

Wheat Allergy Reduction Study

(Randomized, Double Blind, Controlled Clinical Trials)

Robert Cohen, MD., Joachim Seckel, MA, Mala Moosad, RN, L.Ac. Ph.D.,
Mohan Moosad, ND, L.Ac., and Kris Nambudripad, L.Ac., M.Ac., BSEE.

Abstract

Background:- Wheat is believed to cause food allergy in children as well as in adults leading to severe abdominal discomforts, cramps, pains, indigestion, bloating and constipation. There are a few studies that address IgE mediated wheat allergy in people. Several papers have been published on various other methods of testing for food allergies but none on the actual elimination of food allergies.

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

Methods:- In a double blind study, 26 patients with diagnosed wheat allergy (13 males, 13 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 were evaluated immediately before treatment and eight weeks thereafter using ten diagnostic measures: (1). Subjective history (Allergy Symptom Rating Scale or ASRS); (2). ALCAT Test; (3). Antibodies to wheat protein in the blood serum by Immunoglobulins G, (4). Immunoglobulins A, (5). Immuno-globulins M, and (6). Immunoglobulins E (IgG, IgA, IgM, IgE) by Elisa method (enzyme linked Immunosorbent Assay); (7). Intradermal testing for wheat sensitivity; (8). EAV (electroacupuncture by Voll); (9). NSTRS (Kinesiologic muscle response testing also known as Neuromuscular Sensitivity Testing) and (10). Pulse difference Rating Scale (PDRS). All subjects demonstrated allergic sensitivities to wheat and wheat products in varying degrees. After completing the evaluations, the Experimental group received 6 NAET® treatments on BBF, B-complex, Sugar mix, wheat, gluten and gliadin, on 6 consecutive Saturdays. The subjects from the control group were sent home soon after the completion of the evaluation and advised to return after eight weeks for a follow-up evaluation. At the end of the treatment phase, once again both groups were evaluated for wheat test sample using all of the same ten diagnostic measures that was used previously.

Results:- On the ten 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 eliminating or reducing an allergy to wheat using the NAET® treatment protocol.

Key Words; wheat, IgE mediated allergy, NAET, Spinal manipulation, Acupuncture

Introduction

Although several standard clinical methods are used to detect and treat common allergic conditions, so far none has provided satisfactory outcome except complete avoidance. The non-invasive system known as NAET® has been reported as one of the methods providing somewhat desired result instead of complete avoidance from the offending substance after desensitiation for the allergen through NAET methods. This treatment method has been experimented and practiced 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. This study is the first one published to examine a non-invasive protocol to eliminate wheat or wheat protein allergies.

Wheat allergy is a specific response by the immune system to some proteins in wheat. Identifying wheat allergy is fairly easy as symptoms including abdominal bloating, abdominal cramps, indigestion, frequent loose stools in some people and in others severe constipation, skin rashes, hayfever, asthma, light headedness, irritability, attention-deficit hyperactive symptoms, poor clarity of thinking, or anaphylactic shock, occur in just minutes to within 2 hour after eating wheat. Anaphylactic shock is the most severe and life threatening allergic reaction. Gluten is a mixture of two groups of proteins - gliadins and glutelins. Wheat has the highest content of gluten than any grain. Allergic to one or both proteins in the wheat can produce above listed health problems.

The mechanisms by which wheat or any other food can cause disturbances are numerous. For e.g. Painful inflammatory states may be the presentation of wheat 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 gluten allergy. A wheat gluten

mechanism has been studied in rheumatoid arthritis patients. Wheat ingestion may be followed within hours by increased joint swelling and pain. While this complex of events is known to occur with gluten antigens, many food allergens can trigger arthritis.

Other commonly seen symptoms of wheat allergy include:

- Indigestion
- Constipation
- Diarrhea with undigested food particles and/or blood
- Celiac disease
- Vomiting
- Severe weight loss
- Chronic tiredness
- Bloating
- Anaemia
- Mouth ulcers

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", 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 adjustments (a 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 permanently eliminating the allergy to wheat by using NAET®. Wheat 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 patients who came to the Pain and Allergy Clinic with a history of an allergy to wheat and wheat products. They were recruited by means of advertisements placed in the local newspaper, notice boards in nearby community colleges and the local hospitals. No restrictions were placed on the patient's

race, sex, income bracket, residential area, or occupation.

Patients 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 patients have a history of allergic reactions to wheat and wheat products. Wheat sensitivity in the volunteers was verified by neuromuscular sensitivity testing. Volunteers who did not show weak NST when held wheat sample 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 using NAET; and
- c. Knowledge of the treatment procedure to be used in the study.

