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Open Letter to Homeopaths:
Homeopathy has had a bad reputation lately due to a lack of respect for science and statistics. Math-Phobia has put Homeopathy into trouble. This journal is dedicated to help point out Homeopathy’s Myth and Mis-Concepts. And we hope to point the way forward to help the art of Medicine to regain it former glory. Please let’s work as adults to help our art of Homeopathy face it critics and present a valid evidence based way into the future.

Brad Victor Johnson
Peanuts treat babies? Using Homeopathic Principles we can treat or prevent Peanut allergies and all allergies...

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Steps for At Home Allergy Testing

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Peanuts treat babies? Using Homeopathic Principles we can treat or prevent Peanut allergies and all allergies

Edited by Professor of Medicine Desire’ Dubounet for IMUNE
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Two new studies bolster evidence that feeding babies peanuts or other allergy-inducing foods is more likely to protect them than to cause problems. One study, a follow-up to landmark research published last year, suggests that the early prevention strategy leads to persistent, long-lasting results in children at risk for food allergies. It found that allergy protection lasted at least through age 5 and didn't wane even when kids stopped eating peanut-containing foods for a year. (AP Photo/Patrick Sison, File)

CHICAGO — Two new studies support evidence that serving babies peanuts or other allergy-inducing foods is more likely to protect them than to cause problems. Like Treating Like.

One study, a follow-up to landmark research published last year, proposes that the early prevention scheme leads to persistent, long-lasting results in children at risk for food allergies. It found that allergy protection lasted at least through age 5 and didn't diminish even when kids stopped eating peanut-containing foods for a year.

That means at-risk kids who don't want to eat peanut butter on a weekly basis can safely take a break, at least for a year.

The second new study proposes that the early strategy could also work with eggs, another food that can cause allergies in young children. It found that allergies to peanuts and eggs were less common in young children who started eating those foods at 3 months of age than in kids who as infants received only breast milk.

The New England Journal of Medicine published both new studies online recently, coinciding with their presentation at a medical meeting in Los Angeles.
Food allergies are common, potentially serious and sometimes deadly. They're becoming more prevalent in children in many countries, affecting up to 8 percent of kids under age 3. About 2 percent of U.S. kids have peanut allergies.

The results from last year's study prompted a sea change in experts' approach to preventing these allergies. It was the first "to show that early introduction of peanut can prevent the development of allergy to it," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said in a statement.

It also led to new draft guidance issued Friday by a panel convened by Fauci's agency. The recommendations include giving at-risk kids peanut-containing food as early as 4- to 6-months of age. Infants at risk are those with severe skin rashes or egg allergies; allergy tests are recommended beforehand.

The agency paid for last year's study and follow-up, and will issue final guidelines after a 45-day comment period. The draft guidance echoes advice issued last year by the American Academy of Pediatrics and other medical groups in response to the ground-breaking study.

That study involved more than 600 at-risk British infants. By age 5, peanut allergies were much less common in children who had started eating peanut-based foods before age 1, usually peanut butter or a peanut-based snack, than among children who'd been told to abstain.

The follow-up involved most of those children. After a year off, an additional three kids in both groups tested positive for peanut allergies. The allergies remained much less common in the early peanut eaters — affecting just under 5 percent of those kids versus almost 19 percent of the others.
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**HOMEOPATHY TREATMENT IN ALLERGY**

- **HYPERSENSITIVITY** of the body to allergens can be altered by Homeopathy Treatment.

- Homeopathy Treatment may **BLOCK** the release of CYTOKINES IL4 & IL5 from Th2 OR **DESENSITIZE** the cytokines IL4 & IL5 to activate B cell, thus prevent the formation of antibody IgE.

- Homeopathy Treatment may desensitize the IgE receptors over Mast cell surface thus prevents the IgE fusion.

**ALLERGENS**

- Food Origins
- Dust
- Pollen
- Molds
- Pet Dander
- Fungi
- Tobacco
- Insect Venoms
- Mold

**Cytokines**

- IL4
- IL5
- IL6
- IL10

**Activate the T cell**

- Th-1

**Activate the B cell**

- Plasma Cell

**Allergic Reaction**

- Histamine and other chemicals
- Subsequent contact with allergen
- Mast Cell
- IgE Antibody
- IgE receptor
- Thus prevents the allergic reaction
The new results suggest that early introduction of allergy-inducing foods results in "true tolerance" in at-risk kids, said Dr. Stacy Dorris, an allergist at Vanderbilt University Medical Center. She was not involved in the research.

The second study involved 1,300 study breast-fed British children randomly assigned to get several types of allergy-inducing foods or just breast milk.

The strongest results were with peanut-based food and eggs but there was one hitch. About 60 percent of the early eaters didn't stick to the program. Some may have had immature swallowing skills; some doctors don't recommend starting solid foods until around 4 months of age. But it's possible some parents stopped giving solid foods because they noticed allergy-like symptoms, which may have included false alarms, said Dr. Gideon Lack, a King's College London researcher who led all three studies. The results suggest feeding these foods to at-risk infants is safe, but often not feasible in infants so young, said Dr. Gary Wong, a Hong Kong pediatrician. He wrote an editorial published online with the new studies. Still, Wong said the new studies confirm that the old approach to preventing food allergies — avoiding certain foods early in life — is probably obsolete.

"Evidence is really building up. It appears early introduction would be better off than avoidance," said Wong, who is also an associate editor at the journal.

http://indavideo.hu/video/IMUNE_Allergy_therapy_intro_1
http://www.downloads.imune.net/medicalbooks/Allergy%20Therapy%20for%20Cure.pdf
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Oral Rush Desensitization in Peanut Allergy: A Case Report

GIAMPIERO PATRIARCA, MD,* ELEONORA NUCERA, MD,* EMANUELA POLLASTRINI, MD,*
TIZIANA DE PASQUALE, MD,* CARLA LOMBARDI, MD,* ALESSANDRO BUONOMO, MD,*
CHIARA RONCALLO, MD,* VALENTINA PECORA, MD,* SONIA MUSUMECI, MD,*
GIORGIA ALTOMONTE, MD,* CRISTIANA ALONZI, MD,* DOMENICO SCHIAVINO, MD,*
and GIOVANNI GASBARRINI, MD†

KEY WORDS: desensitization; food allergy; therapy; peanut allergy; rash desensitization.

Allergy to peanuts represents one of the most severe food allergies, rarely remitting compared with milk and egg allergy and frequently associated with life-threatening allergic reactions (1, 2). Its prevalence in the United States is 1.1% (3). Clinical manifestations range from vomiting, diarrhea, and urticaria-angioedema to dyspnea, hypotension, collapse, and anaphylactic shock (4). Ara h1, Ara h2, and Ara h3 have been identified as the major peanut allergens (5).

Current and prolonged strict avoidance represents the only effective means to prevent allergic symptoms, but this is hardly feasible. Peanut-allergic patients are particularly vulnerable to accidental exposure because small traces (doses as low as 100 µg of protein) may provoke severe symptoms (6, 7). Results of peanut allergen monitoring showed a remarkable quantity of products (such as snacks, cereal bars, and potato snacks) with hidden allergens (8). Another study has shown how simple tasks such as shopping and eating in restaurants can be extremely frightening, even perceived as life-threatening (9).

We report the case of a woman with peanut allergy who successfully underwent specific rush desensitization by the oral route (10–14).

CASE REPORT

We present the case of a 38-year-old woman with a 10-year history of abdominal pain, diarrhea, and bloating a few minutes after the ingestion of peanuts and peanut-containing foods.

She underwent an accurate allergological evaluation. Skin tests were positive to peanut commercial extract and roasted food ( prick-by-prick method), and peanut-specific IgE were 2.13 kU/L, class 2 (UniCAP System, Pharmacia, Uppsala, Sweden) (Figure 1). Serum levels of total IgE (105 kU/L; UniCAP System), specific IgE 4 (N 150 µg/mL; Pharmacia, CAP-FEIA), and ECP (4.84 µg/mL; UniCAP System) were normal.

A food challenge was performed, according to the protocol we usually employ, by administering, every 30 min, increasing doses of roasted peanut (0.05, 0.5, 1, 5, 10, and 20 g), in 2 days, with a 3-day interval. Provocation was stopped when adverse reactions were observed or the highest dose was reached. The food challenge was considered positive if we observed urticaria-angioedema or itching, erythema, rhinitis, rhinorrhea or nasal obstruction, or bronchial asthma; vomiting and/or diarrhea with abdominal pain; or general malaise, collapse, or loss of consciousness. Our patient manifested abdominal pain, diarrhea, bloating, and headache at the threshold dose of 5 g (five nuts).

When the diagnosis of IgE-mediated allergy to peanut was confirmed, our patient underwent a specific oral desensitization to peanut (Table 1): 50 g of roasted peanut was whisked, and water was added to a final volume of 150 mL (final solution: 330 mg/mL).

After obtaining approval from the hospital’s Ethic Review Board and patient informed consent, the desensitization treatment started. A 7-day hospitalization was required during the rush phase. Desensitization was performed with increasing doses of peanuts every 20 min, starting with an initial dose of 1 ml of the pure solution diluted 1:10 and reaching the maximum dose of 2.5 ml of the pure solution (625 mg of peanuts) on day 4. Then the desensitization continued with peanuts, starting with the ingestion of one nut (1 g) on day 4 and reaching a final dose of 40 g on day 7 (Table 1).

When the desensitization was completed, maintenance therapy (40 peanuts three times a week) was recommended. Our patient took antihistamine medication (loratadine, 10 mg/day, and ranitidine, 300 mg/day) during the rush phase and for 2 weeks during the maintenance phase. She did not manifest side effects.
Real-life effect of classical homeopathy in the treatment of allergies: A multicenter prospective observational study

Christa Gründling1, Wolfgang Schimetta2, Michael Frass3

1General and Homeopathic Medical Practice, Enns, Austria
2Department of Applied Systems Research and Statistics, Johannes Kepler University Linz, Linz, Austria
3Department of Medicine I, Medical University Vienna, Vienna, Austria; Wissenschaflliche Gesellschaft für Homöopathie (WissHom), Kotteln, Germany

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Real-Life Effekt der klassischen Homöopathie in der Allergiebehandlung: eine multizentrische, prospektive Anwendungsbeobachtung

Zusammenfassung. Ziel: Die Prävalenz allergischer Erkrankungen in den westlichen Industrieländern hat in den letzten drei Jahrzehnten stetig zugenommen. Die Akzeptanz der Bevölkerung bezüglich komplementärer Heilmetho-
den ist hoch. Das Ziel dieser Untersuchung war es daher, den Real-Life Effekt der klassischen homöopathischen Behandlung sowie die Möglichkeit einer Reduktion der konventionellen Medikamente zu dokumentieren.

Methoden: In einer prospektiven multizentrischen Beobachtungsstudie, durchgeführt von homöopathisch ausgebildeten Allgemeinmedizinern an 9 Praxiszentren in Österreich, wurden Daten und Symptomausprägungen von allergischen Patienten mit den Diagnosen allergische Konjunktivitis, allergische Rhinitis, Bronchialasthma und Neurodermitis vor und nach homöopathischer Behandlung mit Hilfe von Fragebögen erhoben (Zustands-
einstufungen anhand von visuellen Analogskalen).

Ergebnisse: Von den 44 ursprünglich aufgenommenen Patienten erfüllten 40 die Studienbedingungen. Sämtliche Beschwerden besserten sich deutlich, zumeist sogar sehr markant (p < 0,001). Von 21 Patienten, welche zu Studienbeginn unter konventioneller Medikation standen, war es bei 13 (62%) möglich, zumindest ein Medikament abzusetzen, der Rest (38%) gab eine Reduktion bei zumindest einer Arzneimitteldosierung an. Nebenwirkungen der Behandlung wurden nicht festgestellt.


Summary. Objective: The prevalence of allergic disorders in western industrialized countries has steadily increased during the last three decades. Public acceptance of complementary treatment methods is high. The aim of this study was to assess the real-life efficacy of classical homoeopathic treatment and the potential to reduce conventional medication dosage.

Methods: A prospective multicenter observational study was conducted by general practitioners specializing in homeopathy in nine Austrian test centers. Personal data and symptoms of allergic patients diagnosed with allergic conjunctivitis, allergic rhinitis, bronchial asthma and neurodermatitis before and after homeopathic treatment were assessed by means of questionnaires (classification of patients' condition by using visual analog scales/VAS).

Results: 40 out of 44 patients originally recruited for the trial were found to meet the eligibility criteria. All clinical symptoms were shown to improve substantially, in most cases quite markedly (p < 0.001). 21 patients undergoing conventional medication therapy at baseline (62%) were able to discontinue at least one medication, while the remaining patients (38%) reported a dose reduction in at least one medication. No side effects were reported during treatment.

Conclusion: The symptoms of patients undergoing homeopathic treatment were shown to improve substantially and conventional medication dosage could be substantially reduced. While the real-life effect assessed indicates that there is a potential for enhancing therapeutic measures and reducing healthcare cost, it does not allow to draw conclusions as to the efficacy of homeopathic treatment per se.
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Scientific Research in Homeopathy

Triple Blind studies, Double-Blind Randomized Placebo-Controlled Trial, Systematic Reviews & Meta-Analysis, and Evidence-base

By Professor Desire’ Duboumet

6-2012
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Homeopathy is in Trouble, But Let’s NOT Throw out the BABY with the Bathwater

Learn the difference between Allergy versus intolerance, metabolic resistance, psychological reaction, leaky gut, food or inhalant poisoning.

You cannot be allergic to a substance on the first exposure. Allergies are due to excess antigen release due to psychosocial stress at the time of exposure to the allergen.

Whenever we are exposed to things or substances for the first time we make antibodies to all we are exposed. We make small amounts. Mother’s milk is full of natural antibodies from the mother and they
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help us to adapt to the world. As we grow we need to be exposed to parasites, bacteria, fungus, virus, worms, etc. All of these prompt us to make antibodies to protect us.

Over protecting a child can actually hurt them if you do not allow exposure to these intruders at the young ages when we make antibodies freely and quickly, when you grow older we might not have immunity to the things around us.

When we travel we are exposed to masses of new microorganism and our bodies sometimes cannot make proper antibodies. Most arthritis is from foreign amoeba from bad water or food as we travel. It takes five plus years for amoeba to proliferate into a joint to make arthritis. Many sick people have microorganism components to their disease pattern.

When you are exposed to a substance for the first time and you are under excess stress then you might make excess antibodies. If you mind or even part of your unconscious mind feels you very life is in danger then you might make too many antibodies all designed to protect you. Identical twins with the same DNA do not have the same allergies.

Two twin 6 yr old boys with identical DNA are sitting at an outdoor birthday party. They are bit by identical twin bees at the same time. One twin runs left and finds mommy. Mommy says there there, relax your OK now I'll make it better. This twin makes normal amount of antibodies.

The other twin runs right and does not find mommy. The mind says "I'm going to DIE ". This twin now makes massive amounts of allergies and develops an allergy to the sting, or the chocolate cake, or the milk in the stomach from the party. Certain items are more readily made into allergies like spike pollen which have irritation capacities already.

The first food you eat is most often your life long allergy for your body sees that as a life threat and makes antibodies for life.

So therapy minimize contact with irritants and poisons, needs to resolve the fear of death of the unconscious, fortify the adrenals and liver, desensitize the mast cell storage with homeopathic dilutions.

You can test your allergies many ways but you can do a home skin scratch test.

Once you know what your allergies are you can make a desensitize formula yourself.

Take a small part of the allergy substance and pulverize with a touch of vodka with a mortar and pestle, or a spoon in a bowel. Take one drop of your allergen mush and add it to a one oz bottle. Put on the top and succuss 15 times by banging it on your hand. This makes about a one part per 500, in between a 2 and 3 x. add one drop of this to a gallon jug of water and succuss again. Now you have a about a 6 x or one part per million. This is safe but if you want extra safety then add one drop of this gallon jug, wash out the jug thoroughly and add the drop to a new jug of water. This is definitely safe and is about 10 x or one part per hundred million.
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Now for stomach allergies drink this gallon a glass every hour or two finishing in a day. The next week or at least three days later do it again with a stronger formula. Take one drop of the allergen directly into the bottle and sucuss. This makes a 4 to five x, one part in 10 to 100 thousand. When you get to a 3 x by putting one drop in a 2 oz. bottle and drinking it your mast cell reserve of the antigen should be depleted and your allergy cured for now. If you unconscious can release the death instinct with NLP then you could be cured.

For inhalant allergies do the same jug technique and add the antigen water to a neti pot and use a nasal lavage and wash the allergy away.
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This increased density desensitization technique will lower the antigens.

Natural anti histamines can also be used.

Asthma technique.

Imagine you are breathing thru the top notch directly above your lungs. This will reduce the swelling in the bronchial tree and allow the trapped air out of your lungs. Squeeze the chest three times exhaling violently to get out the air.
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Why asthma makes it hard to breathe

Air enters the respiratory system from the nose and mouth and travels through the bronchial tubes.

In a non-asthmatic person, the muscles around the bronchial tubes are relaxed and the tissue thin, allowing for easy airflow.

In an asthmatic person, the muscles of the bronchial tubes tighten and thicken, and the air passages become inflamed and mucus-filled, making it difficult for air to move.

Inflamed bronchial tube of an asthmatic

Normal bronchial tube
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Treat Allergies with
1. Reduce contact
2. Desensitizations, oral - nasal
3. NLP reduction of Antigens
4. Reduce histamine with sauna, green stick massage, herbs, teas, 
5. Reduce Stress Refurbish Adrenals, Liver, Lymphatics
6. Eat Good Oils + Good Sugars,
7. Avoid Bad Oils + Bad Sugars
8. Lots of Water, Exercise, Laughter till you Cry cleans eyes
Allergic reactions occur to normally harmless environmental substances known as allergens; these reactions are acquired, not congenital, predictable, and rapid. Strictly, allergy is one of four forms of hypersensitivity and is called type I (or immediate) hypersensitivity. It is characterized by excessive activation of certain white blood cells called mast cells and basophils by a type of antibody known as IgE, resulting in an extreme inflammatory response. Common allergic reactions include eczema, hives, hay fever, asthma attacks, food allergies, and reactions to the venom of stinging insects such as wasps and bees.[2]

Mild allergies like hay fever are highly prevalent in the human population and cause symptoms such as allergic conjunctivitis, itchiness, and runny nose. Allergies can play a major role in conditions such as asthma. In some people, severe allergies to environmental or dietary allergens or to medication may result in life-threatening anaphylactic reactions.

