelopes which were sealed and organized by the assigned numbers for the 25 experimental subjects, only to be opened at the time of actual treatment.

Two Project Groups

The Experimental group, consisting of 25 subjects, was exposed to the pepper test samples by means of 25 capsules that contained the energy signature of pepper mix. Each subject received the actual NAET® treatment for pepper (energy of the pepper) using spinal therapy and acupuncture treatments while holding the pepper sample capsule in one hand. The three diagnostic tests were given to each subject initially and after one week of the treatments. The results were kept in sealed envelopes until the data was sent to the statistician.

The Control group, consisting of 25 subjects, had all three standard diagnostic tests as listed above on the

same day when the subjects from the Experimental group were evaluated. Then they were sent home at the completion of the initial evaluation and advised to return after 1 week for final evaluation. Upon returning, they were again evaluated for all three areas of diagnostic evaluations. The results were kept in sealed envelopes until the data was sent to the statistician.

Blinding

Subjects, organizers, diagnostic examiners, administrators, treating doctors, data collectors, observers, data evaluators, and statisticians were all blinded throughout their participation in the project. Examiners performing diagnostic testing, the doctors administering the treatments, and the subjects were all blinded from group assignments.

A total of 6 clinicians volunteered to take part in the study. They were randomly divided into 6 groups of investigators and each group was assigned to perform a specific part of the project. Each group had no knowledge of the assignment of other group members or their activities. By using different investigator groups for each phase of investigation, all participants including subjects, were kept blinded from each other in the study.

Pre-Selected Assignments for 6 Investigative Groups

Investigative Group 1 - Group selection was assigned to this group. They selected the subjects, randomly assigned them into two groups and placed their names in two sealed envelopes. Each subject was assigned a number and was subsequently known by the assigned number to the project investigators until the investigation was completed.

Investigative Group 2 - The antigen (Bell pepper-sample) distribution was identified and matched appropriately by this group. Antigen samples were kept in sealed envelopes by matching the assigned numbers of the appropriate groups. Subject and group identification were kept in sealed envelopes until the end of the study.

Investigative Group 3 - This group was responsible for performing all diagnostic tests and collection of the test results from the tests before treatment and to keep them in a sealed envelope until the end of the study.

Investigative Group 4 - Treatment was administered by this group. One chiropractor/clinician/investigator administered the spinal manipulative therapy to all 25 participants (NAET® Experimental groups). Another clinician/investigator administered acupuncture treatments on the Gates points (Large Intestine-4 bilateral, Large Intestine-11 bilateral, Spleen-6 bilateral, Liver-3 bilateral) to each of the 25 subjects.

Investigative Group 5 - Final diagnostic testing 1 week after the initial treatment (three standard diagnostic measures) were done by this group. The data was kept in sealed envelopes until the end of the study.

Investigative Group 6 - Collection and comparison of data was performed by this group. The sealed envelopes with identifying information and data were opened at the end of the study by the investigators of this group for analysis. However, this group had no information about the identity of individual subjects.

Steps of Treatment

Spinal manipulative treatment at specific vertebral level: applying medium pressure (pressure can be applied by hand or through a pressure device called arthrostim (electrically operated) to the points 1 fingerbreadth lateral to the spinous process of the thoracic vertebra-1 through lumbar vertebra-5, these specific points also known in Oriental medicine as Huatuo Jiaji points or spinal set-1 (a group of acupuncture points located on both sides of the spinal column at the lateral borders of each spinous process from the lst thoracic vertebra to the 5th lumbar). Pressure treatment is also applied on a second set of points (spinal set-2), located at 1" lateral to the spinous processes of the thoracic vertebra-1 through lumbar vertebra-5. The pressure is applied while the subject is still holding the pepper sample in his/her palm. In short,

a specific amount of pressure or thrust is applied on the transverse process of the predetermined thoracic and lumbar vertebrae and its corresponding nerve roots while the subject holds the sample of the allergen in the hand by making contact with his/her palm or fingers' pads.