Having screened prospective candidates on these criteria, a total of 30 subjects remained, with 26 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 13 subjects, 6 males and 7 females. The average age for the Experimental group was 34.4, and Placebo 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 wheat. An experimental design consisting of two

groups and 4 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 (Ten diagnostic measures) before treatment

Oa = Observation (Ten diagnostic measures) eight weeks after the initial 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 26 subjects who participated in the study were randomly assigned into two groups of 13 patients by drawing a number between 1 and 26 out of an envelope. The Experimental group and the control group were evaluated immediately before treatment and eight weeks thereafter using ten diagnostic measures. The duration of the study was 8 weeks. Six NAET® treatments were given to participants of the Experimental group on six NAET allergens (BBF, B-complex mix, Sugar mix, Wheat, Gluten and Gliadin) once a week, on Saturdays for six consecutive weeks). The control group was sent home after the initial evaluation with the advice to return after eight weeks for further evaluation.

A more detailed description of the standard diagnostic tests and each of the 2 groups follows.

Ten 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 eight weeks thereafter.

2. Blood Serum for wheat antibodies by ALCAT;

3. Immunoglobulins G: Antibodies to wheat protein in the blood serum by Immunoglobulins G, by Elisa method (enzyme linked Immuno-zorbant Assay);

4. Immunoglobulins A, by Elisa method (enzyme linked Immuno-zorbant Assay);

5. Immuno-globulins M, by Elisa method (enzyme linked Immuno-zorbant Assay);

6. Immunoglobulins E by Elisa method (enzyme linked Immuno-zorbant Assay);

7. Intradermal test. ID was done to test the sensitivity to wheat extract;

8. EAV (electroacupuncture by Voll);

9. NSTRS: Neuromuscular Sensitivity Testing (an applied kinesiological testing procedure to detect allergies). Strength of the muscle pectoralis major clavicular is compared by applying pressure against resistance towards the function of the said muscle (e.g. pushing the raised arm towards the big toe of the same side) arm in one hand without and with holding the allergen in the other hand).

10. Pulse difference Rating Scale (PDRS): Change in radial Pulse rate. Tested while the subject is not touching the wheat product, then check the pulse again after he/she holds the whole wheat in a glass jar in the hand for ten minutes.

Preparation of Test samples

39 glass capsules were prepared for initial testing. These glass capsules contained water energized with commercially bought whole wheat extract. The capsules

were low lead glass tubes filled with one millimeter of distilled water. The water was imprinted with the energy of whole wheat extract (wheat energy was transferred into the water utilizing the EAV computer). The capsules were placed in 26 separate envelopes which were sealed and organized by the assigned numbers for the 13 experimental subjects and 13 control subjects, only to be opened at the time of initial testing. Another thirteen glass capsules were placed in 13 separate envelopes which were sealed and organized by the assigned numbers for the 13 experimental subjects, only to be opened at the time of actual treatment.

Two Project Groups

The Experimental group, consisting of 13 subjects, was exposed to the wheat by means of 13 capsules with the energy signature of whole wheat extract. Each subject received the actual NAET® treatment for wheat (energy of the wheat) using spinal therapy and acupuncture treatments while holding the wheat sample in one hand. Treatments consisted for BBF, B-Complex, Sugar mix, Gluten, Gliadin and wheat. Each subject was given a total of six treatments, every Saturday for six consecutive Saturdays. The ten diagnostic tests were given to each subject initially and then again after the completion of treatments. The results were kept in sealed envelopes until the final evaluation by the statistician.

The Control group, consisting of 13 subjects, had all ten 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 eight weeks for final evaluation. Upon returning, they were again evaluated for all ten evaluations. The results were kept in sealed envelopes until the final evaluation by 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 12 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 (wheat-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 kept 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 13 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 13 subjects.

Investigative Group 5 - Final diagnostic testing 8 weeks after the initial treatment (10 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 activator or 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 1st thoracic vertebra to the 5th lumbar). Pressure treatment is also applied on a second set of points (spinal set-2), located at 1 inch 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 wheat sample in his/her palm. In short, a specific amount of pressure or thrust is applied on the transverse process of the predetermine 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 wheat sample, to balance the energy of the body, thus bringing the body into a state of homeostasis with the energy of the wheat sample. The acupuncture treatments were administered on each subject for the duration of 20 minutes.

Complete avoidance of wheat and wheat 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 (wheat, gluten and wheat 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 decreased 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 subluxation 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 permanent and lasting result. This is the NAET[®] theory.

Results

On a descriptive level, Table 1 and 2 shows score data obtained for each of the subjects. The ten 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 in table 3 and 4.