A variety of tests now exist to diagnose allergic conditions; these include testing the skin for responses to known allergens or analyzing the blood for the presence and levels of allergen-specific IgE. Treatments for allergies include allergen avoidance, use of anti-histamines, steroids, or other oral medications, immunotherapy to desensitize the response to allergen, and targeted therapy.
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The first time the allergy-prone person runs across an allergen such as ragweed,

If the person feels excess fear or emotional stress they can make excess Anti-bodies
he or she makes large amounts of ragweed IgE antibody.

It is the Fear of Death or Loss that drive the body to make excess Antigens that lie in wait for the next exposure and act as a protection from future Loss or Death

These IgE molecules attach themselves to mast cells.

The storage area of the Antigen has to do with the weak link of the Lymphatics at the time of exposure

The second time that person has a brush with ragweed,

the IgE-primed mast cell will release its powerful chemicals,

and the person will suffer the wheezing and/or sneezing, runny nose, watery eyes, and itching of allergy.
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**Signs and symptoms of Allergy**

<table>
<thead>
<tr>
<th>Affected organ</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nose</td>
<td>swelling of the nasal mucosa (allergic rhinitis)</td>
</tr>
<tr>
<td>Sinuses</td>
<td>allergic sinusitis</td>
</tr>
<tr>
<td>Eyes</td>
<td>redness and itching of the conjunctiva (allergic conjunctivitis)</td>
</tr>
<tr>
<td>Airways</td>
<td>Sneezing, coughing, bronchoconstriction, wheezing and dyspnea, sometimes outright attacks of asthma, in severe cases the airway constricts due to swelling known as laryngeal edema</td>
</tr>
<tr>
<td>Ears</td>
<td>feeling of fullness, possibly pain, and impaired hearing due to the lack of eustachian tube drainage.</td>
</tr>
<tr>
<td>Skin</td>
<td>rashes, such as eczema and hives (urticaria)</td>
</tr>
<tr>
<td>Gastrointestinal tract</td>
<td>abdominal pain, bloating, vomiting, diarrhea</td>
</tr>
</tbody>
</table>

Many allergens such as dust or pollen are airborne particles. In these cases, symptoms arise in areas in contact with air, such as eyes, nose, and lungs. For instance, allergic rhinitis, also known as hay fever, causes irritation of the nose, sneezing, itching, and redness of the eyes. Inhaled allergens can also lead to asthmatic symptoms, caused by narrowing of the airways (bronchoconstriction) and increased production of mucus in the lungs, shortness of breath (dyspnea), coughing and wheezing.
Aside from these ambient allergens, allergic reactions can result from foods, insect stings, and reactions to medications like aspirin and antibiotics such as penicillin. Symptoms of food allergy include abdominal pain, bloating, vomiting, diarrhea, itchyskin, and swelling of the skin during hives. Food allergies rarely cause respiratory (asthmatic) reactions, or rhinitis. Insect stings, antibiotics, and certain medicines produce a systemic allergic response that is also called anaphylaxis; multiple organ systems can be affected, including the digestive system, the respiratory system, and the circulatory system. Depending on the rate of severity, it can cause cutaneous reactions, bronchoconstriction, edema, hypotension, coma, and even death. This type of reaction can be triggered suddenly, or the onset can be delayed. The severity of this type of allergic response often requires injections of epinephrine, sometimes through a device known as the EpiPen or Twinject auto-injector. The nature of anaphylaxis is such that the reaction can seem to be subsiding, but may recur throughout a prolonged period of time.

Substances that come into contact with the skin, such as latex, are also common causes of allergic reactions, known as contact dermatitis or eczema. Skin allergies frequently cause rashes, or swelling and inflammation within the skin, in what is known as a "wheal and flare" reaction characteristic of hives and angioedema.
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Food Allergy
- Mouth: swelling or itching of the lips or tongue
- Airways: wheezing or breathing difficulties
- Digestive tract: stomach cramps, vomiting, diarrhoea
- Skin: hives, rash or eczema
- Constipation or Pencil stools from swelling in intestinal walls

Leucocyte adhesion
- IL-5
- TNF-α
- IL-6
- IL-5
- IL-6

IgE production
- IL-4

Histamine
- PGD₂
- LTC₄
- Kinins
- Chymase

Bronchoconstriction

Mucus secretion

Nerve stimulation

Leucocyte activation
- Histamine
- PGD₂
- LTC₄
- Kinins
Risk factors for allergy can be placed in two general categories, namely the biological mental state of the host at time of exposure and environmental factors. Host factors include heredity, gender, race, age and most importantly the mental state of negativity mostly fear at the time of exposure, with heredity being by far the most significant. However, there have been recent increases in the incidence of allergic disorders that cannot be explained by genetic factors alone. Four major environmental candidates are alterations in exposure to infectious diseases during early childhood, environmental pollution, allergen levels, and dietary changes.

### Foods

One of the most common food allergies is a sensitivity to peanuts. Peanut allergies may be extremely severe, but can sometimes be outgrown by children school-age. Tree nuts, including pecans, pistachios, pine nuts, and walnuts, are another common allergen. Sufferers may be sensitive to one, or many, tree nuts. Also seeds, including sesame seeds and poppy seeds, contain oils where protein is present, which may elicit an allergic reaction.

Egg allergies affect one to two percent of children but are outgrown by about two-thirds of children by the age of 5. The sensitivity is usually to proteins in the white rather than the yolk.

Milk, from cows, goats, or sheep, is another common allergy-causing food, and many sufferers are also unable to tolerate dairy products such as cheese. Lactose intolerance, a common reaction to milk, is not in fact a form of allergy. A small portion of children with a milk allergy, roughly ten percent, will have a reaction to beef. Beef contains a small amount of protein that is present in cow’s milk.

Other foods containing allergenic proteins include soy, wheat, fish, shellfish, fruits, vegetables, spices, synthetic and natural colors, chicken, and chemical additives.

### Non-food proteins

Latex can trigger an IgE-mediated cutaneous, respiratory, and systemic reaction. The prevalence of latex allergy in the general population is believed to be less than one percent. In a hospital study, one in 800 surgical patients (0.125 percent) report latex sensitivity, although the sensitivity among healthcare workers is higher, between seven and ten percent. Researchers attribute this higher level to the exposure of healthcare workers to areas with significant airborne latex allergens, such as operating rooms, intensive-care units, and dental
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suites. These latex-rich environments may sensitize healthcare workers who regularly inhale allergenic proteins.[17]

The most prevalent response to latex is an allergic contact dermatitis, a delayed hypersensitive reaction appearing as dry, crusted lesions. This reaction usually lasts 48 to 96 hours. Sweating or rubbing the area under the glove aggravates the lesions, possibly leading to ulcerations.[17] Anaphylactic reactions occur most often in sensitive patients, who have been exposed to the surgeon's latex gloves during abdominal surgery, but other mucosal exposures, such as dental procedures, can also produce systemic reactions.[17]

Latex and banana sensitivity may cross-react; furthermore, patients with latex allergy may also have sensitivities to avocado, kiwifruit, and chestnut.[18] These patients often have perioral itching and local urticaria. Only occasionally have these food-induced allergies induced systemic responses. Researchers suspect that the cross-reactivity of latex with banana, avocado, kiwifruit, and chestnut occurs because latex proteins are structurally homologous with some plant proteins.[17]

**Parts of the Brain Involved in Fear Response**

![Brain diagram]

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**Toxins interacting with proteins**

Another non-food protein reaction, urushiol-induced contact dermatitis, originates after contact with poison ivy, eastern poison oak, western poison oak, or poison sumac. Urushiol, which is not itself a protein, acts as
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a hapten and chemically reacts with, binds to, and changes the shape of integral membrane proteins on exposed skin cells. The immune system does not recognize the affected cells as normal parts of the body, causing a T-cell-mediated immune response. Of these poisonous plants, sumac is the most virulent. The resulting dermatological response to the reaction between urushiol and membrane proteins includes redness, swelling, papules, vesicles, blisters, and streaking.

Estimates vary on the percentage of the population that will have an immune system response. Approximately 25 percent of the population will have a strong allergic response to urushiol. In general, approximately 80 percent to 90 percent of adults will develop a rash if they are exposed to .0050 milligrams (7.7×10⁻⁵ gr) of purified urushiol, but some people are so sensitive that it takes only a molecular trace on the skin to initiate an allergic reaction.

Genetic basis

If allergy was in any way genetic then the allergy of twins would be 95% or greater. Identical Twins have 100% same nose, face, hair, size, etc. Allergic diseases are not strongly familial. Twins simply share life so closely as children that they are often in the same mental state at the time of exposure to an antigen. Identical twins are likely to have the same allergic diseases about 70% of the time; the same allergy occurs about 40% of the time in non-identical twins. Allergic parents are more likely to have allergic children, and their allergies are likely to be more severe than those from non-allergic parents. All because the share a similar tendency to have an emotional state to an item. Some allergies, however, are not consistent along genealogies; parents who are allergic to peanuts may have children who are allergic to ragweed. It seems that the likelihood of developing allergies is inherited and related to an irregularity in the immune system, but the specific allergen is not.

Allergy is mostly caused by the psychosomatic state of the person at the time of first exposure to a compound. If one is in a state of fear for one’s life at the time you are exposed to a substance then the body can make excess antigens to a substance. Allergy has a strong mental component.

The risk of allergic sensitization and the development of allergies vary with age and emotional tendencies of the young children most at risk. Several studies have shown that IgE levels are highest in childhood and fall rapidly between the ages of 10 and 30 years. The peak prevalence of hay fever is highest in children and young adults and the incidence of asthma is highest in children under 10. Overall, boys have a higher risk of developing allergy than girls, although for some diseases, namely asthma in young adults, females are more likely to be affected. Sex differences tend to decrease in adulthood. Ethnicity may play a role in some allergies; however, racial factors have been difficult to separate from environmental influences and changes
Allersode Homeopathy is used by Medical doctors due to migration. It has been suggested that different genetic loci are responsible for asthma, to be specific, in people of European, Hispanic, Asian, and African origins.

Multiple Personality Disorder
Allergies-Proof Allergies are in the Mind

Adam Crabtree has been working in this field for many years and is friends with several prominent multiples including Chris Sizemore, who is Eve of the Three Faces of Eve (Thigpen, 1957). There is no single form the disorder takes and no one way to describe it. In the last Diagnostic and Statistical Manual, the name was changed to Dissociative Identity Disorder, though in this discussion, he used the old nomenclature. A typical multiple has 20-30 personalities, many of which are fragmentary. They can be of different ages, sexual orientation, or sex. The striking thing about the disorder is the degree to which each personality feels separate and autonomous from the others. Each has a separate body image.
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Their hallucinatory abilities allow this sense to extend even to their reflections in a mirror; different personalities will perceive their self-imagined body, age, sex, and appearance. Furthermore, these different personalities may manifest unique handwriting, gestures, body language, and speech patterns and can have different preferences and even allergies. For example, Chris Sizemore had one personality with an allergy to fur; only when this personality was "out" did her immune system mount an allergic reaction.

One of the most telling statistics regarding multiples is that 97 percent of them have had a history of severe childhood trauma, often in the form of monstrous psychological, physical, and sexual abuse. This has led many researchers to conclude that becoming a multiple is the psyche's way of coping with extraordinary and soul-crushing pain. By dividing up into one or more personalities the psyche is able to parcel out the pain, in a way, and have several personalities bear what would be too much for just one personality to withstand.

In this sense becoming a multiple may be the ultimate example of what Bohm means by fragmentation. It is interesting to note that when the psyche fragments itself, it does not become a collection of broken and jagged-edged shards, but a collection of smaller wholes, complete and self-sustaining with their own traits, motives, and desires. Although these wholes are not identical copies of the original personality, they are related to the dynamics of the original personality, and this in itself suggests that some kind of holographic process is involved.

Another unusual feature of MPD is that each of a multiple's personalities possesses a different brain-wave pattern. In addition to possessing different brain-wave patterns, the subpersonalities of a multiple have a strong psychological separation from one another. Each has his own name, age, memories, and abilities. Often each also has his own style of handwriting, announced gender, cultural and racial background, artistic talents, foreign language fluency, and IQ.

Even more noteworthy are the biological changes that take place in a multiple's body when they switch personalities. Frequently a medical condition possessed by one personality will mysteriously vanish when another personality takes over.

Dr. Bennet Braun of the International Society for the Study of Multiple Personality, in Chicago, has documented a case in which all of a patient's sub-personalities were allergic to orange juice, except one. If the man drank orange juice when one of his allergic personalities was in control, he would break out in a terrible rash. But if he switched to his non-allergic sub-personality, the rash would instantly start to fade and he could drink orange juice freely. Proof of the deeper mind control over allergies.

Allergies are not the only thing multiples can switch on and off. If there was any doubt as to the control of the unconscious mind has over drug effects, it is banished by the pharmacological wizardry of the multiple. By changing personalities, a multiple who is
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drunk can instantly become sober. Different personalities also respond differently to
different drugs. The non-verbal mind controls the body.

Braun records a case in which 5 milligrams of diazepam, a
tranquilizer, sedated one personality, while 100 milligrams
had little or no effect on another.

Often one or several of a multiple's personalities are children, and if an adult personality is given a
drug and then a child's personality take over, the adult dosage may be too much for the child and
result in an overdose. It is also difficult to anesthetize some multiples, and there are accounts of
multiples waking up on the operating table after one of their "unanesthetizable" subpersonalities has
taken over. Proof the mind effects things.

Other conditions that can vary from personality to personality include scars, burn marks, cysts, and
left- and right-handedness. Visual acuity can differ, and some multiples have to carry two or three
different pairs of eyeglasses to accommodate their alternating personalities. One personality can be
color-blind and another not, and even eye color can change.

Experts estimate the as much as 70% of all of
mankind’s diseases are psychosomatic. This
includes obesity, migraines, allergies, and
many other illnesses thought to be organic
in origin.
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How hypnotherapy works

Cyvernetic Path Way

Mind-Brain
Brain-Body
Body-Cell
Cell-Gene
Cybernetic Pathway

90-120 Minutes
Cell-Gene
20 Minutes

Environmental
Psychological
Social
Biological
Genetic

Country
State
Neighborhood - Community
Household - Family
Individual

Objective
Monetary
Occupational
Educational
Subjective

Pre-/Peri-natal
Childhood
Adolescence
Adulthood
Late-Life
Use NLP and or hypnosis to release the fear memory from the first exposure.
NLP Allergy Technique

(From Beliefs: Pathways to Health and Well-Being, Dilts, R., Hallbom, T. and Smith, S., 1990.)

1. Have the explorer imagine or remember being near the substance that causes the allergic reaction. Have the explorer get fully enough into the experience that he or she begins to get some of the discomfort associated with the allergy. The more of the physiology associated with the symptom that can be brought up the better - especially physiology that is not typically under conscious control (i.e., eyes watering, skin flush or pale, coughing, sinus congestion, throat tightening, etc.). Explore which submodalities intensify and deintensify the degree of the discomfort.

   a. This can be done by giving the explorer the instruction to "Lean back comfortably and tilt your head and eyes upward. Visualize a thick glass shield between yourself and substance that triggers your allergic response. Imagine yourself floating back above you and looking down on yourself as if you were in the projection booth of a movie theater looking at yourself sitting in the audience."
   b. Set the anchor when you see that the explorer's breathing has become shallow and even, their eyes defocused and their facial muscles relaxed.

3. Establish a desired state anchor [A2] for how the explorer wants to respond around the substance that has been triggering the allergic reaction.
   Have the explorer develop a positive ‘response expectancy’ by imagining as fully as possible how he or she would want to react around the allergy producing substance and associate into it as
Allersode Homeopathy is used by Medical doctors much as possible. It can help to use the critical submodalities you discovered in step 1 to build up the new response.

4. Establish an anchor for several counterexample reference experiences [A3].
   a. Have the explorer access an associated memory of being near something that is as close as possible to the substance that causes the allergy in as many qualities as possible but which does not trigger the allergic response. For example, the explorer may be allergic to cigarette smoke but not smoke from a campfire or incense, or the explorer may be allergic to some cats but not all cats, or is allergic to cats but not dogs.
   b. It is also useful to identify some substance that is potentially even more "toxic" than the substance which causes the allergy, but to which the explorer’s body has learned a more appropriate type of immune response. Someone may have an allergy to perfume, but not to gasoline, for example. This demonstrates that the immune system can keep the body just as safe, but without the allergic symptoms.
   c. Make sure you see the appropriate physiology when you set the anchor (i.e., clear eyes, smooth and even breathing, open throat, normal skin tone, etc.).

5. Check for any secondary gains or ecology issues regarding the allergic response.
   a. A common example might be an individual for whom the allergic reaction has been a substitute for standing up for him/herself around people who smoke.
   b. If the allergy has been connected with asthma in the past it is a good idea to have the person remember back to their first allergy/asthma attack and use reimprinting, reframing, change personal history, or your three anchors to add any needed resources.

6. Fire off the dissociated state anchor [A1] and have the explorer begin to imagine being near the allergy producing substance. Then fire off the anchors for the desired state [A2] and counterexample [A3] simultaneously. Make sure that you hold the anchors long enough that you see the full physiological responses associated with these experiences as opposed to the allergy response.