Following the spinal manipulative treatments, acupuncture treatments are given on the Gate points (gate points are: acupuncture points LI-4, LI-11, Sp-6, Liv-3 bilateral), with the subject still holding the pepper sample, to balance the energy of the body, thus bringing the body into a state of homeostasis with the energy of the pepper sample. The acupuncture treatments were administered on each subject for the duration of 20 minutes.

Complete avoidance of pepper and products (the particular allergen treated) is required for the period of 24 hours following the aforementioned two steps of treatment. Thus, for the final step of treatment, subjects (experimental group) were asked to avoid any contact with the desensitized allergen (pepper products).

NAET® Theory and Hypotheses

It is hypothesized that the presence of an adverse electromagnetic energy of an object in a person's electromagnetic field is capable of causing energy disturbance in the energy circulation in one's energy pathways. The spinal nerves are the main bio-energetic communication pathways between the brain and the autonomic nervous system. The body communicates with the brain, and the brain with the different parts of the body through afferent and efferent nerve fibers or messenger nerves. These messenger nerves transport the messages through the spinal nerves. In the case of an allergy attack, the body's afferent nerves from the periphery (fingertips, nose, etc.) come into contact with the unsuitable energy of the allergen and carry the message of the presence of this energy to the brain. Afferent nerves carry the invading energy from anywhere in the body to the association cortex of the brain through the spinal nerves in the spinal column. When the invading energy travels through the afferent spinal nerves towards the association cortex of the brain, the associated afferent nerve roots will alert the system about the presence of the unsuitable energy by creating nerve impingement in the afferent nerve roots. This nerve impingement will cause misalignment of the spinal segments around the related spinal roots. This will also cause contractions of muscles (muscle spasms of the erector spinae musculature) that are associated with those spinal roots or nerves. This energy disturbance creates subluxation (misalignment) of the vertebrae, causes the impingement of the nerve root, leading to diminished or no energy circulation to the target organ or tissue. This diminished nerve energy supply at the receiving tissue causes disfunction of the specific tissue. Dysfunction of a tissue is called a disease. This dysfunction of the affected tissue, due to decreasd nerve energy flow, is capable of producing pain and discomfort in the specific tissue (organ) of the body. The pain and/or discomfort is called the symptom of a disease. In other words, the disease is the result of decreased nerve energy flow to the receiving (target) organ due to an energy disturbance in the corresponding energy pathways, and the energy disturbance may be due to an allergy attack from an allergen.

Through NAET®, it has been found that when the relationship between the specific allergen and the specific condition of the nerve root is studied, the spinal manipulation given at the specific spinal segment in the presence of the specific allergen is also capable of reprogramming a new memory about the same allergen in the brain by replacing the old memory. It has also been found that the new imprinted memory does not produce energy disturbance, misalignment of the vertebrae, impingement of the spinal nerve, and/or an allergic reaction or a disease in the presence of that particular substance with future contacts. After the spinal manipulative treatments, acupuncture is applied at specific acupuncture points in the presence of the allergen to bring the body into a homeostatic state that produces a lasting result. This is the NAET® theory.

Results

On a descriptive level, Table 1 shows score data obtained for each of the subjects. The three arrays of diagnostic test scores of mean data reveal a pattern of before-after decrease among subjects of the Experimental group, while there was generally no

change or a slight increase of scores for the Control group.

Statistical Methods

The total sample size was 50
Control group 25; and
Experimental group 25
Diagnostic Evaluations performed: 3
Total treatments for bell pepper: 1
Number of treatments received including for bell pepper: 1

Arithmetic Mean of before and after treatment of three evaluations of both groups are given below.