Statistical Methods

The total sample size was 26
Control group 13; and
Experimental group 13
Diagnostic Evaluations performed: 10

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

Experimental Group Mean-data Before:

ASRS (before): 9; ALCAT (before): 0.69; IgG (before): 725;
IgA (before): 450; IgM (before): 1699; IgE (before): 18;
ID (before): 12; EAV (before): 99; NST (before): 1.9

PDRS (before): 7.6.

Experimental group Mean-data After:

ASRS (after): 6; ALCAT (after): .31; IgG (after): 594
IgA (after): 429; IgM (after): 1207; IgE (after): 16
ID (after): 10.6; EAV (after): 61; NST (after): 1.2
PDRS (after): 2.7.

Control Group Mean-data Before:

ASRS (before): 8; ALCAT (before): 0.30; IgG (before): 716
IgA (before): 675; IgM (before): 1646; IgE (before): 10
ID (before): 14; EAV (before): 100; NSTRS (before): 2
PDRS (before): 7.7.

Control group Mean-data After:

ASRS (after): 8; ALCAT (after): 0.23; IgG (after): 694
IgA (after): 138; IgM (after): 2423; IgE (after): 10.38
ID (after): 13.42; EAV (after): 99; NSTRS-1 (after): 2
PDRS (after): 8.3.

Control Group was tested for all initial evaluations using the wheat-gluten 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 when compared with the before and after treatment-results of the exp. group. (p-value <.05)

P-value of the differences of EXP group

P-value: ASRS=<0.0001; Alcat=.04; IgG=0.38;
IgA=0.012; IgM=0.007; IgE=0.169; ID=<.0001; EAV=<.0001;
NSTRS=<0.0001; PDRS=<0.0001.

On the ten diagnostic measures there was a significant difference in the means of the before and after measures of the experimental group, while they remained almost the same for the control group. At 95% CI, p-values were less than 0.05 in all tests of the experimental group except for IgG, & IgE studies (IgG=p-value=0.38, IgE=0.169).

TABLE 1: EXP. GROUP- EVALUATIONS BEFORE & AFTER NAET®

Subs	Alcat		Elisa		Elisa		Elisa		Elisa	
	WheatB	WheatA	IgG-B	IgG-A	IgA-B	IgA-A	IgM-B	IgM-A	IgE-B	IgE-A
2	1	0	650	400	970	805	1800	650	10	10
4	0	1	400	400	400	400	400	415	10	10
5	0	2	400	400	435	435	1800	1400	10	10
7	1	1	400	400	400	400	1000	950	10	10
11	2	0	400	400	400	400	2800	2800	10	10
12	3	0	1700	1500	765	400	3000	1900	10	10
14	0	0	1900	400	600	400	1200	400	10	10
19	0	0	400	400	400	400	465	400	10	10
20	2	1	400	400	585	400	1400	710	10	10
23	1	0	8000	9300	675	455	4200	3600	10	10
24	2	0	400	400	400	400	400	660	30	20
25	0	0	400	400	400	400	1200	1100	10	10
30	2	1	400	400	1600	1300	885	885	10	10

TABLE 2: EXP. GROUP- EVALUATIONS BEFORE & AFTER NAET® CONTINUED

Subs	NST		EAV		I D		HX		Pulse Chnge	
	NST-B	NST-A	Before Tx	After Tx	Before Tx	After Tx	Before Tx	After Tx	Before Tx	After Tx
2	2	1	100	75	13	11	9	3	6	2
4	1	1	100	70	12.5	11	7	3	8	2
5	2	1	92	52	10.5	9.5	9	4	4	2
7	2	1.5	100	75	13	10.5	10	5	8	4
11	2	1.5	100	54	11.5	9.5	8	3	6	2
12	2	1.5	100	65	13.5	11	10	5	10	4
14	2	1	100	78	12.5	10.5	10	4	8	4
19	2	1	100	57	11.5	10	8	3	6	2
20	2	1	100	61	11.5	10	9	3	4	2
23	2	1.5	100	80	13	11	9	3	8	2
24	2	2	100	68	11.5	10	9	3	4	1
25	2	1.5	100	60	12.5	11	8	4	8	2
30	2	1	100	64	12	10.5	9	3	6	1