7. Starting with a small amount initially, begin to expose the explorer to the allergy producing material, increasing the amount in stages until he or she can be fully exposed to it without effect. At each stage start by firing the dissociation anchor [A1] and then the desired state and counterexample anchors [A2 + A3] simultaneously. You may also use the critical submodalities you found in step 1 to strengthen the new response.
   The explorer should be allowed to be in complete control of when and how much of the substance they will be exposed to.
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The basic NLP Allergy Technique has now been applied thousands of times in clinical and training settings and has been effective in changing a vast majority of allergy symptoms. The types of allergies have included those to airborne material, such as smoke, pollen, perfume, etc., to various foods, and even in cases involving asthma. In a study done in Salt Lake City (Hallbom & Smith, 1987), for example, thirty two individuals were guided through the allergy pattern for a multitude of allergies, including pollen, smoke and foods. They even treated a person who was sensitive to poison oak, which is a kind of an allergy. Out of the thirty people, all but three showed immediate reduction of their symptoms. Most of the people in the study, in fact, showed a complete suppression of the allergic reaction immediately after learning the process. A six month follow up revealed that only three of the individuals who had responded positively had any recurrence of their allergies.

In the Summer of 1994, a controlled clinical test of the Allergy Process was conducted with approximately 120 allergy sufferers. The study was conducted under the supervision of Dr. David Paul at a hospital in Vail, Colorado. The study showed that the Allergy Process produced significant reduction in the symptoms of many types of allergies, in particular food allergies. Details of this study are available from the Institute for Advanced Studies of Health (IASH).

Hygiene hypothesis

Allergic diseases are caused by inappropriate immunological responses to harmless antigens driven by a TH2-mediated immune response. Many bacteria and viruses elicit a TH1-mediated immune response, which down-regulates TH2 responses. The first proposed mechanism of action of the hygiene hypothesis stated that insufficient stimulation of the TH1 arm of the immune system lead to an overactive TH2 arm, which in turn led to allergic disease. In other words, individuals living in too sterile an environment are not exposed to enough pathogens to keep the immune system busy. Since our bodies evolved to deal with a certain level of such pathogens, when it is not exposed to this level, the immune system will attack harmless antigens and thus normally benign microbial objects — like pollen — will trigger an immune response.

The hygiene hypothesis was developed to explain the observation that hay fever and eczema, both allergic diseases, were less common in children from larger families, which were, it is presumed, exposed to more infectious agents through their siblings, than in children from families with only one child. The hygiene hypothesis has been extensively investigated by immunologists and epidemiologists and has become an important theoretical framework for the study of allergic disorders. It is used to explain the increase in allergic diseases that have been seen since industrialization, and the higher incidence of allergic diseases in more developed countries. The hygiene hypothesis has now expanded to include exposure to symbiotic bacteria and parasites as important modulators of immune system development, along with infectious agents.
Epidemiological data support the hygiene hypothesis. Studies have shown that various immunological and autoimmune diseases are much less common in the developing world than in the industrialized world and that immigrants to the industrialized world from the developing world increasingly develop immunological disorders in relation to the length of time since arrival in the industrialized world. Longitudinal studies in the third world demonstrate an increase in immunological disorders as a country grows more affluent and, it is presumed, cleaner. The use of antibiotics in the first year of life has been linked to asthma and other allergic diseases. The use of antibacterial cleaning products has also been associated with higher incidence of asthma, as has birth by Caesarean section rather than vaginal birth.

Other environmental factors

International differences have been associated with the number of individuals within a population that suffer from allergy. Allergic diseases are more common in industrialized countries than in countries that are more traditional or agricultural, and there is a higher rate of allergic disease in urban populations versus rural populations, although these differences are becoming less defined.

Exposure to allergens, especially in early life, is an important risk factor for allergy. Alterations in exposure to microorganisms is another plausible explanation, at present, for the increase in atopic allergy. Endotoxin exposure reduces release of inflammatory cytokines such as TNF-α, IFNγ, interleukin-10, and interleukin-12 from white blood cells (leukocytes) that circulate in the blood. Certain microbe-sensing proteins, known as Toll-like receptors, found on the surface of cells in the body are also thought to be involved in these processes.

Gutworms and similar parasites are present in untreated drinking water in developing countries, and were present in the water of developed countries until the routine chlorination and purification of drinking water supplies. Recent research has shown that some common parasites, such as intestinal worms (e.g., hookworms), secrete chemicals into the gut wall (and, hence, the bloodstream) that suppress the immune system and prevent the body from attacking the parasite. This gives rise to a new slant on the hygiene hypothesis theory — that co-evolution of man and parasites has led to an immune system that functions correctly only in the presence of the parasites. Without them, the immune system becomes unbalanced and oversensitive. In particular, research suggests that allergies may coincide with the delayed establishment of gut flora in infants. However, the research to support this theory is conflicting, with some studies performed in China and Ethiopia showing an increase in allergy in people infected with intestinal worms. Clinical trials have been initiated to test the effectiveness of certain worms in treating some
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for allergies.\textsuperscript{[43]} It may be that the term ‘parasite’ could turn out to be inappropriate, and in fact a hitherto unsuspected \textit{symbiosis} is at work.\textsuperscript{[43]} For more information on this topic, see \textit{Helminthic therapy}. 

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\begin{center}
\textbf{The Center for Disease Control Analysis of What Causes Allergies}
\end{center}

\begin{itemize}
\item \textbf{Particulate Pollens (Filtration is the Solution):} 35%
\item \textbf{Volatile Organic Compound Gases (Formaldehyde, Toluene, etc.):} 31%
\item \textbf{Living Organisms (Bacteria, Mold):} 34%
\end{itemize}

\textit{Purification is the only solution}

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\textbf{Class 1 Food Allergy}

- \textit{Per-oral}  
  - Sensitizer = Elicitor
  - \textit{Per-oral Generalized}  
    - “Complete Food Allergen”  
    - “Class 1 Food Allergen”

\textbf{Class 2 Food Allergy}

- \textit{Inhalation Contact Per-oral}  
  - Cross-reactivity
  - \textit{Per-oral Mainly OAS}  
    - “Incomplete Food Allergen”  
    - “Class 2 Food Allergen”  
    - “Non-Sensitizing Elicitor”

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Figure 1. Percentage of children under age 18 years who had a reported food or digestive allergy in the past 12 months, by age, sex, and race and ethnicity group: United States, 2007

1Significantly different from children aged 5–17 years.
2Significantly different from non-Hispanic white and non-Hispanic black children.
SOURCE: CDC/NCHS, National Health Interview Survey.
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This study was performed in the field by practicing Biofeedback technicians. Data was collected and the study supervised by the Ethics International Institutional Review Board of Romania. The Data analysis and study presentation is done By the The Centro Ricerche, University of Venice + Padova, Italy


Abstract:
This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy is reported in this study.

**Introduction:**

**Overview:**

This large scale research was designed to produce an extensive study of people with a wide variety of diseases to see who gets or feels better while using the SCIO for stress reduction and patient monitoring. The SCIO is an evoked potential Universal Electro-Physiological Medical apparatus that gauges how a individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, S Africa, Australia, S. America, Mexico and elsewhere. The traditional software is fully registered. Some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the EC)

An European ethics committee was officially registered and governmental permission attained to do the insignificant risk study. Qualified registered and or licensed Biofeedback therapists where enlisted to perform the study. Therapists were enrolled from all over the world including N. America, Europe, Africa, Australia, Asia, and S. America. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).

2,569 therapists enlisted in the study. There were 98,760 patients. 69% had more than one visit. 43% had over two visits. There were over 275,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SCIO therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the therapist is to inquire on any reported changes during the meeting and on follow-ups any measured variations. It must be pointed out that the Therapists were free to do any additional therapies they wish such as homeopathy, nutrition, exercise, etc. Therapists were told to not recommend synthetic drugs. Thus the evaluation was not reduced to just the device but to the total effect of seeing a SCIO therapist.

Part 1. The emphasis was on substantiating safety followed by efficacy of the SCIO.
Part 2. Proving the efficacy of the SCIO on diseases (emphasis on degenerative disease)
Part 3. Proving the efficacy of the SCIO on the avant garde therapies of Complementary Med
Part 4. QQC standardization

**Methods and Materials:**

**SCIO Device:**

The SCIO is an evoked potential Universal Electro-Physiological Medical device that measures how a person reacts to items. It is designed to measure reactions for allergy, homeopathy, nutrition, sarcodes, nosodes, vitamins, minerals, enzymes and many more items. Biofeedback is used for pre-diagnostic work and or therapy.
The QXCI software will allow the unconscious of the patient to guide to repair electrical and vibrational aberrations in your body. For complete functional details and pictures, see appendix.

**Subspace Software:**
The QXCI software is designed for electro-physiological connection to the patient to allow reactivity testing and rectification of subtle abnormalities of the body electric. If a patient is not available a subspace or distance healing link has been designed for subspace therapeutics. Many reports of the success of the subspace have been reported and thus the effectiveness and the safety of the subspace link is part of this test. Many companies have tried to copy the subspace of Prof. Nelson and their counterfeit attempts have ended in failure.

**SOC Index:**
The SCIO interview opens with a behavioral medicine interview. This is called the SOC Index. Named after the work of Samuel Hahneman the father of homeopathy, he said that the body heals itself with it’s innate knowledge. But the patient can suppress or obstruct the healing process with some behavior. Hahneman said that the worst way to interfere with the healing natural process was allopathy or synthetic drugs. Theses upset the natural healing process by unnatural intervention and regulation disturbance. Other ways to Suppress or Obstruct the Cure are smoking, mercury amalgams, stress, lack of water, exercise and many others. This behavioral survey then gives an index of SOC.

The scores relate to the risk of Suppression and Obstruction to the natural Cure. The higher the scores the more the Suppression and or Obstruction. The scores of 100 or lower are ideal. A copy of the SOC index questions appear in the appendix.

**Study Technicians:**
The study technicians were educated and supervised by medical officers. The study technicians were to execute the SCIO therapy and analysis. All were trained to the standards of the International Medical University of Natural Education. Therapists from all over the world including N. America, Europe, Africa, Australia, Asia, S. America and elsewhere were enlisted to perform the study according to the Helsinki study ethics regulations.

They were to chronicle any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the study technician is to inquire on any disclosed observations during the test and on follow-ups report any measured changes.

To test the device as subspace against the placebo effect, two of the 2,500+ therapists were given placebo SCIO devices that were totally outwardly the same but were not functional. These two blind therapists were then assigned 35 patients each (only 63 showed). This was to assess the double blind factor of the placebo effect as compared to the device. Thus the studied groups were A. placebo group, B. subspace group, and C. attached harness group.

Cross placebo group manipulation was used to further evaluate the effect.

**Important Questions:** these are the key questions of the study

1. Define Diseases or Patient Concerns
2. Percentage of Improvement in Symptoms
3. Percentage of Improvement in Feeling Better
4. Percentage of Improvement Measured
5. Percentage of Improvement in Stress Reduction
6. Percentage of Improvement in SOC Behavior
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7. What Measured+How (relevant measures to the patient’s health situation)
8. If Patient worsened please describe in detail involving SOC_

After the patient visit is was complete the data was e-mailed to the Ethics Committee or IRB for storage and then analysis. This maneuver minimized the risk of data loss or tampering. Case studies were reported separately in the disease analysis.

MEDICAL DETAILS

Great excitability, palpitation, and vasomotor disturbance associated with vernal conjunctivitis.

Results:

Before we review the direct disease improvement profiles, we need to review the overall results. The first most basic of question in the results is the basic feedback of the generic patient conditions.

1. Percentage of Improvement in Symptoms
2. Percentage of Improvement in Feeling Better
3. Percentage of Improvement Measured
4. Percentage of Improvement in Stress Reduction
5. Percentage of Improvement in SOC Behavior

The SOC index gives us great insight to this study. Each disease has a different cut off where the ability of the SCIO to help was compromised. As a general index scores of 200 + where much less successful.

Allergy

This groups significant SOC cut off was 150.

The Large scale study had over 98,000 patients and 275,000 patient visits we have direct evidence of the safety and efficacy. A placebo group was used for the large scale test to help validate the results.

This disease group total number of patients was 10,344

Subspace Treatment 7,941 patients, 2,403 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 22,504 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
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There were
29 cases reporting no improvement of Symptoms,   .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
31%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits

There were ---- cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were
7 cases reporting no improvement of Symptoms,   .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
62%---.Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior

CASE STUDY REPORT CONDENSATION:

“I am working with the SCIO-System since 4 years. In my practice my patients are mainly chronically ill patients with e.g. following diseases:
Auto aggressive diseases like ALS, Multiple Sclerosis, Crohn Disease,
Colitis Ulcerosa, Lupus e.,
Chronically digestion Problems
Rheumatism, Fibromyalgia, Spinal Column Problems,
Various Cancer Diseases like Lung Cancer, Mammary Cancer, Leukemia,
Stomach Cancer, Liver Cancer,
Neurologically Diseases like ADS, Depressions, Trauma, Brain Injuries,
Allergies
Skin Diseases like Neuro-Dermatitis, Psoriasis
Migraine
I have used the SCIO to measure my patient's reactance to many various items which electrical patterns are digitally stored in the system... I have used the device for therapy on my patients and it is highly
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accepted from them, because it is safe, showing no side-effects and is non invasive. The SCIO-System treats the body's electric in a safe biofeedback way which helps the body to reactivate its body's own healing capacitance to finally come back to a well functioning body-regulation-system. It might appear a little futuristic if you do not know the background of the system, but if you would take the chance to look a little deeper, I am sure you would agree on its scientific validity and benefits.

Bottrop, Germany”

“I have been using the EPFX device on myself, husband, and 4 children for about 6 months and have seen its benefits. My children are calmer. We all experienced less allergies this year than previously. My youngest son, underwent heart surgery at 11 months and has hardly slept through the night since (he is 5 now). I was told this happened to some patients, but his doctors did not know why. After running the EPFX device on him, even in subspace, he sleeps much better through the night, with his night terrors almost completely gone. My own health, was not the greatest and I had little energy and also had sleep problems, only partially related to those of my son. I am much more energetic these days and I sleep better most nights. I have also experienced far less pain during menstruation than I had previously. I am less stressed and have learned to relax much more readily. We are all very thankful that the EPFX has come into our lives.

Ontario, Canada”

“About 2 years ago, my mom was diagnosed with severe irritable bowel syndrome. This caused her extreme pain and she began to lose a considerable amount of weight. In fact, she dropped down to 89lbs. I had heard about the biofeedback device and quite admittedly, I was skeptical. However, when I approached my mother's family doctor and asked what she could do for my mother, her response was discouraging. In her words, "There is nothing I can do for your mother." Her poor body had become so allergic to food that even putting something in her mouth caused her to become violently ill. At this point, I asked the doctor what her thoughts were about biofeedback, thinking of course that she would completely discredit it. However, much to my surprise, she acknowledged that if there was anything that could help my mother, it would be that. This is when I decided to take Mom to see another biofeedback practitioner in town. I had resolved that if this device could help my mother (a very difficult case), that I would want to do this myself as a career. After about 4 sessions on the device, my mother's digestive tract started to turn around. She wasn't violently ill after eating any more and she was actually digesting her food properly. She is now doing well and is gaining some weight! I realize I'm not allowed to make such claims as a practitioner but as a client's daughter, I can say that this device saved my mother's life.

City unknown”

„I have worked with a 2 year old female who was throwing tantrums everyday for many weeks. She had fallen several weeks earlier and bumped her head. I told her mother about biofeedback and Dr recommends homeopathic remedies. She decided to do a session. I took an hour to run my protocol, advised her to use some hompeopathics for the child and she has not thrown a single tantrum since this session.
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A friend of mine told me that her friend was diagnosed with endometriosis and that she would have to have surgery for this within a few weeks. She had had many pains and female issues. I had to act quickly so I sent her a bottle of Fem B - Dr Recommends. She took it for 3 days and all of her symptoms disappeared. She told me that she cancelled the surgery during a presentation I gave, in the town she lived in.

I am a 29 year old male and have had acne for over ten years. I have used diet, cleansing and other natural remedies. My symptoms decreased around 80%. I own the biofeedback device and I am the one sending this email. I did a session using the situation method, specifically on this issue. The results showed a possible bacteria problem. I proceeded with my protocol and then used Dr recommends Bacteria Fuge for over a week. My acne is nearly 100% diminished. There is hope for those who seek the truth.

I have scanned my girlfriend who is 25 years old several times. She has had some cramps, back pain and headaches prior to these sessions. She uses Dr Recommends remedies - Fem B, Thyroid Thymus and Parathyroid. Basically I use the device to detect the appropriate remedies for her during the month. She has no headaches, her back pain has decreased by 75% and she has no more cramps.

I scan my mother who is 55. She has been diagnosed with hypothyroid and was taking synthetic drugs for this. I told her to try the Dr, Recommends Thyroid Thymus Parathyroid. She told her physician about it as well. She no longer uses the drugs and she has told me she notices a clearer mind when using the biofeedback and homeopathics.

I worked with a 10 year old girl who had different allergies that were pollen related. I did a biofeedback scan and sure enough it showed on the device both in the allergy screen and in the main matrix. I did the session and gave her the Dr. Recommends Pollen remedy. Her allergies have decreased considerably since this session.

Dilworth, Minnesota”

“CLIENT #1

59YR OLD MALE. Client reported chronic allergies for the last 30 years. Client used Claritin and Flonase (steroid type nasal spray) every day for the last 10 years. After 4 sessions (once a week for 4 weeks) each session was 1˝ hours long, client reported that allergies were greatly diminished and had not had to use the medicine but twice since the first session. After 8 sessions, client was not having any of the chronic and painful symptoms he had had in the past. 6 months later, client reported 2 days of very slight allergy symptoms thru the worst of the pollen and cedar fever seasons. Client one year later, reports no allergy symptoms.

City Unknown”

BACK PAIN, SLEEP, ALLERGIES, RARE POISON GAS, KIDNEY STONES, FOOD POISON:

46
"This biofeedback with the EPFX has really helped my back a lot. It has helped my allergies and pointed out foods I can eat and those I should stay away from. In addition, it has helped me sleep. During the care we found a rare gas which poisoned me many years ago called Greenland’s gas. It was so impressive that the instrument helped to find the specific name of this gas. The gas had caused a severe case of pneumonia and my body was still stressed by that episode. I was cleared from that problem. On one occasion, we found kidney stones in my system. The next day I passed (11) kidney stones plus gravel safely. Two days ago I had food poisoning and today we found 6 types of bacteria including the food poisoning bacteria."

