

## CASE REPORT

# Autism Is Treatable

### Response to Treatment with NAET® (Nambudripad's Allergy Elimination Techniques) in an Autistic Patient

Kathleen F. Jackson, NMD, DNM, RPh, FIACP and  
Jenni S. Yeary, PharmD (Candidate 2005)

## INTRODUCTION

Autism is a complex Neuro-developmental disability that typically presents during the first three years of life and occurs in as many as 1 in 500 individuals. The disease is four times more prevalent in boys than girls and has been associated with no specific social class or demographic population.<sup>1</sup> Social, language, and behavioral impairments which often define the physical appearance of autism may be the result of abnormally developed structures of the amygdala, limbic system, prefrontal lobe, basal forebrain, brainstem, and/or cerebellum. Abnormal levels of neurotransmitters such as dopamine, nor-epinephrine, and acetylcholine as well as various hormones have been observed in children with autism; however, their association with development of clinical features is not well understood.<sup>2</sup>

Although the disorder is biological, diagnosis of autism and classification of severity is based on behavioral characteristics. Social interaction and communication skills are areas of the brain most affected in autistic patients. Repeated body motions like rocking and/or hand or finger flapping, unusual response to environment or people, and potentially aggressive or self-injurious behavior are hallmark features of the disease.<sup>3</sup> It is not uncommon for autistic patients to be viewed as socially withdrawn or unable/unwilling to appropriately interact with people or events surrounding them.

Due to the current lack of comprehensive understanding of the disease and the greatly varying deviations in presentation and severity among autistic patients, pinpointing effective treatment modalities

poses a challenge. Despite improvements in educational and treatment services over the past six decades, significant issues remain with respect to the application of, resistance to, and the effectiveness of validated treatments of autism.<sup>4,5</sup> For this reason, many parents of autistic children are turning to alternative therapies in an effort to stimulate developmental progression in language skills and social interaction.

We therefore present the case of an autistic patient being treated with NAET® (Nambudripad's Allergy Elimination Techniques). NAET® is a non-invasive, drug free, natural solution to eliminate allergies of all types and intensities using a blend of selective energy balancing, testing and treatment procedures from acupuncture/acupressure, allopathy, chiropractic, nutritional, and kinesiological disciplines of medicine.<sup>6,7</sup>

## CASE REPORT

A 5-year-old male with a negative family history of the disease was diagnosed with autism at age four. A previous diagnosis of PDD-NOS (pervasive developmental disorder, not otherwise specified) was proposed at age two. After completing two months of chelation therapy and attempting to initiate a gluten-free diet, the patient's parents turned to NAET® as a treatment option for the child.

Upon initial evaluation with the Autism Treatment Evaluation Checklist (ATEC) provided by the Autism Research Institute, the patient was observed to have marked impairment in the use of multiple social nonverbal behaviors, such as eye-to-eye gaze, appropriate facial expression, and social interaction. He appeared to be in a shell and unable to be reached as well as lacking social and emotional reciprocity. The patient did not seem to know or respond to his own name depending on who was speaking, respond to "no" or "stop", or follow commands. Appearing to be indifferent to being liked and lacking friends/companions, the boy was, however, able to recognize and appropriately respond with anxiety when his parents left the room. The most problematic behavioral traits expressed by this young patient were destructive and

overall violent tendencies such as shouting or screaming, biting, and hitting members of his family, health care providers, and others. In addition to impaired social interaction, a qualitative impairment in communication was manifested by a complete lack of spoken language, marked inability to initiate or sustain a conversation, use of repetitive and idiosyncratic verbal sounds/language, and lack of imitative play appropriate to developmental level. Other health and physical behaviors that posed a problem prior to treatment included bed-wetting, extremely limited diet consisting of mainly pancakes and grilled cheese sandwiches, hyperactivity, need for rigid routine, frequent agitation and anxiety, and repetitive movements. Restrictive repetitive and stereotypical patterns of behavior that were persistent with preoccupation were also observed prior to initiation of NAET®.

Treatment consisted of 90 NAET® sessions over the course of one year. The patient presented to the clinic with his mother, older brother, and younger sister two times a week in order to receive treatments. Neuromuscular sensitivity testing (NST) was performed on the patient in order to determine more specific foci for each NAET® treatment. NST is a technique in which kinesiology is used during NAET® to compare the strength and weakness of a muscle in the presence and absence of any substance.<sup>6,7</sup> In this case, a surrogate was used to hold the child and the surrogate was tested through the NST. Response and behavior during sessions consisted of initial resistance by the patient to procedure as well as health care providers in general. Multiple practitioners were required to assist in treatment and, on several occasions, some were bitten or hit. The boy was uncontrollable due to his overall hyperactive demeanor.