TABLE 3: CONTROL GROUP- EVALUATIONS BEFORE & AFTER STYDY

Subs	Alcat		Elisa		Elisa		Elisa		Elisa	
	Wheat B	Wheat A	IgG-B	IgG-A	IgA-B	IgA-A	IgM-B	IgM-A	IgE-B	IgE-A
3	0	3	400	400	650	650	400	1200	15	10
8	0	0	400	400	400	2100	1700	2900	10	10
10	1	0	400	580	400	500	400	10	10	10
13	0	0	1400	795	400	930	535	1200	10	10
17	1	0	400	400	400	400	1300	3000	15	10
21	1	0	400	400	400	400	620	1900	10	10
22	0	1	400	400	860	1100	4100	4600	10	10
28	0	0	400	400	505	400	985	1300	10	10
29	0	0	400	2600	400	1100	3000	3900	10	10
32	1	0	400	690	525	500	400	400	10	10
33	1	0	500	2000	400	400	3800	2300	50	60
36	0	1	400	400	400	400	2900	3400	70	60
38	1	1	400	1400	400	400	1800	2500	55	70

TABLE 4: CONTROL GROUP- EVALUATIONS BEFORE & AFTER STUDY CONTINUED

Subs	NST		EAV		ID		HX		Pulse Chnge	
	NST-B	NST-A	Before Tx	After Tx	Before Tx	After Tx	Before Tx	After Tx	Before Tx	After tx
3	2	2	100	100	14	14	8	8	8	8
8	2	2	100	100	13	13.5	10	10	8	8
10	2	2	100	100	12.5	13	10	10	6	6
13	2	2	100	100	12	12	5	6	6	10
17	2	2	100	100	12	12.5	8	8	8	8
21	2	2	100	90	15	14.5	10	9	8	10
22	2	2	100	100	14	14	10	10	8	8
28	2	2	100	100	13	13.5	8	8	8	8
29	2	2	100	100	13.5	13.5	7	7	8	10
32	2	2	100	100	13	13.5	6	6	6	8
33	2	2	100	100	12.5	13	6	7	8	10
36	2	2	100	100	13.5	13.5	10	10	6	8
38	2	2	100	100	14	14	8	8	4	6

This study clearly demonstrated the efficacy of eliminating wheat allergy using the NAET® treatment protocol.

Discussion

It is widely recognized that at present there is no known effective treatment to eliminate allergic reactions to foods; to ingestants such as medications and vitamins; and to injectants including immunizations, vaccinations, chemotherapeutic agents, and drugs used in hormone replacement therapy. 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 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 as very sensitive patient into anaphylactic shock or death.

The NAET® treatment has been shown in this study to eliminate an allergy to wheat and wheat products permanently. The protocol, as explained above, involves

chiropractic spinal manipulative treatments 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 examining a noninvasive protocol to eliminate food allergies to have been conducted, as revealed by a search of the literature. Several papers have been published on various methods for 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 eliminating or reducing wheat-gluten allergy using the NAET® treatment protocol.

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Location of the study:

PNIB Research Center
6714 Beach Blvd.
Buena Park, CA 90621
e-mail: naet@earthlink.net

Project Funded by

NAR Foundation
6714-32 Beach Blvd.
Buena Park, CA 90621

References:

- A review of Energy Medicine: The Scientific Basis, by James L. Oschman. London: Churchill Livingstone, an imprint of Harcourt Publishers Limited, 2000. 274 pp.
- Beijing College of traditional Medicine; Essentials of Chinese Acupuncture, Foreign Language press, Beijing, China, 1980.
- 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.
- G Patriarca, E Nucera, C Roncallo, E Pollastrini, Oral desensitizing treatment in food allergy: clinical and immunological results, *Alimentary Pharmacology and Therapeutics*, 2003.H.
- G Pasini, B Simonato, A Curioni, S Vincenzi, Cristaudo A, Santucci B, Peruffo AD, Giannattasio M., IgE-mediated allergy to corn: a 50 kDa protein, belonging to the Reduced Soluble Proteins, is a major allergen, *Allergy*, 2002 Feb;57(2):98-106.
- Joseph Scibilia, MDa, Elide A. Pastorello, Giuliana Zisa, MDa, Anna Ottolenghi, MDa, Carsten Bindslev-Jensen, MDb, Valerio Pravettoni, MDc, Elena Scovena, MDa, Anna Robino, MDa, Claudio Ortolani, MDa, Wheat allergy: A double-blind, placebo-controlled study in adults, *The journal of Allergy and Clinical Immunology*, Volume 117, Issue 2, Pages 433-439, February 2006.
- 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.
- 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, vol.1, no. 2, Vol. 1, no. 3, Vol. 1, No. 4, Vol. 2, no. 1, Vol. 2, No. 2, Vol. 2, no. 3, Vol. 1, no. 4, NAET Center, Buena Park, CA, 2005, pp.19-28.
- 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.

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