Ocala, FL

BANANA ALLERGY AND DIARRHEA:

"I had constant diarrhea. We discovered the banana allergy and I quit bananas the diarrhea cleared up."

Silver Springs Shores, FL

All my family, including myself, respond extremely well to the SCIO. I have worked on headaches, allergies, digestive disorders, flu, amoeba infections, malaria and generally kept my family and some faithful clients in very good health for the last 4 years since I bought the SCIO. I can’t imagine not having it.

City Unknown

“I am a new technician since March of 2007. After a couple of months of seeing clients I had my first 3 year old little girl who was experiencing multiple seizures after 15 months of age, never having anything wrong prior to that age. After being extremely medicated and not being able to talk or walk we had a session with this little girl. We were able to find in the device(from the NLP panel) that she encountered a trauma from her father at 1 year old. Looking in the test matrix she had multiple parasites and one being trichinosis. Also that she was allergic to pork. Her father sat beside me reading the matrix screen and then informed me that he was a Veterinarian at the University of Minnesota and that he traveled all over the countries nation wide speaking on the research and development of swine. After several treatments the little girl is now only on one medication once a day and is learning how to talk and to walk! The mother thanked us again and again saying that this was the first time that she felt that she was able to communicate with her daughter. At least she was able to find out what was wrong with her seeing how she couldn’t talk.

City Unknown

“A 66 year old female presented with extreme allergies and had been diagnosed with Chronic Fatigue and Fibromyalgia along with digestive issues (leaky gut syndrome) by her doctor. After the first session in 2003, she felt great relief and continued monthly sessions for the next year as the balance to her nervous system and digestion subsided considerably and she had a new lease on life and wrote and published three books. She continues to come for biofeedback sessions when she has insomnia or is "out of whack" and appreciates the balancing with the EPFX device.

Tulsa, U.S.A.”
“24 year old female. Her allergies keep her on weekly shots. She was treated 6 times 3 years ago and to date has not had any more allergy problems.

City Unknown”

“40 year old white woman. History of nasal polyps and allergies. In ER the night before. Distressed as a result of inability to comfortably breathe and emotional distress from repressing grief from having lost her husband to Lung Cancer the year before and now responsible to raise 7 year old adopted daughter. Diet consisted of candy and alcohol and minimal food, all hidden from even closest family members.

Rx: Steroidal spray, antibiotics, Armor Thyroid


Drs recommended surgery.

Client took suggestions to control diet, allow grieving and to hydrate.

Client called 4 days later to say she woke up morning after treatment feeling 75% better (a miracle by her account) and wanted to return sooner than scheduled appointment. She has come regularly for 3 years and uses spray infrequently, has learned to express her grief, avoided surgery and feels and looks “better than ever.” Best of all, avoided surgery.

City Unknown”

“This last summer my son started with a simple cold and virus, he did not get better. It went into his sinuses and into his chest and became a chronic, long term condition. They called it bronhitis and treated it with drugs. He went on antibiotics twice and no getting better. I put him on the Epfx repeatedly and the common message that kept appearing throughout and kept coming up was "cat hair". Now, i didn't pay any attention to this because we have no cats, i know my son is allergic to cats, so, we don't have any. The condition persisted and just wasn't getting any better, my son was even losing weight. I kept going back to the Epfx, asking for a signal or a clue or a sign as to "what is going on here?". Nothing made sense, but the "cat hair" thing kept coming up. I casually mentioned to my son, that it was funny that "cat hair" kept coming up because we didn't have any cats. He immediately told me that his girlfriend had two cats, that never went outside and were all over the furniture all the time. My son had been spending a LOT of time at his girlfriends, as you can imagine with two hormonal teenagers. This was the answer, the Epfx was dead on, and was telling me this every single time, i just wasn't listening. I kept my son away from his girlfriend's house with the cats for 3 weeks, and what do you know? Symptoms gone, he got better right away and all was well, no more drugs, no more doctors appointments, no more losing weight, he could breathe again without coughing and hacking. After that experience, i realized that you need to PAY ATTENTION to all the Epfx is telling you, even if it doesn't make sense.
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City Unknown”

„Here's What My Clients Have to Say:

"I came to the office with extreme mental fatigue, brain fogginess and anxiety. After the second week I felt so much better and the mental fogginess went away and I was more calm and less anxious. I've learned a tremendous amount from my practitioner and she always had great suggestions for things I can use in my everyday life that were easy to do. The Body Balance formula is also great and has really helped."

- (Centennial, CO)

"I started with fatigue, allergies and difficulty sleeping. After the first treatment I noticed I had more energy the next morning. I felt like I didn't need a cup of coffee to get going. A complete scan is a good indicator of overall health. Even in the absence of symptoms, people should obtain an initial exam to determine overall health. Many diseases, conditions and syndromes remain asymptomatic for many years."

- Performance Chiropractor (Westminster, CO)

"My complaints were dizziness, coughing, spinal cord injuries and lack of energy. After the first treatment I noticed a suble shift of energy that seemed to move things in a positive and healing way. My dizziness disappeared, the coughing subsided and I had more energy."

- (Denver, CO)

„"My intial complaint was allergies and it was discovered through the biofeedback machine that the main allergen was honeysuckle (which was growing outside my bedroom window). The practitioner relieved all the allergy symptoms and desensitized me to the honeysuckle so I can now enjoy it. Perhaps the most immediate and startling response was related to soreness and discomfort in both the hip and leg sockets. This had been painful for at least six months. The sudden absence from pain certainly got my attention!! Several times my energy level has been low and the SCIO has been able to send me long distance therapies to enhance and boost my energy and overall immune system. There were other occasions where my practitioner was able to identify specific food poisoning. This is a major advance in science that bodes well for our good health. The wisdom of this scientific machine to correctly identify what the body needs at a given time is nothing short of remarkable. "

- (Weaverville, North Carolina)

„I was a 37 year old female, living in Arizona. Although I never had a problem with allergies, I started to develop severe attacks, and spent almost two years just waiting for each attack to go away, until they became more frequent, and caused me more and more discomfort. An attack would consist of severe itching, especially the eyes, extreme difficulty breathing, and sore throat. At one point, I went to the emergency clinic thinking that I had strep throat, but it was just allergies, and I was given a steroid inhaler, and several prescriptions. I used the inhaler a few times, when absolutely necessary.
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My first experience with the QXCI, a two hour session, made me feel so much better. I went once more the following week, and my allergies were completely gone for three months. Not only was I provided a tremendous amount of relief (I am a singer, so this was huge for me), but it opened my eyes to other aspects of natural healing, and made me take responsibility for the things that I put in my body. I am now 39 years old, and no longer have problems with allergies. I know, from the amazing experience that I had with the QXCI, that the energy of our universe is more powerful than any pharmaceutical drug out there.

Arizona, U.S.A”

“We are spending every summer in Greece and for the past 10 years my son had serious allergic reactions to the air in our house, probably dust and mold because nobody lives in the house during the winter. He usually sneezes nonstop and cannot sleep because of breathing difficulties. Twice he had to fly back to Germany because he felt too sick to stay. He also had a skin fungus on his back with resulted in huge white patches that never tanned and looked awful. That summer after his arrival he started again with sneezing and breathing problems but he thought that he could try out the Biofeedback program on the QXCI, and worked on releasing the stress on his skin. He also worked with the allergy program and after two days he had no more breathing problems, which was just amazing. By the end of our holidays he had a beautiful tan on his back and all patches had disappeared. He actually worked with the device every single day because most of the people in the village got interested when they saw my son’s obvious changes.

Vancouver, Canada”

“I am a 58-year-old woman who has been treated for chronic daily (cluster) migraines for 23 years and chronic allergies (environmental) and sinusitis for most of my life. In addition, for the past year, I’ve been treated for chronic neck pain as a result of a shoulder surgery I underwent in 1/11/07. In November of 2007, I was diagnosed with sleep apnea.

I had been living on a host of medications, prescribed by a neurologist, a sleep disorder specialist (also an neurologist), an ear, nose and throat specialist, a psychiatrist and a surgeon. In mid-December 2207 I began having new severe symptoms including loss of sleep and appetite, weight loss, confusion, and hyper-manic and obsessive-compulsive behaviors. On Jan. 20, 2008 my neurologist advised me to immediately cease taking the calcium channel-blocker she had prescribed a month before. At the same time, I made the decision to go off all the medications I was taking, including all pain meds, sleeping pills, and nasal steroids. This catapulted me into drug withdrawal and a severe state of detoxing.

On Jan 29 I was treated by a practitioner with the QXCI biofeedback machine. I subsequently had 3 more treatments. As of today, I am pain-free, exercising regularly and eating normally. I am taking no medications at all except bio-identical hormones. I am comfortable in my body for the first time in memory.

City Unknown”

“One client has had some serious allergies, food intolerance and depression and a attitude on life that the glass generally was half empty - she is now stable after 8 weeks and has a new lease on life - has gotten her diet under control is eating things she couldn’t tolerate before and has a new attitude that anything is possible and is training for a new job. Her whole family is now taking turns coming once a week. Her
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son had evidenced some extreme mood swings and after being seen a couple of times has decided to settle down and stick around and see what it is he can do in this life.

City Unknown”

„Male 2-9 currently, allergies, emotional/abandonment/anger issues; experiences relief under the smallest treatment

City Unknown”

„AGE: 33

GENDER: FEMALE

DIAGNOSIS: ALLERGY FOR A LOT OF SUBSTANCES, EMOTIONAL CRISIS, PMS, FATIGUE

AFTER A TEST WITH THE SCIO AND AN ALLERGY TEST I FOUND A MEXICAN PLAN THAT WAS CAUSING SOME OF HER ALLERGIES. I ASK HER TO FIND THIS PLANT FIRST IN INTERNET AND THEN IN HER HOUSE. THE PLANT WAS IN HER KITCHEN, THEN SHE MOVED THIS PLANT TO ANOTHER PLACE IN HER GARDEN AND THE PRINCIPAL ALLERGY STOPS INMEDIATLY. ALSO, WITH FOUR SESSIONS WITH THE SCIO SHE EXPERIENCED A RELAX STATE, BETTER FEELINGS, EMOTIONS, AN ESPIRITUAL BALANCE AND JOY.

CITY UNKNOWN, U.K”

„Age 60, female, asthma and allergies and headaches. After initial session Dec 20/07 she was breathing deeper, getting more sleep, dizzy/nausea and weepy following session, and yoghurt not settling either. She was waking up in mornings without headaches, but they came back during the day. After second session on Dec 24/07 she noticed she was able to take bigger breaths, but still got some headaches. She also noticed floaters the following day and disappeared within the following week. She still wasn’t getting her usual AM headaches.

City Unknown”

„Age 40, male, TMJ, lower back pain, stress with tachycardia, allergies, throat closes in when eating. Client since 2005. He notices improvements either immediately or within 3 days of each session. His jaw locked after one session and hasn’t bothered him since. His back is much better with occasional pain, which he finds biofeedback better than chiropractor for his lower back and gets relief within 3 days of each treatment. He finds it very relaxing and reducing his stress and heart beat. After using the allergy desensitization stress reduction program he found he could swallow much better for about 3 weeks.

City Unknown”

„Age 77, female, eye sight, fullness in ears/sinuses, allergies, ears, indigestion. Her initial session was May 17/07. A week after this session, on May 24/07, she reported that her sinus drained but ear acts up now and again. On May 31/07, she reported after that after her last session she noticed her sinus drained again and ear was less problematic. On June 19/07, her hearing had been good and better since last session until June 19/07. She said it felt like it popped. On July 12/07 she reported that it has been her
best summer yet with head being clearer, no heaviness, and sinuses better. She noticed ear popping and fullness as if volume turned up shortly after session. On July 31/07 she reported sneezing and digestion still a slight issue. On Oct 2/07 she reported that sinus and head fullness was good. On Nov 1/07 she still reported that her sinuses were better this year and indigestion a bit less. On Dec 7/07, her ears popped and drained after last session, but digestion not great yet. On Jan 10/07, she reported that she has less headaches.

City Unknown”

„Age 66, female. **Allergies, rash on hands, fatigue, left hip and sciatic nerve pain, weight, left knee cracking and pain, toes numb and feel like tripping, hypothyroid (partially removed), stress.** Client since Dec 16/05. She indicated that her cravings were reduced after a couple sessions. Rash on hands is reported to be better in late 2007 while on reduced carbohydrate diet and working on Insulin Resistance and Syndrome X with her homeopath. On Nov 23/06 she reported mental clarity being better. She always reports immediately after each session (almost monthly) that she is able to lift her left leg up easier onto her right knee for tying her shoes. She has reported that her toes have not been as numb after some sessions too.

City Unknown”

„Age 58, female, **high blood pressure, allergy, water retention.** The following day after her session she reported that she had lots of energy, felt great, had no bloating, and her eye redness was gone, and allergies improved.

City Unknown”

„9 year old Female / head injury, allergies, mercury toxicity, (from inoculations and biological grandparents were dentists), uncontrollable violent temper tantrums every day several times a day, anger issues (child was adopted), leaky gut. Mother at her wits end had spent the last 5 years going from Dr to Dr trying to get answers of why child was out of control. Dr's felt it was child being spoiled. First session on Biofeedback therapy was NLP, Therapy, Biofeedback, Timed therapies. Worked emotions/stressors and release of anger. Mother could not believe the difference in behavior of child, lasted about 3 days, Child came back again, worked same areas, added the Risk factor panel, no temper tantrums for 4 days, Mother ecstatic. Worked on these Main areas and kept adding new areas, such as trauma, brain etc. Therapies lasted anywhere from 4-5 days did only one session a week for 6 weeks. At this point parents wanted faster results, so referred to a Medical practice where child went under HBOT, Cupping therapy, cranial therapy, enzyme therapy and blood tests for allergies. They still kept the once a week session. Child has new personality, sweet, loving, the temper tantrums are gone, child loves to come for sessions says she feels much better and happier after therapies. Both parents are so grateful for the EPFX distressing their child and for it leading them to what needed to be done to help their child become normal again and so excited to have their child back to the happy child she once was. Child is still actively seeing me once a week. Will continue for another 4 weeks then hopefully once a month/ or when needed.
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City Unknown”

“I have a 68 year old female client who had four sessions with me before leaving Canada to winter for 3 months in the southern US. She told me that she has a fairly severe allergy to cats and that she would be in the presence of felines during her visit south. I offered to work on desensitizing her allergy once a week, in Virtual, for the 3 months that she would be gone to see if she would notice a difference. She recently e-mailed me with the following

"Thank you for the allergy boosts, I didn't have hardly any problems over the weekend. What a relief!!!! We're going back into Phoenix this next weekend so will appreciate any extra boost you can give me. You can't imagine how much easier it is to breathe. Thanks again."

City Unknown”

SUGGESTED THERAPIES

ALLERSODE THERAPY, Allergy Sensitivity
1. Using an allergy producing compound to desensitize is a major part in the treatment of allergy desensitization.
2. Medical doctors have used allergy shots to desensitize for years.
3. In homeopathy we take the allergy causing compound such as milk and homeopathically dilute it. This has been shown to reduce an allergy attack. 4. Allergies to inhalants, foods and many other compounds have been clinically and experimentally shown effective. (allergy work).
5. *OPSIN I and *OPSIN II contain histamine and adrenalin along with low potency herbals to help with detoxification of food and inhalant allergens, as well as providing symptomatic relief by stimulating the organism to lower the antibody response to the allergin.
6. These products can be used for light to moderate food and inhalant allergy symptoms.
7. For tougher allergies, utilize *COURSE I, II, III, IV. These are polychords of singular remedies and are more demonstrative in their ability to lower the antibody cascade (ref. Allergy Study).
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Rx: Sinuses, intelligence stimulation, brain fatigue, reasoning power

Overall allergy regulation points hold and meditate till relief starts

ALERSODAL DESENSITIZATION OF ALLERGIC REACTIVITY Via SLOW RELEASE OF RECEPTOR SITE AVAILABILITY And DIMINISHED MAST CELL COL

ALLERGY TREATMENT

This Document is a complete text on naturopathic management of allergies

Allergy as in most diseases is caused by a multitude of causes that might result in the Allergy. Allergy is an excess cascade of antibodies in the body as a reaction to some compound or compounds. When the immune antibodies start to cascade, there is histamine released. Some times there excess white blood cells full of histamine called Mast Cells in the body. The histamine is released during the allergy. The histamine causes a shift to alkalinity in the area, which in turn draws water. This causes the allergic swelling of the tissues. This can be asthma, sinus, eyes, hives, etc. The start of an allergy is related to the mental state of the patient at time of exposure. Two identical twins age 5 are sitting on a park bench. Two identical twin bees sting each on the arm. One runs left and
finds mommy. Mommy says it will be all right, she soothes the mind and offers comfort. The mind of this
twin calms and starts to relax.
The other twin runs right and does not find mom. The mind feels the extreme pain and swelling, the
mind thinks there is a threat to life, the hypothalamus causes the reticuloendothelial system(immune
system) to make excess antibodies to all compounds present. These antibodies can be to the bee sting,
the polen on the bee's feet, the chocolate cake in the digestive tract of the child.
You cannot have an allergy to a substance on the first exposure, you can have a toxic or enzyme
deficiency reaction but not an allergic response on the first exposure. The excess antibodies have to be
developed previously.
Certain compounds are easier to develop allergies to. These compounds have harsh features or are
somewhat toxic to start. This list includes, polens, dust, air polution, animal dander, yeasts, wheat, corn,
sugar, peanut, gluten, shellfish, milk, and others.
The mind in times of great stress can produce antibodies to try to prepare for the next exposure. This
can be an attempt to not be hurt like this again. As such the mind might chose to make an allergy in
times of emotional stress. Once the excess antibodies are made the body will have an organic reaction
independent of the original emotion. There will be some slight unconscious memory. The allergy is
always an attempt of the unconscious to protect the person. The patient has a hard time realizing this.
The NLP emotional desentization techniques in the QXCI device will assist taking on the emotional
component of the antibody cascade which is allergy. But this is not enough the QXCI develops other
desensitizations.
To desensitize the antigen (antibody) production, we use oral antigens we call allersodes. The QXCI
device uses an energetic allergen transfer. This therapy can lower the organic reaction to the allergy.