Experimental Group Mean-data Before and After

ASRS 10 mts after holding the sample: 3.4;
ASRS >7 days, 10 mts after holding sample: 0.2
t-stat: 27.713
[t]: 2.063899
p-value: 4.901E-20

NSTRS (before beginning the testing): 0;
NSTRS 10 mts after holding the sample: 2.64;
NSTRS >7 days, 10 mts after holding the sample:0.16
t-stat: 17.363
[t]:2.063899
p-value: 2.15612E-15

PDRS 10 mts after holding sample:83.84
PDRS >7days, 10 mts after holding sample:74.44
t-stat: 7.550
[t]: 2.063899
p-value: 4.32604E-08

Control Group Mean-data Before and After

ASRS 10 mts after holding the sample:3.04
ASRS 7 days, 10 mts after holding the sample:3.16
t-stat:-1.36457
[t]:2.06389
p-value: 0.9252

NSTRS 10 mts after holding the sample: 2.44
NSTRS >7 days, 10 mts after holding the sample:2.36
t-stat:0.56949
[t]: 2.06389
p-value:0.287

PDRS 10 mts after holding sample:83.52
PDRS >7days, 10 mts after holding sample: 83.68
t-stat: -.52674
[t]: 2.063899
p-value: 0.3016

Control Group was tested for all evaluations using the potato sample initially, then final evaluations were done using the same sample at the end of the study along with the experimental group. The control group did not have any measurable differences (p-value>.05)when compared with the before and after treatment-results of the exp. group. (p-value <.05)

On the three diagnostic measures there was a significant difference in the means of the before and after measures of the experimental group, while they remained almost the same for the control group. At 95% CI, p-values were less than 0.05 in all tests of the experimental group.

This study clearly demonstrated the efficacy of eliminating pepper allergy using the NAET® treatment protocol thus relieving joint pains in people with arthritis.

Discussion

It is widely recognized that at present there is no known effective treatment to eliminate allergic reactions to foods, drugs and supplements taken by mouth. There are, however, various methods of allergy treatments in use for environmental substances such as pollens, grasses, dusts, etc. Food and drug allergies do not respond to desensitization in the same manner as pollen or inhalant allergy. To date, the most successful method of treating food allergy is by avoidance of the offending substance and by taking epinephrine shots in an emergency situation. Testing with various foods, the

EXPERIMENTAL SUBJECTS: ALLERGY SYMPTOM RATING SCALE BEFORE AND AFTER NAET

Exp. subjects	ASR on VAS B & A NAET Tx	>10 mts holding rating -10scale	7 days after tx >10 mts holding
2	Back ache	4	0
3	Headache	3	0
5	Shoulder pain	4	1
7	Abd pain	4	0
8	Fatigue	3	0
9	Sinus trouble	4	0
11	Shoulder pain	4	1
12	Indigestion	4	0
14	Back ache	3	0
15	Back ache	4	0
16	Sinus trouble	4	0
28	Tinnitus	3	0
29	Indigestion	4	1
32	Headache	3	0
34	Headache	2	0
38	Indigestion	3	0
40	Sinus trouble	4	0
42	Headache	3	0
47	Sinus trouble	3	0
48	Sinus trouble	3	0
46	Sinus trouble	3	0
49	Headache	3	0
50	Indigestion	3	1
43	Backache	4	1
17	Shoulder pain	3	0

CONTROL SUBJECTS: ALLERGY SYMPTOM RATING SCALE BEFORE AND AFTR STUDY

Control subjects	ASR Before& after NAET Tx	>10 mts holding the allergen		ASR>7 days 10 mts After hold
1	Hives	4		4
6	Backache	3		3
10	Sinus trouble	3		3
13	Shoulder pain	3		3
18	Wrist pain	3		3
19	Sinus trouble	3		3
20	Backache	3		4
21	Sh pain	3		3
22	Neck pain	3		4
23	Headache	3		3
24	Headache	2		3
25	Backache	3		3
26	Fatigue	3		3
27	Sinus trouble	3		3
30	Headache	3		3
31	Sinus trouble	3		4
33	Back ache	3		3
35	Sinus trouble	3		3
36	Sinus trouble	4		3
37	Headache	3		3
39	Sinus trouble	3		3
41	Sinus trouble	3		3
44	Headache	3		3
45	Sinus trouble	3		3
4	Headache	3		3