NST testing revealed allergy to all 15 basics with Vitamin C, B Complex, Sugar Mix, Minerals, and Yeast Mix being the most severely allergic substances. Improvements of note that occurred within the first few weeks (approximately 4-6 NAET® sessions) of treatment include an unmistakable use of eye-to-eye contact by the patient. These treatments included Vitamin C Mix in combination with Orange Food Coloring and Aspartame. Also, approximately 30 days into treatment (10 NAET® sessions), aggressive

**Table 1: Improvements Assessed Via Autism Evaluation Checklist (ATEC)  
Prior to treatment and After One Year ( 90 Treatment Sessions)**

**NAET® Treatment**

<b>Measure</b>	<b>Before</b>	<b>After</b>
<b>Speech/Language/Communication</b>		
Knows Own Name	N/S*	V
Can Follow Some Commands	S	V
Can Use One Word at a Time	N	S
Knows 10 or More Words	N	S
<b>Sociability</b>		
Seems To Be In a Shell	S/V*	S
Uncooperative and Resistant	S/V*	N
No Eye Contact	V	N
Lacks Friends/Companions	V	S
Temper Tantrums	V	N
<b>Sensory/Cognitive Awareness</b>		
Responds to Own Name	S	V
Appropriate Facial Expression	N	S
Dresses Self	N	V
Looks at People/Animals	S	V
<b>Health/Physical/Behavior</b>		
Extremely Limited Diet	Serious Problem	Moderate Problem
Hyperactive	Serious Problem	Moderate Problem
Hits or Injures Others	Serious Problem	Not a Problem
Destructive	Serious Problem	Not a Problem
Rigid Routines	Moderate Problem	Mild Problem
Repetitive Movements	Moderate Problem	Not a Problem
*Depends on Who is Asking		
N=Not Descriptive/ True	S=Somewhat Descriptive/True	V=Very Descriptive/True

behavior diminished remarkably, and notable improvement was acknowledged by the child's parents in social reciprocity and behavior. The child's aggression was completely under control after treatments for B Complex, Sugar Mix and Yeast Mix were accomplished. Other treatments of note for this patient, include almost every vial in the "Autism" NAET kit including many vaccines, combinations with MMR vaccine, all neurotransmitters and neuropeptides, all vials specific to the energy of brain anatomy, food colorings, and heavy metals.

Upon reevaluation with the same Autism Treatment Evaluation Checklist (ATEC) after completion of one full year (90 NAET® treatments), many more astonishing areas of improvement were revealed. (Table 1) Now able to casually present to the clinic of his own volition, the patient follows commands and is also able to be treated without the aid of several practitioners involved. Not only does the patient make eye contact with those who are familiar to him, he is able to appropriately recognize, respond to, and make eye contact with persons he has never seen before. Many vast improvements have been made in the sociability of the patient including response to his own name and initiation of some use of words to describe wants and needs. The young boy plays with his siblings, displays more appropriate facial expressions, and appears to be more aware of his surroundings than before treatment with NAET®. In addition to being more receptive socially, the patient now displays much less aggressive behavior in response to treatment and was able to be mainstreamed into the public school district, whereas he was previously in a special needs kindergarten setting. In a recent school program, the patient successfully participated with his classmates in front of approximately 300 onlookers. Also, during this one year of treatment, the patient's parents were able to give their child his first birthday party, have their first Christmas in which the child enjoyed opening gifts and displayed no aggression towards family members, and take him out for a day of shopping without any major behavioral problems. Results of one year of treatment with NAET® have proven to be very positive for this young patient as well as his family.

## DISCUSSION

We described a patient diagnosed with autism at age five who presented prior to treatment with overall aggressive and antisocial behavior. Short courses of chelation therapy and gluten-free diet were not effective. Various drugs, secretin, EEG biofeedback, sensory and auditory integration training, vitamin therapy, and various dietary changes are treatment modalities whose effectiveness and use for autism are not currently fully defined through clinical trials. The role of medications including risperidone and methylphenidate remains unclear despite recent studies showing some benefit.<sup>8,9</sup> This particular patient was started on treatment regimens with both risperidone and methylphenidate two months prior to our follow-up evaluation. Due to the fact that many of the improvements that the patient had experienced were evident prior to initiation of the medications, we attribute improvement observed and reported during this time frame to be due to NAET® treatment versus drug therapy.

Also, we acknowledge that our evaluation is based on subjective findings. Many studies have used the Child Autism Rating Scale (CARS), Autism Behavior Checklist (ABC), or the Gilliam Autism Rating Scale (GARS) as criterion measures for evaluation.<sup>10</sup> However, we used the Autism Treatment Evaluation Checklist (ATEC) due to its unique design to assist in the evaluation of treatment efficacy versus the aforementioned scales that were designed to diagnose autism rather than monitor improvement and response to therapy.<sup>11</sup> For this reason, we feel that though subjective, our measure of evaluation is most appropriate for our clinical purpose.

NAET® was initiated in this young autistic boy at age 5 and continues with seemingly unlimited success. The patient exhibited remarkable results within the first month of treatment and has continued to exceed expectations since initiation of NAET®. After only one year, 90 sessions, of therapy unfathomable improvements have been observed in the sociability and reciprocity of the child to people and environment. Although there is limited data available and no clinical trials to date involving the treatment of autism with NAET®, its role may become better established based on these findings.

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### Reprint requests to:

Kathleen F. Jackson, NMD, DNM, RPh,  
FIACP  
The Family Pharmacy  
10406 W. Main, Suite B  
La Porte, TX 77571 USA

E-mail: [rxkathy@familypharmacy.cc](mailto:rxkathy@familypharmacy.cc)