ADDITIONAL SUGGESTIONS

There are always some agravating complications of allergy. These will need to be addressed as well.
Liver and Adrenal function are most important. Digestion is also important. Take some desicated liver 3
pills at bed time. Adrenal substance can be taken in the morning.

MASSAGE

Adrenal massage can also help. This is done by making two fists and gentle rotating the fists clockwise
and counterclockwise or the adrenal which are just above the kidney. A small tap on the area can also
help. Massage for 3 minutes.
Lymph massage can help to stimulate drainage. Firm and strong massage of the skin will reduce
histamine. Brisk skin massage will make the skin red. The red is due to the release of histamine. Sauna
after massage and cold water after sauna can help to completely lower histamine for days making
allergic reaction less possible. There are less allergies in countries that use such activities weekly.
VITAMINS

Deficiency of fatty acids is the most prevalent vitamin deficiency in the world today. These fatty acids
are essential in nerve control, hormone manufacturing and immune balance. Over cooking our foods
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destroy fatty acids. We get our best fatty acids from fresh and raw foods. And flax seed oil will not supply the total range of fatty acids.
The next largest vitamin deficiency problem relating to allergies is for the Co A enzyme circuit, and most importantly pantothenic acid. Pantothenic acid is used by the Adrenal for natural antihistamines.
For allergies I usually prescribe the following:
Vitamin C 1000 mg three times a day
Pantothenic acid 500 mg per day
B6 300 mg per day
Magnesium 100 mg per day
Vitamin E 400 iu per day

HERBAL
Coffee can help if it does not aggravate the nerves or cause insomnia. Three cups can help asthma. Kava can also help. Others include:
- Licorice
- Prunus
- Quercetin
- Ephedra (Brigham Tea)
- Melauc
- Wintergreen
- Mentha

THE QXCI

The NLP emotional desensitization techniques in the QXCI device will assist taking on the emotional component of the antibody cascade which is allergy. But this is not enough the QXCI develops other desensitizations.
To desensitize the antigen (antibody) production, we use oral antigens we call allersodes. The QXCI device uses an energetic allergen transfer. This therapy can lower the organic reaction to the allergy.
The device activates allersodes, nosodes, and sarcodes to offer the finest in Allergy control. Use once a week for a month, but with the other methods included in this report.

HOME NLP therapy

Do this mental relaxation and visualization exercise, take several minutes for each step:
1. Relax Breathing, Muscles, Reduce Tension
2. ImagineThe First time You Felt the Allergen
3. What Emotional Stress was Present Then?
4. Feel the Stress, Fear, Anxiety, Desire, Pain
5. Release Stress + Pain, Forgive The Stressor
6. Focus the Mind on the Area Of the Allergy, Imagine the breath coming in and out of the area where there is the most allergy.
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7. Release the Past Stress From the Symptom Area
8. Mentally Remove all Fear, Guilt, Pain, Stress
9. Tell the body to not react to the substance, tell the body you no longer need the allergy.
10. Relax breathing, feel the oxygen moving and feel the body reducing the allergy, return to step one.

--RULES FOR THE STOMACH --
important for allergies

The stomach is an important part of our anatomy. Food entering our mouths must be properly prepared for digestion. After being chewed and masticated by the mouth, the food is now sent to the stomach for further processing. The stomach mixes the food in an acid bath for further break-up of the nutrients. When the acid shifts alkaline to about 5.5 ph the pylorus valve at the base of the stomach opens and the food is passed along to the primary digestive organ the small intestine.

Nature has provided us with a nervous system that regulates this process. This nervous system is designed to prefer muscle action over digestion. So if a threat or stress comes to us after a meal, such as a lion attack, our body will shift it’s energy from digestion to the muscles and we can survive by running away. In our present society we have few lions, but our nerves can still stop digestion just as easily.

When we allow the stomach to empty it’s contents prematurely the small intestine is over burdened. The food is not properly prepared for digestion. Then we get an increase in large undigested proteins and large undigested fats that can be absorbed into the lymphatic system. This will enter the free fatty acid and amino acid pool and either clog up the lymphatic system or be used to make cells. Cells which will now be made of poor quality parts. It is not much of a problem if we circumvent the stomach just now and then, but for some the patients, this becomes a way of life.

They constantly use ant acids, too much liquid with meals, coffee, milk, or a variety of ways to empty the stomach too early. When the stomach empties there is a release of CCK a hormone which has a slight anti depression or euphoria. This and the release of the stuffy stomach feeling intensifies the addictive quality of the effect. But the long term effects on nutrition are very detrimental. There are rules of the stomach that can maximize nutrition.

The majority of our patients are partially sick because they violate the rules of the stomach. This is the key to weight loss and the healing of a host of other disease. We are seeing more and more evidence of what good nutrition can do. But it is not just what we eat that is important, but what we absorb. Even the best meal or nutrition can result in inappropriate nutrition if we violate the rules of the stomach.

Food combining is just part of the answer. As that different foods have different times for stomach digestion. So the stomach can open prematurely from that.
RULES OF THE STOMACH

1. Fluids alone (no more than 4oz. Of fluid with a meal, or for two hours after a meal)
2. No coffee at meals (wait for 1.5 to 2 hours after or 1 hour before eating)
3. No milk with meals (wait for 1.5 to 2 hours after or 1 hour before eating)
4. Fruits alone (wait for 1.5 to 2 hours after or 1 hour before eating)
5. Melons alone (wait for 1.5 to 2 hours after or 1 hour before eating)
6. Small meal is better, Quality of nutrition not quantity
7. Slow meals Savor, enjoy, rejoice, and celebrate the meal
8. Eat for nutrition not for stimulation, Eat when hungry, not when bored
9. Rest comfortably after eating for at least 35 to 45 min to maximize stomach function
10. Make and eat food with love and kindness, no violent or negative emotions
11. No ant-acids
12. Do not sleep for 3 hours after eating.

When the stomach is weak the signs will be craving fluids with a meal, bloating after a meal, itching skin especially rectum, belching, and gas. The patient will have a difficult time digesting raw vegetables. They will complain that raw vegetables cannot be digested. This is not a fluke of their digestion or an inherited weakness. This is a sign of a weak stomach. Sometimes our children come home from school and say, Daddy I don’t want to go to school any more, it makes my head hurt. We must say back I know it is hard, but you must develop slowly and work to become better. This is what we must say to those with weak stomachs. You must work slowly, day by day building up the stomach by taking some vegetables as juice. Maybe even very dilute juice and slowly increasing the amount till your stomach develops the strength to process your food properly. The nutrient content of fruits and vegetables is immense, and being able to break up the nutrients and stimulate absorption is needed for complete health and recovery.

The addictive quality of this problem is seen as our society more and more allows for breaking the rules of the stomach. The greater your disease or especially if your disease is critical the more you will need to observe the rules of the stomach. This is a must for proper healing.
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Schematic presentation of the pathophysiology of the immediate hypersensitivity reactions (Type 1 allergy) of the intestine.
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The stomach is designed to separate out some bad items and reduce the foods with an acid bath to prepare the foods for electrical absorption in the small intestine. Eat too much, drink too much liquid, combine wrong foods, use ant-acids, and you hurt the stomach.

When the Stomach is not doing its job you get large undigested fats and proteins to build cells and all and every disease is now possible. You are what you eat and what you absorb.
Stress reduction is a must in today's society for longevity, health, and happiness. Below are some simple rules for fighting this unseen killer.

1. Stress awareness begins with recognition or awareness. Our stress inventory provides insight into the amount of stress in our lives. As we become aware of stress, we can begin to deal with it. The "ostrich" technique of stress reduction never works.

2. Humans resist change. Whether change occurs in the body, mind, social, spirit, or environment, most humans will resist. To learn to relax, we must learn to break our old habits of stress reaction and substitute more productive reactions such as clear thinking, calm headed and relaxed understanding. To change requires perseverance, positivity, proper goals, and beneficial rewards. Whether changing eating habits, exercise routines, stress reactions, or social skills, change requires work, but the rewards of a healthy body and mind for you and your family are...
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worth it.

3. Stop addictive behavior. Whether it is coffee, soda, sugar, heroin, cocaine, alcohol, etc. an addiction is an addiction. Addiction to stimulants will always rob health and always cause disease. If you care for your children, you would fight to stop them from using heroin. But so often we let them indulge in potato chips, candy bars, tobacco, etc. The seeds of addictive behavior stem from "stimulation dependency" in our youth. If we are to truly conquer drugs, then we must stop addiction to stimulation or depression early in life. To stop addiction break it's bond as early as possible. Just say no, if you really care.

4. Relax after meals. Allow at least 30 minutes after a meal to relax with comfortable music (not hard rock and roll), good spiritual books (not tax literature), good conversation (not argumentation), or some other relaxing diversion. Do not lie down. Sitting, standing or a light walk is recommended. Let your body focus on digestion for the best effect.

5. Allow one to two hours for worry or think time per day. Make this a quality think time to completely analyze your problems and concerns. Any more than 2 hours a day and your mind will distort the problem and not produce a solution. Excessive worry will produce more problems and more worry until this violent spiral results in disease. Use your quality think time to develop quality solutions you can act on to really help you solve your problems and concerns.

6. Take 30 minutes a day for relaxation and silent reflection. Concentrate on calmness, acceptance, relaxation, health, peace, stillness, etc. Save your active thinking for later. Let this still time be one for producing calmness. Wear comfortable clothing, find a quiet spot and let those around you know how important this time is to you.

7. During this quiet time, relax tense muscles. Breathe deeply and slowly. Calm and relax your mind as you detach yourself from the turmoil of the day. Let go of your troubles and fill your thoughts with positive thoughts. Use this daily experience to foster your mind and body develop your inner health.

8. Remember, laughter is the best medicine.

9. Learn the laws of good health.

SCIO TREATMENT SUGGESTED

Color - set patient's favorite if desired, or choose color by chackra that is deficient.
Cosmic: set 1 for physical body, 2 for astral, 3 for etheric, 4 for mental, 5 for cosmic, 6 for other.
Magnetic Method - 1+10 is universal, 7 for detox, 8 for regrowth of new tissue, 3 for injury, 2 for metabolic correction, 5 for inflammation, 6 for infection, 9 for psych stress, 2 for energy stim
Frequency - 1k, 555hz , 33hz, 1111hz, 12--1033hz
Auto Trivector for 30 min once a month in early stages and once a week in later stage.

Discussion:

The results show significant improvement in symptoms and feeling better. The Collective results show a dramatic benefit to the SCIO therapist visit.
Allersode Homeopathy is used by Medical doctors

Real-Life Stories
Plus Info & Advice

A Change in Me

Hypnosis helped my allergy

What I was like
From birth I was a sickly child, wheezy and congested. When I was four my GP discovered it was an allergic reaction to cat fur. At the time we had an Abyssinian short-hair, Phoebe.

We kept her, hoping I’d outgrow my allergy. But by seven I was dependent on steroids and inhalers to help me breathe, and Phoebe had to go to a new home. If a friend invited me for tea I’d tell them: ‘Only if you haven’t got a cat.’

And if I was going to a house where they did have a cat, my chest would tighten and my anxiety increase as I neared the front door. But as long as I avoided cats I was OK.

What I did
At 27, I met a hypnotherapist at a do and he said he might be able to help. I was sceptical but my partner Rob said: ‘What have you got to lose?’

The first time I was hypnotised the therapist told me to gaze at a spot on the ceiling.

I remember he spoke in a monotonous voice but I can’t recall what he said. Next thing I knew I was waking as if from a lovely refreshing sleep.

A few days later we visited Rob’s dad. He had a cat and, to my amazement, I sat in the same room with it and felt no ill effects. In fact I didn’t have any problems near cats for about six months. Then I noticed a slight tightening in my chest again so I went for a second session.

A few months ago Rob and I took in a stray kitten. We called him Jammy Dodger. Six weeks later I felt some symptoms again, so I had a hypnotherapy top-up. Each session cost £50.

These days I keep inhalers but I haven’t had to use them.

Doctors say hypnosis can’t cure allergies. So maybe I grew out of my allergy a while back and it was just the thought of having breathing problems near cats that made me panicky. Whatever the reason, hypnotherapy has worked purr-fectly for me.

Lizzy Bollington, 29, Braintree, Essex

● For more info, visit general-hypnotherapy-register.com.
Degranulation process in allergy. Second exposure to allergen. 1 - antigen; 2 - IgE antibody; 3 - FcεRI receptor; 4 - preformed mediators (histamine, proteases, chemokines, heparine); 5 - granules; 6 - mast cell; 7 - newly formed mediators (prostaglandins, leukotrienes, thromboxanes, PAF)

In the early stages of allergy, a type I hypersensitivity reaction against an allergen encountered for the first time and presented by a professional Antigen-Presenting Cell causes a response in a type of immune cell called a T\(_{\text{H}2}\) lymphocyte, which belongs to a subset of T cells that produce a cytokine called interleukin-4 (IL-4). These T\(_{\text{H}2}\) cells interact with other lymphocytes called B cells, whose role is production of antibodies. Coupled with signals provided by IL-4, this interaction stimulates the B cell to begin production of a large amount of a particular type of antibody known as IgE. Secreted IgE circulates in the blood and binds to an IgE-specific receptor (a kind of Fc receptor called FcεRI) on the surface of other kinds of immune cells called mast cells and basophils, which are both involved in the acute inflammatory response. The IgE-coated cells, at this stage are sensitized to the allergen.\(^\text{12}\)

If later exposure to the same allergen occurs, the allergen can bind to the IgE molecules held on the surface of the mast cells or basophils. Cross-linking of the IgE and Fc receptors occurs when more than one IgE-receptor complex interacts with the same allergenic molecule, and activates the sensitized cell. Activated mast cells and basophils undergo a process called degranulation, during which they release histamine and other inflammatory chemical mediators (cytokines, interleukins, leukotrienes, and prostaglandins) from their granules into the surrounding tissue causing several systemic effects, such as vasodilation, mucous secretion, nerve stimulation, and smooth muscle contraction. This results in rhinorrhea, itchiness, dyspnea, and anaphylaxis. Depending on the individual, allergen, and mode of introduction, the symptoms can be system-wide (classical anaphylaxis), or
Allersode Homeopathy is used by Medical doctors localized to particular body systems; asthma is localized to the respiratory system and eczema is localized to the dermis. [12]

POTENTISATION

The serial dilution and succussion method of manufacturing homoeopathic medicines.
Allersode Homeopathy is used by Medical doctors

Once you know what your allergies are you can make a desensitize formula yourself.

Take a small part of the allergy substance and pulverize with a touch of vodka with a mortar and pestle, or a spoon in a bowel. Take one drop of your allergen mush and add it to a one oz bottle. Put on the top and sucuss 15 times by banging it on your hand. This makes about a one part per 500, in between a 2 and 3 x. add one drop of this to a gallon jug of water and sucuss again. Now you have a about a 6 x or one part per million. This is safe but if you want extra safety then add one drop of this gallon jug, wash out the jug thoroughly and add the drop to a new jug of water. This is definitely safe and is about 10 x or one part per hundred million.

Now for stomach allergies drink this gallon a glass every hour or two finishing in a day. The next week or at least three days later do it again with a stronger formula. Take one drop of the allergen directly into the bottle and sucuss. This makes a 4 to five x, one part in 10 to 100 thousand. When you get to a 3 x by putting one drop in a 2 oz. bottle and drinking it your mast cell reserve of the antigen should be depleted and your allergy cured for now. If you unconscious can release the death instinct with NLP then you could be cured

For inhalant allergies do the same jug technique and add the antigen water to a neti pot and use a nasal lavage and wash the allergy away.
Allersode Homeopathy is used by Medical doctors

A 1 oz Bottle like this holds about 600 drops.
Put one drop of the Suspected Allergen into the bottle and success 15 times.
Allersode Homeopathy is used by Medical doctors

Step 2: Next put 1 drop of the Allergen into a Gallon jug of Water and Success 15 times this makes 1 part per 76,000 = 5x
Step 3: Next put 76 drops into a Gallon of Water = 4x

These are about 76,000 drops in 1 Gallon bottle, So when we mix one drop from our Allergen 1 x, we get slightly less than 1 part/ million in our Gallon=6x
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You can Drink Away Your Allergies

With Progressive DeSensitization
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NASAL LAVAGE

You can Wash Away Your Nasal Allergies Just as Easy
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Wash Away Your Allergies

With Progressive Desensitization
Late-phase response

After the chemical mediators of the acute response subside, late phase responses can often occur. This is due to the migration of other leukocytes such as neutrophils, lymphocytes, eosinophils, and macrophages to the initial site. The reaction is usually seen 2–24 hours after the original reaction. Cytokines from mast cells may also play a role in the persistence of long-term effects. Late phase responses seen in asthma are slightly different from those seen in other allergic responses, although they are still caused by release of mediators from eosinophils, and are still dependent on activity of Th2 cells.
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Diagnosis

An allergy testing machine being operated in the diagnostic immunology lab at Lackland Air Force Base.

Before a diagnosis of allergic disease can be confirmed, the other possible causes of the presenting symptoms should be carefully considered. Vasomotor rhinitis, for example, is one of many maladies that shares symptoms with allergic rhinitis, underscoring the need for professional differential diagnosis. Once a diagnosis of asthma, rhinitis, anaphylaxis, or other allergic disease has been made, there are several methods for discovering the causative agent of that allergy.

Skin testing
For assessing the presence of allergen-specific IgE antibodies, allergy skin testing is preferred over blood allergy tests because it is more sensitive and specific, simpler to use, and less expensive. Skin testing is also known as "puncture testing" and "prick testing" due to the series of tiny puncture or pricks made into the patient's skin. Small amounts of suspected allergens and/or their extracts (pollen, grass, mite proteins, peanut extract, etc.) are introduced to sites on the skin marked with pen or dye (the ink/dye should be carefully selected, lest it cause an allergic response itself). A small plastic or metal device is used to puncture or prick the skin. Sometimes, the allergens are injected "intradermally" into the patient's skin, with a needle and syringe. Common areas for testing include the inside forearm and the back. If the patient is allergic to the substance, then a visible inflammatory reaction will usually occur within 30 minutes. This response will range from slight reddening of the skin to a full-blown hive (called "wheat and flare") in more sensitive patients similar to a mosquito bite. Interpretation of the results of the skin prick test is normally done by allergists on a scale of severity, with +/- meaning borderline reactivity, and 4+ being a large reaction. Increasingly, allergists are measuring and recording the diameter of the wheal and flare reaction. Interpretation by well-trained allergists is often guided by relevant literature. Some patients may believe they have determined their own allergic sensitivity from observation, but a skin test has been shown to be much better than patient observation to detect allergy.