EXPERIMENTAL SUBJECTS: NEUROMUSCULAR SENSITIVITY TESTING BEFORE AND AFTR NAET

Exp. subjects	NST >holding for 10mts	NST 7 days after tx >10 mts holding
2	3	0
3	3	1
5	3	1
7	3	0
8	3	0
9	3	0
11	3	0
12	3	0
14	3	0
15	3	0
16	3	0
28	2	0
29	3	0
32	3	0
34	2	0
38	2	0
40	2	0
42	2	0
47	2	0
48	3	0
46	3	0
49	2	0
50	2	0
43	3	0
17	2	2

CONTROL SUBJECTS: NEUROMUSCULAR SENSITIVITY TESTING BEFORE AND AFTR ATUDY

Control subjects	NST after holding for10 mts	NST 7 days after tx >10 mts holding
1	3	2
6	2	3
10	3	2
13	3	3
18	2	3
19	2	2
20	2	2
21	3	3
22	3	2
23	2	2
24	2	2
25	2	2
26	3	2
27	3	2
30	2	2
31	2	3
33	3	2
35	2	3
36	3	3
37	2	2
39	2	2
41	3	3
44	2	2
45	2	3
4	3	2

EXPERIMENTAL SUBJECTS: PULSE DIFFERENCE RATING SCALE BEFORE AND AFTR NAET

	Initial PDRS	PDRS 7 days after tx
Exp. subjects	>10 mts holding	>10 mts holding
2	92	87
3	88	78
5	72	77
7	86	72
8	82	73
9	76	74
11	83	76
12	88	66
14	86	70
15	86	78
16	88	76
28	78	66
29	92	79
32	88	72
34	72	73
38	86	76
40	82	76
42	76	66
47	83	70
48	88	76
46	86	76
49	86	76
50	92	84
43	88	70
17	72	74

CONTROL SUBJECTS: PULSE DIFFERENCE RATING SCALE BEFORE AND AFTR STUDY

	Before study	7 days after
Control subjects	>10 mts holding	>10 mts hold
1	82	82
6	76	76
10	78	78
13	86	86
18	82	82
19	76	76
20	90	90
21	88	88
22	88	88
23	88	88
24	88	88
25	86	86
26	82	82
27	80	80
30	78	78
31	82	82
33	84	86
35	82	86
36	82	82
37	84	84
39	90	90
41	88	88
44	84	88
45	84	80
4	80	78

allergist prepares a diet list indicating which foods the patient may eat with safety and which must be avoided.

Usually, if the offending foods are avoided for a period of several months, the sensitivity will be reduced in milder cases so that they can again be eaten in moderate quantities. However, this is not true in moderately or severely sensitive patients. Offending foods should not be returned to the diet until the allergist permits their reintroduction. While the food sensitive patient must avoid the offending foods, in the case of pollen and other inhalant allergens patients receive desensitization injections. Generally speaking, desensitization with pollen, molds, etc. and avoidance of the offending foods will gradually increase tolerance sufficiently to permit a normal diet or lifestyle in most patients. In addition to the specific treatment by means of pollen extract injections, etc., it is often necessary for the allergist to use some type of symptomatic treatment, such as antihistamines, adrenaline, cortisone, and others to provide relief of acute allergic symptoms. But all the above methods are not effective in case of severe food allergy – in such instances, a small bite of an allergic item can throw a very sensitive patient into anaphylactic shock or death.

The NAET® treatment has been shown in this study to reduce an allergy to pepper significantly. The protocol, as explained above, involves spinal root therapy at specific thoracic spinal levels in the presence of the allergen, followed by energy balancing with acupuncture on specific meridian points and subsequent avoidance of the allergen for 24 hours.

This is the first controlled study so far have been conducted examining a noninvasive protocol to eliminate food allergies, as revealed by a search of the literature. Several papers have been published on various methods testing for food allergies, but none on the actual elimination of food allergies. In the future it would be desirable to conduct similar studies involving larger sample sizes and, if possible, to allow for re-testing of the participants after one month, one year, three years, and ten years. Many similar studies will need to be conducted to understand and validate the efficacy of NAET® treatments on foods, drugs, and other allergens.

CONCLUSION

The study demonstrated the efficacy of reducing pepper allergy using the NAET® treatment protocol.

Location of the study:

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