If a serious life threatening anaphylactic reaction has brought a patient in for evaluation, some allergists will prefer an initial blood test prior to performing the skin prick test. Skin tests may not be an option if the patient has widespread skin disease or has taken antihistamines sometime the last several days.
Allersode Homeopathy is used by Medical doctors
Allersode Homeopathy is used by Medical doctors

Comparative Study on the Treatment of
ABSTRACT:

One hundred allergy patients from a typical medical practice were evaluated and treated with the SCIO provocative allergy system. Their results and fees were compared to nine hundred patients treated in traditional ways. From scratch and live cell tests, to antihistamine and synthetic chemical treatments. The results showed better results from the SCIO group, for considerably less money. A complete disscussion of the field of allergy testing comes at the end of the treatise.

INTRODUCTION:

Provocative allergy testing is defined by the process of administering a potenial allergen, and then measuring the patient reaction. Reactions such as histamine mediated swelling redness or itching. These reactions are preceeded by neuro-electrical reactions. The SCIO system is designed and registered to perform an electrical measure of the patient to provocative stimulation. A substance such as an allergen is voltammetrically analysed for it’s trivector signaturne. This three dimensional pattern is a simulation duplicate of the trivector pattern around the original substance. The trivector signature is sent into the patient and then the patient’s reactive electrical pattern is measured. Allergic substances are found to have a particular reactive pattern.

Sample: 1000 patients

Period: from May until October 2006 (time of pollen)

From 1000 patients:

A) Examed sample: 100 patients have gotten energetic treatment with SCIO- machine only.

Treatment: 1 treatment per week; in average there were 6 treatments needed
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Expenses: 6 x 5.000,- = HUF 30.000,-

Efficiency: as of the second treatment in average, minimal or no symptoms that remains in the whole allergy season.

In case of giving 3-4 preventive treatments prior to the pollen season, 70 % of the patients have no symptoms at all (running nose, itching eyes, asthmatic cough).

B)

Examined sample: 900 patients treated in a traditional way

Treatment:

- nasal drops: 10 bottles in average
- antihistamin tablets: 10-15 pillboxes
- injections: 1-2 ampules
- homeopathic products: 10-15 boxes
- eye drops: 5-6 bottles
- turbohaller: 2-3 doses of spray
- allergy test: 1-3 times
- possible sick leave: 1-3 weeks

Prices in average:

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<th>To be paid by patient</th>
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<tr>
<td>tabletts</td>
<td>1.571,-</td>
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Medical attendance: 1 point – 1.34
Examination: 750 points
Counseling: 400 points
Blood test: 188 pont
Allergia: 619 pont
Allergy provoking test: 388 pont
Respiratory allergy test: 761 pont

In one season 2-3 medical examinations, 1 counseling, 1-2 allergy tests, 1-2 bloos tests are needed in average. Patients attend special allergy centres 3-4 times in average.

Expenses: HUF 100-150.000,- in one season in average which amount excludes medical time consumption and probable time on sick-list.

Efficiency: after all, 5 % of patients have zero, 50-60 % have variable symptoms. 30 % of patients have unchanging symptoms by not being able to omit medications.

DISCUSSION:

Allergy is an altered reaction of body tissues to a specific substance which in nonsensitive persons will, in similar amounts, produce no effect. It is essentially an antibody-antigen reaction but in some cases the antibody cannot be demonstrated. The reaction may be due to the release of histamine, or histamine like substances from injured cells.

Humans are made to grow and develop in harsh conditions. Then they will develop anti-bodies to the compounds they are in contact with. The Immunogen E antibodies are powerful ones that help us deal with parasites. Worms, nematodes, ticks, flies, gnats, etc, when we are over protected and sheltered we do not develop some of the anti-bodies we need to. When we are in an emotional state of fear as children, we can develop E antibodies as a mistake for the parasites. This will become a deep and stubborn allergy. No one can be allergic to a compound they are first exposed to. The allergy comes from the excess anti-bodies made from the negative emotional state. An unconscious protection that can be over reactive and thus deadly. Thus allergy treatment needs to involve,

A. Emotional and Psychological release
B. Adrenal response fortification, while strengthening of the liver
C. Anti-histamine drainage, spa therapy, nutritional etc
D. Desensitization of anti-body release
E. NLP deep emotional forgiveness and confidence to release fear.
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Allergies produce:

- Eosinophilia frequently present
- Urticaria, eczema, rash, asthma, hay fever, migraine, or gastrointestinal disturbances.

Reactions resulting from the release of pharmacologically active substances such as histamine, leukotrienes (the active agent in slow reactive substance of anaphylaxis [SRS_A]), prostaglandins, platelet activating factor, and eosinophilic chemotactic factor (ECF) from IgE sensitized basophils and mast cells after contact with specific antigen.

The released substances cause vasodilatation, increased capillary permeability, smooth muscle contraction, and blood and tissue eosinophilia. The consequent clinical manifestations include urticaria, angioedema, hypotension, and spasm of bronchial, GI, or uterine musculature.

The clinical conditions in which type I reactions play a role include allergic extrinsic asthma, seasonal allergic rhinitis, systemic anaphylaxis, reactions to stinging insects, some reactions to foods and drugs, and some cases of urticaria.

A radioallergosorbent test (RAST) may be performed when direct skin testing is not possible because of generalized dermatitis, extreme dermatographia, or the patient's anxiety. The RAST detects the presence of antigen specific serum IgE. A known antigen, in the form of an insoluble polymer antigen conjugate, is mixed with the serum to be tested. Any IgE in the serum that is specific for the antigen will attach to the conjugate. Adding 125I labeled anti-IgE antibody and measuring the amount of radioactivity taken up by the conjugate determine the quantity of antigen specific IgE in the patient's circulation.

Leukocyte histamine release, another in vitro test, detects antigen specific IgE on sensitized basophils by measuring antigen induced histamine release from the patient's leukocytes.

Though not widely used diagnostically, this test has given valuable insight into the kinetics of histamine release and has been useful in evaluating drugs for their ability to inhibit histamine release.

Provocative challenge may be performed when a positive skin test has raised a questions concerning the role of the particular antigen in the production of symptoms. The antigen is applied to the eyes, nose, or lungs. Ophthalmic testing offers no advantage over skin testing and is rarely positive when skin tests are negative. However, it is sometimes used in testing hypersensitivity to pollens in suspected atopic conjunctivitis. A small amount of the antigen (e.g., dried pollen or an aqueous extract of pollen in the same concentration as used for intradermal testing) is applied to the lower conjunctival sac. An appropriate control (e.g., the diluent or dried pine pollen) is used in the other eye. A positive response is characterized by burning, smarting, itching, or redness of the bulbar conjunctiva exceeding that in the control eye. Edema often follows. If a positive reaction occurs, the eye should be irrigated with isotonic saline, then a drop of epinephrine 1:1000 instilled.

Nasal challenge is performed occasionally. Numerous methods introduce the antigen insufflating dried pollen into the nose, spraying aqueous extract from a squeeze bottle or by nebulizer, or inserting a cotton
pledget soaked in aqueous extract. Response is positive if itching, sneezing, and rhinorrhea occur, accompanied by a change in the appearance of the mucosa.

Bronchial inhalation challenge has long been used by European allergists to select the antigens to be used for immunotherapy. Although bronchial challenge remains predominantly an investigative tool in the USA, some allergists use it when the clinical significance of a positive skin test is unclear or when skin test reagents are not available, to demonstrate that symptoms are related to materials to which a patient is exposed (eg, in occupationally related exposures).

Total IgE level determination also is used in evaluating patients with Type I reactions using a paper radioimmunosorbent test (PRIST). Serum IgE levels may be elevated in allergic asthma, allergic bronchopulmonary aspergillosis, parasitic infections, and eczema; the levels are normal in allergic alveolitis. Very high IgE levels are seen in allergic bronchopulmonary aspergillosis and therefore may help to distinguish this form of allergic lung disease from asthma induced by pollen, dust, and mold, and from nonallergic forms of asthma. The normally wide range of IgE levels, however, limits its usefulness in separating allergic from nonallergic asthma.

Provocative food testing may be performed when regularly occurring symptoms are suspected of being food related and skin tests are of doubtful clinical significance.

Except for acute anaphylactic type reactions, urticaria, rhinitis, asthma, and GI symptoms to foods, food intolerance idiosyncrasies, and vague constitutional symptoms (fatigue, headache, insomnia) have not been demonstrably due to IgE-mediated hypersensitivity...
Allersode Homeopathy is used by Medical doctors

Allergy Desensitization:

Allergies result from an excessive immune reaction to substances that are normally considered harmless -- such as pollens, shellfish, wheat gluten and milk proteins.

With some simple and gentle procedures, the immune system can be retrained to deal with the allergens without the severe reactions.

MECHANISMS OF ALLERGEN-SPECIFIC IMMUNOTHERAPY

Early desensitization: decrease in mast cell and basophil activity for degranulation and systemic anaphylaxis

T cell tolerance

Induction of T_{Reg} cells

Suppression of Th2-T_{H1} cells

Late desensitization: decrease in tissue mast cells and eosinophils and release of their mediators

Some adverse reactions to foods are due to nonspecific mediator releasers or to mediators themselves (such as histamine) in the food.

Food additives such as tartrazine yellow, sodium benzoate, bisulfites, and monosodium glutamate also have been demonstrated to produce Type I0like reactions. The mechanism is unknown and skin tests with these materials in general have not been helpful. Documentation of relationship of symptoms to ingestion of these additives is obtained by removing the additive from the diet and having the patient ingest them in a double-blind fashion.

Prick skin tests have been of value in selecting foods to eliminate from the diet that are suspected of causing nausea, vomiting, hearrhea, naso_ocular, asthma, and anaplyactic_like symptoms. In these IgE-mediated reactions the subjects are skin_test_positive to all foods capable of producing symptoms, and also may have positive
skin tests to food that will not produce symptoms. The clinical significance of a positive prick skin test in both adults and children must be documented by having the subject eat the food in question. In those subjects with severe anaphylaxis, provocative food testing in not indicated if the patient is skin_test_positiveto the clinically suspected food. In other subjects provocative food challenge may not be necessary if elimination of one suspected
food to which a patient is prick_test_positive results in relief of symptoms.

The prick skin test only predicts symptoms that will occur within 2 hours of eating a food and should be performed when symptoms suggestive of being IgE-mediated occur shortly after eating. When symptoms are relatively infrequent and food is thought to be the cause, a food diary may be useful in selecting foods to avoid.

Intradermal skin tests to foods cause such a high frequency of positive reactions that they should not be performed in evaluating patients. The number of laboratories, lack of standardization of food antigens, and lack of quality controls has prevented a determination of the role of the radioallergosorbent test (RAST) in predicting its ability to detect food-related allergic symptoms. At present there is no evidence to support the
use of cytotoxicity testing or subblungual or subcutaneous provocative testing in the diagnosis of food or
inhalal allergic symptoms.

In subjects suspected of having reactions to foods hours after eating, the relationship of symptoms to foods is determined by an elimination diet and, if symptoms improve, by reexposure to the food to determine if it is capable of inducing symptoms.

All challenges are best performed by introducing the food in a fashion not recognized by the subject or known by the individual administering the challenge (double_blind); but if this is not possible, an open challenge can be performed.

The basic diet is determined by eliminating foods suspected by the patient of causing symptoms or placing the patient on a diet composed of relatively nonallergic foods. Commonly incriminated food allergens include milk, eggs, shellfish, nuts, wheat, peanuts, soybeans, and chocolate, and all products containing one or more of these ingredients.

Most of the common allergens and all suspected foods must be eliminated from the starting diet. Eating in restaurants is not adviseable, since the patient (and physician)
must know the exact composition of all meals. Furthermore, one must always be certain of the purity of products used, for example, ordinary "rye" bread contains some wheat flour. If no improvement occurs after 1 week on a given diet, another should be tried. If symptoms are relieved, one new food is added to the diet and eaten in more than the usual amount for more than 24 hours or until symptoms recur. Alternatively, small amounts of the food to be tested are eaten in the physician's presence, and the patient's reactions observed. Aggravation or recrudescence of symptoms following the addition of a new food is the best evidence of allergy to that item. Such evidence should be verified by noting

the effect of removing that food from the diet for several days, then restoring it.

Diet No. 1 (No beef, pork, fowl, milk, rye, corn)

Cereal: Rice products; Vegetable: Lettuce, spinach, carrots, beets, artichokes; Meat: Lamb; Flour: Rice; Fruit: Lemons, pears, grapefruit; Fat: Cottonseed oil, olive oil; Beverage: Tea, coffee (black), lemonade; Miscellaneous: Tapioca pudding, gelatin, cane sugar, maple sugar, salt, olives.

Diet No. 2 (No beef, lamb, milk, rice)

Cereal: Corn products; Vegetable: Corn, tomatoes, peas, asparagus, squash, string beans; Meat: Chicken, bacon; Flour: Corn. 100 per. rye (ordinary "rye" bread contains wheat); Fruit: Peaches, apricots, prunes, pineapple; Fat: Corn oil, cottonseed oil; Miscellaneous: Cane sugar, gelatin, corn syrup, salt.

Diet No. 3 (No lamb, fowl, rye, rice, corn, milk)

Vegetable: Lima beans, beets, potatoes (white and sweet), string beans, tomatoes; Meat: Beef, bacon; Flour: Lima beans, soybeans, potatoes; Fruit: Grapefruit, lemons, peaches, apricots; Fat: Cottonseed oil, olive oil; Beverage: Tea, coffee (black), lemonade, juice from approved fruit; Miscellaneous: Tapioca pudding, gelatin, cane sugar, maple sugar, olives, salt.

Type II Hypersensitivity Reactions

(Cytotoxic, Cell_Stimulating, or Antibody_Dependent Cytotoxicity; Cytolytic Complement_Dependent Cytotoxicity). Reactions that result when antibody reacts with antigenic components of a cell or tissue elements or with antigen or hapten
that has become intimately coupled to a cell or tissue. The antigen-antibody reaction may cause opsonic adherence through coating of the cell with antibody; the reaction is then called immune adherence, which occurs by activation of complement components through C3 (with consequent phagocytosis of the cell); or by activation of the full complement system with consequent cytolysis or tissue damage. Antireceptor hypersensitivity reactions alter cellular function as a result of antibody to membrane receptors. In a number of diseases (eg, myasthenia gravis, Graves' and Raynaud's diseases,

Type B insulin-resistant diabetes, and asthma) antibodies to cell membrane receptors have been reported. In myasthenia gravis, the productions of antibodies by immunization to the acetylcholine receptor in a number of animals has resulted in the typical muscle fatigue and weakness noted in humans. In humans, this antibody also is demonstrated in the serum and on muscle membranes. In addition, when serum or the IgG fraction from patients with myasthenia gravis is transferred into nonhuman primates, a self-limiting myasthenic syndrome is produced. This antibody prevents the binding of endogenously produced acetylcholine to its receptor, thereby preventing muscle activation. In some diabetics with extreme insulin resistance, antibodies to insulin receptors have been demonstrated, thus preventing insulin binding to its receptor.

In patients with Graves' disease, an antibody to the thyroid-stimulating hormone (TSH) receptor has been identified that simulates the effect of TSH on its receptor, resulting in hyperthyroidism. Antibodies also have been demonstrated to the B_

adrenergic receptor in asthma and Raynaud's disease, but their role in these diseases has not been determined. Antibody-mediated cytotoxicity (ADCC) reactions occur when an antibody-coated cell is injured by K (killer) cells. Technics are available to determine B and T cell subsets of circulating lymphocytes. There is also a subset that does not have B or T cell markder; these are called null cells and include K and NK (natural killer) cells. The K cells bind to cells coated with IgG by their Fc receptors and are capable of destroying the target cell. The NK cells do not require antibody coating of the cell for recognition and are capable of lysing tumor cells, virus-infected cells, and fetal cells. The mechanisms have been demonstrated in animal models and in vitro studies of hypersensitivity, but their role in human disease has not been established. The direct antiglobulin (Coomb's) and anti_non_y_globulin tests detect antibody and complement on RBC's respectively. These tests use rabbit antisera, one to immunoglobulin and the other to complement. When these reagents are mixed with the RBC's coated with immunoglobulin or complement, agglutination occurs.

Antibodies eluted from these cells have shown both a specificity for RBC blood group antigens and an ability to fix complement, thus demonstrating that they are true autoantibodies and account for the complement present of the RBC's in the direct non_y_globulin test.

The indirect antiglobulin test is used to detect the presence of a circulating antibody to RBC antigens. The patients serum is incubated with RBC's of the same blood group performed on these RBC's. Agglutination confirms the presence of antibody to RBC antigens. In penicillin-induced hemolytic anemia the patient has a positive direct Coombs' test while receiving penicillin but has a negative indirect antiglobulin test using RBC's of the same type as the patient. The patient's serum, however, will agglutinate the indirect test RBC's if they are coated with penicillin.
Fluorescent microscopy is most commonly used to detect the presence of immunoglobulin or complement in tissue (by the direct technic) and also can be used to determine the specificity of a circulating antibody (by the indirect technic). In the direct immunofluorescent technic, animal antibody specific for human immunoglobulin or complement is labeled with a fluorescent dye (usually fluorescein) and then layered on tissue. When the tissue is examined under the fluorescent microscope, a typical fluorescent color (green for fluorescein) indicates the presence of human immunoglobulin or complement in the tissue. Direct immunoglobulin or complement in the tissue. Direct immunofluorescence also can be used to detect the presence of other serum proteins, tissue components, or exogenous antigen as long as specific animal antibodies to them can be produced. the technic itself does not indicate a cell specific antigen unless the antibody can be eluted from the tissue and its specificity for tissue antigens determined.

In Goodpasture's syndrome the immunofluorescent pattern is seen as a linear fluorescence on kidney and lungs basement membrane. When antibody is eluted from the kidney of a patient with Goodpasture's syndrome and layered on normal kidney or ling, it attaches to the basement membrane and gives the same linear fluorescent pattern when tested with fluorescein labeled antibody to human y globulin (indirect immunofluorescence). In pemphigus the direct immunofluorescent technic reveals antibody to an antigen present in the intercellular cement of the prickle cell layer; in pemphigoid, to an antigen in the basement membrane. In both diseases serum antibody is detectable by the indirect immunofluorescent technic.

The indirect immunofluorescent technic is used to detect tissue specific circulating antibodies in many other disorders; eg, thyroiditis (antithyroid antibodies) and SLE (antinuclear antibodies, anticytoplasmic antibodies). Antireceptor tests for detection of antibody to the acetylcholine receptors are commercially available, but tests for the insulin and thyroid receptors are not. The clinical significance of the test for detection of antibody to the B2 adrenergic receptor has not been determined.

There are no clinical situations in which the antibody dependent cytotoxicity test is necessary.

Type III Hypersensitivity Reactions
(Immune Complex [IC] Mediated, Soluble Complex, or Toxic Complex Hypersensitivity Reactions).

Reactions that result from deposition of soluble circulating antigen antibody (immune) complexes in vessels or tissue. The Ics activate complement and thus initiate a sequence of events that results in polymorphonuclear cell migration and release of lysosomal proteolytic enzymes and permeability factors in tissues, thereby producing an acute inflammatory reaction. The consequences of IC formation depend in part on the relative proportions of antigen and antibody in the complex. With an excess of antibody, the complexes rapidly precipitate near the site of the antigen (eg, within the joints in RA) or are phagocytosed by macrophages and therefore are not toxic. With a slight excess of antigen, the complex tends to be more soluble and may cause systemic reactions by being deposited in various tissues. Examples of clinical conditions in which Ics appear to play some role are serum sickness due to serum, drugs, or viral hepatitis antigen, SLE, RA, polyarteritis, cryoglobulinemia, hypersensitivity penumonitis, bronchopulmonary aspergillosis, acute renal disease. In bronchopulmonary aspergillosis, drug or serum induced serum sickness, and some forms of renal disease, and IgE mediated reaction is thought to precede the Type III reaction.
The classic laboratory examples of Type III reactions are the local Arthus reaction and experimental serum sickness. In the Arthus reaction (classically a local skin reaction), animals are first hyperimmunonized to induce large amounts of circulating IgG antibodies and are then given a small amount of antigen intradermally. The antigen precipitates with the excess IgG and activates complement, so that a highly inflammatory, edematous, painful local lesion rapidly appears (by 4 to 6 hours), which may progress to a sterile abscess containing many polymorphonuclear cells, and then to necrosis of tissue. A necrotizing vasculitis with occluded arteriolar lumina can be seen microscopically. No lag period precedes the reaction because antibody already is present.

Type IV Hypersensitivity Reactions

(Cellular, Cell-Mediated, Delayed, or Tuberculin_Type Hypersensitivity Reactions).

Reactions caused by sensitized lymphocytes (T cells) after contact with antigen. Delayed hypersensitivity differs from other hypersensitivity reactions in that it is mediated by sensitized lymphocytes and not be antibody. Thus, transfer of delayed hypersensitivity from sensitized to normal persons can be demonstrated with peripheral blood leukocytes or with an extract of these cells (transfer factor), but not with serum.

The sensitized T lymphocyte that has been triggered or activated by contact with specific antigen may cause immunologic injury by a direct toxic effect or through the release of soluble substances (lymphokines). In tissue culture, activated T lymphocytes have been demonstrated to destroy "target" cells to which they have been sensitized, when they are brought into direct contact with the target cells. The lymphokines released from activated lymphocytes include several factors affecting the activity of macrophages, skin-reactive factor, and a lymphotoxin. Examples of clinical conditions in which Type IV reactions are felt to be important are contact dermatitis, allograft rejection, granulomas due to intracellular organisms, some forms of drug sensitivity, thyroiditis, and encephalomyelitis following rabies vaccination. The evidence for the last 2 is based on experimental models and, in human disease, on the appearance of lymphocytes in the inflammatory exudate of the thyroid and the brain.

Patch tests are used to identify allergens causing a contact dermatitis, but are not performed until the contact dermatitis has cleared, in order to prevent its exacerbation. The suspected material (in appropriate concentration) is applied to the skin under a nonabsorbent adhesive patch and left for 48 hours. If burning or itching develops earlier, the patch is removed. A positive test consists of erythema with some induration and, Occasionally, vesicle formation. Because some reactions do not appear until after the patches are removed, the sites are reinspected at 72 hours.

Blastogenesis of lymphocytes or thymidine incorporation following stimulation with specific antigen are in vitro tests that can be performed in a patient with a negative skin test, when the antigen is known, to determine whether the defect is an inability of the skin to react to lymphokines or an inability of T cells to produce lymphokines. The best correlate with Type IV delayed hypersensitivity, however, is the production of migration inhibitory factor and blastogenesis of lymphocytes in the mixed lymphocyte culture.
Another accurate test of allergic reactivity is that of electro acupuncture. This test involves medication testing of possible reactants on the allergy meridian. This is probably the best test of reactivity. see New Biology of Dr. Nelson, and the Quantum Biology series

Provocative allergy testing is defined by the process of administering a potential allergen, and then measuring the patient reaction. Reactions such as histamine mediated swelling redness or itching. These reactions are preceeded by neuro-electrical reactions. The SCIO system is designed and registered to perform an electrical measure of the patient to provocative stimulation. A substance such as an allergen is voltammetrically analysed for it’s trivector signature. This three dimensional pattern is a simulation duplicate of the trivector pattern around the original substance. The trivector signature is sent into the patient and then the patient’s reactive electrical pattern is measured. Allergic substances are found to have a particular reactive pattern.

HYPERSENSITIVITY

Excessive or altered reactions to an antigen producing adverse effects are termed hypersensitivity or allergy. These reactions have been classified into five groups:

Type I _ Immediate (anaphylactic_type) hypersensitivity
Type II _ Cytotoxic type hypersensitivity
Type III _ Complex_mediated hypersensitivity
Type IV _ Cell_mediated (delayed_type) hypersensitivity
Type V _ Stimulatory hypersensitivity

Type I _ Anaphylactic

A. Systemic anaphylaxis

Anaphylactic shock is characterised by intense bronchospasm, laryngeal oedema and a fall in blood pressure, and occasionally results in death. It can be provoked by injecting a large dose of an antigen some time after one or more smaller sensitizing doses of the same antigen. The principal pathogenetic type is cytotoxic anaphylaxis where antigen reacts with antibodies (usually of the IgE class) bound to mast_cells or basophils by their Fc portions and results in the release of histamine and other mediators such as leukotrienes and platelet activating factor. Anaphylaxis can also result from Type III reactions (see below)

B. Local anaphylaxis (atopic allergy)

Local reactions result from the exposure of tissue mast_cells in sensitised individuals to specific antigens and are seen in three main situations:

1. Respiratory tract
(i) Allergic rhinitis (hay fever)
(ii) Extrinsic asthma

2. Intestine: Food allergy _ shellfish, strawberries, etc.
3. Skin: Urticarial reactions to drugs, chemicals, injected antigens, etc.

In highly sensitised individuals provocation with the appropriate antigen may result in systemic anaphylaxis.

Type II _ Cytotoxic

Reactions of this type occur when an antibody combines with an antigen on the surface of a cell and results in cell death by:

(i) Complement-mediated cytolysis (C89)
(ii) Phagocytosis of the cell in response to an opsonic antibody effect or by immune adherence (C3b)
(iii) Promotion of cytotoxicity by cells activated through their Fc receptors. Such antibody-dependent cell-mediated cytotoxicity (ADCC) can be effected by monocytes, polymorphs and NK cells.

Examples:
(i) Haemolysis resulting from antibodies directed against red cell antigens or antigens attached to the surface
   a. Transfusion reactions
   b. Rhesus incompatibility
   c. Autoimmune haemolytic anaemia
   d. Drug-induced haemolysis, e.g. (x-methyldopa, chlorpromazine, phenacetin
   e. Associated infections, e.g. salmonellosis

(ii) Thrombocytopenia following treatment with Sedormid (now withdrawn) and occasionally aspirin, tetracyclines, PAS, oestrogen and other drugs

(iii) Agranulocytosis associated with amidopyrine, quinine, PAS, thiouracil, coichicine, phenothiazines, etc.

(iv) Antiglomerular basement membrane antibodies in Goodpasture's syndrome activate complement and provoke an acute inflammatory response in the glomerulus and lung

(v) Hashimoto's thyroiditis

Type III _ Complex-mediated

When large amounts of a soluble antigen are introduced into the circulation and an antibody reaction commences, immune complexes are formed in extreme antigen excess. These complexes (e.g. Ag2Ab, when antibody binds two antigen molecules) do not fix complement but can be cleared through Fc
mediated phagocytosis by polymorphs and macrophages. When complexes are formed in the presence of higher concentrations of antibody (e.g. Ag3Ab2, Ag2Ab3) complement is activated and phagocytosis by the more efficient C3b mechanism follows. Accumulation of complexes in the circulation may result from defective phagocytosis or from excessive production in response to a large antigenic challenge. Small complexes are deposited in glomeruli whereas larger complexes by activating complement increase vascular permeability and may be found in the skin, the intestine, in synovial membranes, etc. When complexes are formed in antibody excess they tend to be insoluble and remain localised to the site of formation. Complexes of this type entering the circulation are cleared rapidly by macrophages of the RES.

Antigen-antibody complexes will initiate an acute inflammatory reaction by the activation of complement and subsequent formation of anaphylatoxins, leucotaxins, and aggregation of platelets. Tissue destruction may result from complement-mediated cytolysis or by release of lysosomal enzymes from polymorphs which will also activate Factor XII and promote coagulation.

A. Antibody excess

(i) Arthus reaction _ an acute vasculitis produced by the introduction of antigen into the skin in the presence of high levels of precipitating antibody (IgG), e.g.
   a. Reaction to insulin injection in sensitised diabetics
   b. Erythema nodosum leprosum

(ii) In the lung _ extrinsic allergic alveolitis

Type III reactions to inhaled organic materials or microorganisms which lead to inflammation and fibrosis producing progressive restrictive lung disease

B. Antigen excess

(i) Serum sickness _ a syndrome characterised by pyrexia, urticaria, joint pains, generalised lymphadenopathy and albuminuria, which is occasionally seen following large injections of foreign protein

(ii) Glomerulonephritis
   a. Post-streptococcal and other infections
   b. Systemic lupus erythematosus (SLE)
   c. Quartan malaria
   d. Drug-induced, e.g. penicillamine in rheumatoid arthritis

(iii) Skin lesions
   a. Erythema multiforme
   b. Secondary syphilis

(iv) 'Vasculitides'
   a. Polyarteritis nodosa
   b. Henoch_Schönlein disease
   c. Drug-induced vasculitis
d. Wegener's granulomatosis (?)

(v) Lung lesions due to such complexes occur in
a. Respiratory syncytial virus infection
b. Measles in an 'immunised' individual

(vi) Central nervous system SLE

(vii) Arthritis (associated with various viral infections)

(viii) Rheumatic fever (complexes with streptococcal antigen deposited in small blood vessels in a wide variety of tissues)

Type IV _ Cell-mediated (delayed_type) hypersensitivity

When a specifically sensitised T_lymphocyte (T_memory cell) comes into contact with the appropriate antigen it undergoes blast_cell transformation and cell division. Simultaneously, the cell produces numerous cytokines which promote a mixed inflammatory reaction (see p. 66). T_lymphocyte responses are usually beneficial and underlie a number of important defence mechanisms against certain bacterial, viral and fungal infections (cell-mediated immunity). In some circumstances however they may have a deleterious effect and constitute a hypersensitivity reaction Examples:

(i) Cell-mediated hypersensitivity to bacteria[ antigens (bacterial allergy) is responsible for:

a. The Mantoux reaction to an intradermal injection of tuberculin
b. Caseation in tuberculosis
c. The tuberculoid form of leprosy

(ii) Contact hypersensitivity in the skin: simple chemicals acting as hastens attach to skin proteins and render them antigenic. The resulting cell-mediated response produces erythema, oedema and often vesiculation _ contact dermatitis.

Common skin sensitisers are:

a. Nickel b. Rubber
c. Poison_ivy and primulus
d. Topical medicaments _ neomycin, lanolin, penicillin
e. Iodine
f. Dinitrochlorobenzene (DNCB)

(iii) Graft rejection

(iv) Some autoimmune diseases

Type V _ Stimulatory hypersensitivity
Thus far only one example of this form of hypersensitivity has been defined and that is the stimulatory auto_antibody responsible for a type of thyrotoxicosis (Graves' disease). The auto_antibody, long_acting thyroid stimulator (LATS), is directed at the same surface receptor as is activated by TSH, and results in prolonged hypersecretion of thyroxine and triidothyronine by the cell.

![Diagram](image)

**a)** normal allergic response  
**b)** denatured allergen is injected under skin- promotes tolerance preventing B cells from maturing into plasma cells to make IgE antibodies. Exposure to denatured allergen also may activate those B cells that mature into the plasma cells that make IgG blocking antibody.  
**c)** how the blocking IgG antibody functions

*Fig. 18.5 A proposed mechanism of action for desensitization allergy shots (hyposensitization).*
Food allergies in children are clearly on the rise. Official estimates put the number at about 6% of children under the age of 3, but that sure seems low to me. In my child’s preschool class last year, 10 of 12 children suffered from at least one food allergy! When I went through elementary school, I barely remember one child with a food allergy of any kind.

In years past, genetic predisposition was a clear and primary contributor to the development of allergies. However, the modern day tendency for children to eat just a few types of foods all the time like pizza, chicken nuggets, mac and cheese, boxed cereal and peanut butter sandwiches is a big reason for the skyrocketing allergy trend. Exclusive eating requires a constant demand for the same types of digestive enzymes over and over which eventually leads to digestive exhaustion, food addictions, and biochemical disruptions.

Poor diet in infancy and childhood which is devoid or low in animal fats such as egg yolks, cream and butter is also a contributor to the development of allergies. Arachidonic acid and cholesterol in these nourishing animal fats promote development of an intestinal wall that is strong with much integrity.

The nutrition less, carb heavy, rancid vegetable oil laden processed foods most allergy prone children subsist on lead to weakness in the intestinal walls (leaky gut syndrome) which allows
partially digested food particles to enter the blood stream and trigger an unpredictable mix of auto-immune and behavioral disorders.

What to do if you suspect a food allergy in your child but you don’t want to take them to an allergist requiring expensive testing not to mention loads of discomfort?

Steps for At Home Allergy Testing
As it turns out, it is rather easy to test for a food allergy yourself in the comfort of your own home. The simple steps required include the following:

- Avoid the suspected food for at least 4 days.
- Eat a moderate amount of the suspected food on an empty stomach which means no other food should have been consumed in the previous 2 hours (drinking water is ok).
- Measure pulse rate (beats per minute) before and a few minutes after eating the food in question.
- Calculate the difference in pulse rate. If the pulse rose significantly (more than just a few beats per minute) after the suspect food was eaten, then an allergy is likely even if no other symptoms are noted.

Besides an increased or racing pulse, food allergies can be identified via rashes, fatigue, insomnia, headaches, joint pain, and even hoarseness.

Once one or more food allergies is identified, a diet such as GAPS would need to be followed for a period of time to heal and seal the gut wall. If the allergies are not severe, simply eating a varied and traditional diet which includes no refined or stimulating foods may be all that is required to put them in remission. “Refined” and “stimulating” foods would include anything made with white sugar, white flour, rancid vegetable oils like canola or soy, sodium, and caffeine.

In addition, a variety of traditionally fermented foods and beverages on a daily basis helps tremendously with supplying friendly bacteria and food enzymes to keep the intestinal tract in optimal function with no perforations for undigested foods and toxins to spill into the blood and trigger allergic reactions.

Ultimately, it is best to never have to “undo” allergies if at all possible. Eating a nourishing, traditional diet while pregnant and breastfeeding and ensuring that growing children receive regular and sufficient quantities of optimal growth encouraging foods such as cream, butter, egg yolks, fish
eggs, grass-fed and organ meats for development of a sturdy intestinal system is the best insurance policy against ever needing any sort of special diet to combat allergy or other autoimmune issues.
Best Test Kit on the Market!
by: Air IQ Gal (New Jersey)
"I LOVED this test, it was so simple and I got the lab results in 5 days, I couldn't be happier. It helped me identify that it was skin cells that were in the ventilation system that was causing me to sneeze so much! Gross sound..."
See entire review

Description
Features
Reviews

Description of Allergen Test Kits
The Allergen Test Kit (ATK) identifies and quantifies many causes of household allergens such as pollen, mold, fibers, dust mite (intact), insect biodetrites and skin cells. It only takes one person to implement the test and requires no special training. Allergen Test Kits are ideal for someone who...

| Has allergic reactions such as asthma, headaches, coughing, eye irritation, sneezing, lethargy, fatigue, flu-like symptoms, dizziness, respiratory irritation, or tight chest and would like to find the cause. |
| Is moving into a new home or apartment and needs to find out the indoor environmental conditions. |
| Wants a comprehensive allergen report that is compared to industry guidelines (expressed in micrograms per gram - ng). |
| Is a Homeowner, Real Estate Professional, Insurance Claim Adjuster, Industrial Hygienist, or HVAC Engineer. |

Features of Allergen Test Kits
| Identifies and Provides Concentration Levels for Mold, Pollen, Dust Mites (Intact), Skin Cells, Insect Parts, Fibers Such as Fiberglass, Etc. |
| Includes Sample Collection Device for 1 Surface Sampling Location |
| Complete Instructions with Chain of Custody |
| Includes AIHA Accredited Lab Analysis for Allergens |
| Free Allergen Fact Sheet |
| Easy to use and inexpensive |
| Data validated for accuracy |
| Made in the USA |

How it Works: Particles in the air which settle (or can potentially settle) on surfaces are called "dust." After settling, dust particles may become airborne when disturbed. The health effects of airborne dust particles depend on the size and type of particles. Some particles may contain heavy metals, toxic materials, or fibers. They may be carcinogenic, allergenic, or relatively harmless. Environmental factors such as space and ventilation can determine the size of the particle. Indoor allergens are important because they are the major cause of asthma and/or allergic reaction with sensitized people.
Product Usage:

Suggested Sampling Locations

- Return Air Grille: When sampling in a home or office that has a central air conditioning or ventilation system, the return air grille is usually the best possible place to collect a sample because it works like a natural air pump as it sucks in the air you breathe to be filtered and re-circulated. As the air is being pulled into the system, many air particles will be impacted on the frame of the grille, and can be collected by the Bio Scan400™ for analysis.

- Air Supply Vent: If you believe the problem may be originating inside the air handler or ventilation system, unscrewing an air supply vent and collecting a sample from the duct can be beneficial.

- Dust Collection: Dust is a great option for sample collection because it has a magnetic charge that draws in many of the air particles as they come close to it.

- Visible Growth: If you see something growing on a hard surface and think it may be mold but you’re not sure, the Allergen Screen Check Kit can be used to collect a sample for detailed analysis.

How do I perform the test?

- Remove plastic case containing Bio-Scan400 from enclosed envelope and open tamper resistant seal using scissors. (see Picture A below).

- Remove the Bio-Scan400 from the plastic case.

- Select an area of concern (ex: desk, wall, etc) for a Bio-Scan400 surface sample.

- Hold the left side of the Bio-Scan400 and peel the white backing paper to expose the adhesive side of the red grid area (see Picture C below). Important: do not touch the adhesive side of the red grid.

- Gently place the sticky side of the red grid against the surface you wish to test (see Picture D below).

- Gently reseal the Bio-Scan400 back onto the white backing paper (see Picture E below).

- Place the Bio-Scan500 sample back in the case and complete the Chain of Custody form, filling out all information. Be sure to record the sample location and the surface the sample was collected from.

- Place Bio-Scan400 sample and Chain of Custody form in the envelope provided.

- Expect the lab report results mailed back to you from the Environmental Diagnostics Laboratory (EDL) in 3-5 business days. You may also make a special request to receive the lab report via fax as well. This report will help define the environmental conditions as they existed during your sampling.
Understanding the lab report:
All EDL microbiological reports are prepared with a glossary describing each organism at both the genus and species level. If you have any trouble understanding the data in the report, you are given a toll-free number to contact a specialist who will help you understand your results for free. Your report includes guidelines you can use to see if you have a low, significant, or high amount of dust in your home, indicating the amount of risk of an allergic reaction.

Please note: The report furnishes information only and is not intended to be an interpretation of the results.

Blood testing
Various blood allergy testing methods are also available for detecting allergy to specific substances. This kind of testing measures a "total IgE level" - an estimate of IgE contained within the patient's serum. This can be determined through the use of radiometric and colorimetric immunoassays. Radiometric assays include the radioallergosorbent test (RAST) test method, which uses IgE-binding (anti-IgE) antibodies labeled with radioactive isotopes for quantifying the levels of IgE antibody in the blood.[48] Other newer methods use colorimetric or fluorometric technology in the place of radioactive isotopes. Some "screening" test methods are intended to provide qualitative test results, giving a "yes" or "no" answer in patients with suspected allergic sensitization. One such method has a sensitivity of about 70.8% and a positive predictive value of 72.6% according to a large study.[51]

A low total IgE level is not adequate to rule out sensitization to commonly inhaled allergens.[52] Statistical methods, such as ROC curves, predictive value calculations, and likelihood ratios have been used to examine the relationship of various testing methods to each other. These methods have shown that patients with a high total IgE have a high probability of allergic sensitization, but further investigation with specific allergy tests for a carefully chosen allergens is often warranted.

Other

Challenge testing: Challenge testing is when small amounts of a suspected allergen are introduced to the body orally, through inhalation, or other routes. Except for testing food and medication allergies, challenges are rarely performed. When this type of testing is chosen, it must be closely supervised by an allergist.

Elimination/Challenge tests: This testing method is utilized most often with foods or medicines. A patient with a particular suspected allergen is instructed to modify his/her diet to totally avoid that allergen for determined period of time. If the patient experiences significant improvement, he/she may then be "challenged" by reintroducing the allergen to see if symptoms can be reproduced.

Patch testing: Patch testing is used to help ascertain the cause of skin contact allergy, or contact dermatitis. Adhesive patches, usually treated with a number of different commonly allergic chemicals or skin sensitizers,
are applied to the back. The skin is then examined for possible local reactions at least twice, usually at 48 hours after application of the patch, and again two or three days later.

**Unreliable tests:** There are other types of allergy testing methods that the American Academy of Allergy, Asthma, and Immunology considers to be unacceptable.

These unreliable allergy testing methods are:

Applied kinesiology (allergy testing through muscle relaxation), Cytotoxicity testing, Urine autoinjection, Skin titration (Rinkel method), and Provocative and neutralization (subcutaneous) testing or sublingual provocation.[53]

### Treatment

In recent times, there have been enormous improvements in the medical practices used to treat allergic conditions. With respect to anaphylaxis and hypersensitivity reactions to foods, drugs, and insects and in allergic skin diseases, advances have included the identification of food proteins to which IgE binding is associated with severe reactions and development of low-allergen foods, improvements in skin prick test predictions; evaluation of the atopy patch test; in wasp sting outcomes predictions and a rapidly disintegrating epinephrine tablet, and anti-IL-5 for eosinophilic diseases.[54]

Traditional treatment and management of allergies consisted simply of avoiding the allergen in question or otherwise reducing exposure. For instance, people with cat allergies were encouraged to avoid them. However, while avoidance of allergens may reduce symptoms and avoid life-threatening anaphylaxis, it is difficult to achieve for those with pollen or similar air-borne allergies. Nonetheless, strict avoidance of allergens is still considered a useful treatment method, and is often used in managing food allergies.

New technology approaches to decreasing IgE overproduction, and regulating histamine release in allergic individuals have demonstrated statistically significant reduction on Total Nasal Symptom Scores.[55][56]

### Pharmacotherapy

Several antagonistic drugs are used to block the action of allergic mediators, or to prevent activation of cells and degranulation processes. These include antihistamines, glucocorticoids epinephrine (adrenaline), theophylline and cromolyn sodium. Anti-leukotrienes, such as Montelukast (Singulair) or Zafirlukast (Accolate), are FDA approved for treatment of allergic diseases.[citation needed] Anti-cholinergics, decongestants, mast cell stabilizers, and other compounds thought to impair eosinophil chemotaxis, are also commonly used. These drugs help to alleviate the symptoms of allergy, and are imperative in the recovery of acute anaphylaxis, but play little role in chronic treatment of allergic disorders. But side effects and organ damage results from use of the SINthetic drugs.
Natural Hayfever Remedies

Stinging Nettles
Coltsfoot, Ginkgo
Goggi Berries
Luffa, Coffee, Onions, Alfalfa
Barberry, Citrus Fruits, Honey,
Echinacea, Chamomile, Cayenne

Vitamins:

Use 1000 mg of vitamin C, 50 to 100mg B6, 50 to 100mg Magnesium, 200 to 500 mg calcium, 100 pantothenic acid, 100 mg pangamic acid at the time of need not as a preventative but prophylactic
EyeBright Herb

Eyebright is anti-inflammatory and astringent. So, it has been used to treat inflammatory eye disorders, like conjunctivitis (pink eye), dry eye, eye sty, etc. used in the form of poultice, so as to reduce the swelling alternate cucumber compress. Also use Eyebright as an herb tea.
Immunotherapy

Desensitization or hyposensitization is a treatment in which the patient is gradually vaccinated with progressively larger doses of the allergen in question. This can either reduce the severity or eliminate hypersensitivity altogether. It relies on the progressive skewing of IgG antibody production, to block excessive IgE production seen in atopy. In a sense, the person builds up immunity to increasing amounts of the allergen in question. Studies have demonstrated the long-term efficacy and the preventive effect of immunotherapy in reducing the development of new allergy. Meta-analyses have also confirmed efficacy of the treatment in
allergic rhinitis in children and in asthma. [citation needed] A review by the Mayo Clinic in Rochester confirmed the safety and efficacy of allergen immunotherapy for allergic rhinitis and conjunctivitis, allergic forms of asthma, and stinging insect based on numerous well-designed scientific studies. [58] In addition, national and international guidelines confirm the clinical efficacy of injection immunotherapy in rhinitis and asthma, as well as the safety, provided that recommendations are followed. [59]

A second form of immunotherapy involves the intravenous injection of monoclonal anti-IgE antibodies. These bind to free and B-cell associated IgE; signalling their destruction. They do not bind to IgE already bound to the Fc receptor on basophils and mast cells, as this would stimulate the allergic inflammatory response. The first agent of this class is Omalizumab. While this form of immunotherapy is very effective in treating several types of atopy, it should not be used in treating the majority of people with food allergies. [citation needed]

A third type, Sublingual immunotherapy, is an orally-administered therapy that takes advantage of oral immune tolerance to non-pathogenic antigens such as foods and resident bacteria. This therapy currently accounts for 40 percent of allergy treatment in Europe. [citation needed] In the United States, sublingual immunotherapy is gaining support among traditional allergists and is endorsed by doctors treating allergy. [citation needed]

Allergy shot treatment is the closest thing to a ‘cure’ for allergic symptoms. This therapy requires a long-term commitment.

Unproven and ineffective treatments

An experimental treatment, enzyme potentiated desensitization (EPD), has been tried for decades but is not generally accepted as effective. [60] EPD uses dilutions of allergen and an enzyme, beta-glucuronidase, to which T-regulatory lymphocytes are supposed to respond by favoring desensitization, or down-regulation, rather than sensitization. EPD has also been tried for the treatment of autoimmune diseases but is not approved by the U.S. Food and Drug Administration or of proven effectiveness. [60]

Systematic literature searches conducted by the Mayo Clinic through 2006, involving hundreds of articles studying multiple conditions, including asthma and upper respiratory tract infection, showed no effectiveness of homeopathic treatments and no difference compared with placebo. The authors concluded that, based on rigorous clinical trials of all types of homeopathy for childhood and adolescence ailments, there is no convincing evidence that supports the use of homeopathic treatments. [61]
Use your Sauna to lower Histamines

Use saunas and harsh body scrubs that make the skin red. This is from the irreversible release of histamine. When you scratch your body releases histamine to deal with inflammation. Your body needs time to rebuild histamine and histamine is the major allergy problem, hence the market in antihistamines. People who use saunas and skin scrubs regularly have less allergies.
Why asthma makes it hard to breathe

Air enters the respiratory system from the nose and mouth and travels through the bronchial tubes.

In an asthmatic person, the muscles of the bronchial tubes tighten and thicken, and the air passages become inflamed and mucus-filled, making it difficult for air to move.

In a non-asthmatic person, the muscles around the bronchial tubes are relaxed and the tissue thin, allowing for easy airflow.

Inflamed bronchial tube of an asthmatic

Normal bronchial tube

Source: American Academy of Allergy, Asthma and Immunology

When You Have Asthma

- Bronchial tube
- Muscles - The bronchial tubes are wrapped with muscles
- Bronchiole - Smaller branches of the bronchial tubes
- Mucus lines the bronchial tubes
- Inflamed airway
- Alveoli with trapped air
- Extra mucus
- Tight muscle
For Asthma:
Imagine that your mouth is on top of the bronchial tree like in the pic, you breathe in and out of this mouth

This will relax the Bronchial tree and let the air out, Reducing symptoms
For Asthma Squeeze out the air from your lungs with three forced exhales in a row while squeezing your own chest. All the while imagining that you are breathing out of a mouth in the bronchial crotch. Hug yourself and love yourself and Love will replace the fear. When love replaces the fear asthma is gone.
Many diseases related to inflammation such as type 1 diabetes, rheumatoid arthritis, and allergic diseases — hay fever and asthma — have increased in the Western world over the past 2-3 decades. Rapid increases in allergic asthma and other atopic disorders in industrialized nations, it is estimated, began in the 1960s and 1970s, with further increases occurring during the 1980s and 1990s, although some suggest that a steady rise in sensitization has been occurring since the 1920s. The incidence of atopy in developing countries has, in general, remained much lower.

### Allergic conditions: Statistics and Epidemiology

<table>
<thead>
<tr>
<th>Allergy type</th>
<th>United States</th>
<th>United Kingdom[^65]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergic rhinitis</strong></td>
<td>35.9 million[^64] (about 11% of the population[^67])</td>
<td>3.3 million (about 5.5% of the population[^68])</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td>10 million suffer from allergic asthma (about 3% of the population). The prevalence of asthma increased 75% from 1980-1994. Asthma prevalence is 39% higher in African Americans than in Europeans[^67].</td>
<td>5.7 million (about 9.4%). In six and seven year olds asthma increased from 20.9% over five years, during the same time the rate decreased from 31% to 24.7% in 13 to 14 year olds.</td>
</tr>
<tr>
<td><strong>Atopic eczema</strong></td>
<td>About 9% of the population. Between 1960 and 1990 prevalence has increased from 3% to 10% in children[^70].</td>
<td>5.8 million (about 1% severe).</td>
</tr>
<tr>
<td><strong>Anaphylaxis</strong></td>
<td>At least 40 deaths per year due to insect venom. About 400 deaths due to penicillin anaphylaxis. About 220 cases of anaphylaxis and 3 deaths per year are due to latex allergy.[^71] An estimated 150 people die annually from anaphylaxis due to food allergy.[^72].</td>
<td>Between 1999 and 2006, 48 deaths occurred in people ranging from five months to 85 years old.</td>
</tr>
<tr>
<td><strong>Insect venom</strong></td>
<td>Around 15% of adults have mild, localized allergic reactions. Systemic reactions occur in 3% of adults and less than 1% of children[^73].</td>
<td>Unknown</td>
</tr>
<tr>
<td>Drug allergies</td>
<td>Anaphylactic reactions to penicillin cause 400 deaths per year.</td>
<td>Unknown</td>
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<tr>
<td>Food allergies</td>
<td>About 6% of US children under age 3 and 3.5-4% of the overall US population. [citation needed] Peanut and/or tree nut (e.g. walnut) allergy affects about three million Americans, or 1.1% of the population. [72]</td>
<td>5-7% of infants and 1-2% of adults. A 117.3% increase in peanut allergies was observed from 2001 to 2005, an estimated 25,700 people in England are affected.</td>
</tr>
<tr>
<td>Multiple allergies (Asthma, eczema and allergic rhinitis together)</td>
<td>Unknown</td>
<td>2.3 million (about 3.7%), prevalence has increased by 48.9% between 2001 and 2005. [74]</td>
</tr>
</tbody>
</table>

Although genetic factors fundamentally govern susceptibility to atopic disease, increases in atopy have occurred within too short a time frame to be explained by a genetic change in the population, thus pointing to environmental or lifestyle changes.[63] Several hypotheses have been identified to explain this increased prevalence; increased exposure to perennial allergens due to housing changes and increasing time spent indoors, and changes in cleanliness or hygiene that have resulted in the decreased activation of a common immune control mechanism, coupled with dietary changes, obesity and decline in physical exercise.[62] The hygiene hypothesis maintains[63] that high living standards and hygienic conditions exposes children to fewer infections. It is thought that reduced bacterial and viral infections early in life direct the maturing immune system away from T\textsubscript{H}1 type responses, leading to unrestrained T\textsubscript{H}2 responses that allow for an increase in allergy.[41][76]

Changes in rates and types of infection alone however, have been unable to explain the observed increase in allergic disease, and recent evidence has focused attention on the importance of the gastrointestinal microbial environment. Evidence has shown that exposure to food and fecal-oral pathogens, such as hepatitis A, *Toxoplasma gondii*, and *Helicobacter pylori* (which also tend to be more prevalent in developing countries), can reduce the overall risk of atopy by more than 60%,[77] and an increased prevalence of parasitic infections has been associated with a decreased prevalence of asthma.[78] It is speculated that these infections exert their effect by critically altering T\textsubscript{H}1/T\textsubscript{H}2 regulation.[78] Important elements of newer hygiene hypotheses also include exposure to endotoxins, exposure to pets and growing up on a farm.[79]

### History of Allergies

The concept of "allergy" was originally introduced in 1906 by the Viennese pediatrician Clemens von Pirquet, after he noted that some of his patients were hypersensitive to normally innocuous entities such as dust, pollen, or certain foods.[80] Pirquet called this phenomenon "allergy" from the Ancient Greek word for "strange body," which is derived from the word *allo* meaning "other" and *gyne* meaning "body."
Greek words ἄλλος allos meaning "other" and ἔργον ergon meaning "work". All forms of hypersensitivity used to be classified as allergies, and all were thought to be caused by an improper activation of the immune system. Later, it became clear that several different disease mechanisms were implicated, with the common link to a disordered activation of the immune system. In 1963, a new classification scheme was designed by Philip Gell and Robin Coombs that described four types of hypersensitivity reactions, known as Type I to Type IV hypersensitivity. With this new classification, the word "allergy" was restricted to type I hypersensitivities (also called immediate hypersensitivity), which are characterized as rapidly developing reactions.

A major breakthrough in understanding the mechanisms of allergy was the discovery of the antibody class labeled immunoglobulin E (IgE) - Kimishige Ishizaka and co-workers were the first to isolate and describe IgE in the 1960s.

Medical specialty

An allergist is a physician specially trained to manage and treat allergies, asthma and the other allergic diseases. In the United States physicians holding certification by the American Board of Allergy and Immunology (ABAI) have successfully completed an accredited educational program and an evaluation process, including a secure, proctored examination to demonstrate the knowledge, skills, and experience to the provision of patient care in allergy and immunology. Becoming an allergist/immunologist requires completion of at least nine years of training. After completing medical school and graduating with a medical degree, a physician will then undergo three years of training in internal medicine (to become an internist) or pediatrics (to become a pediatrician). Once physicians have finished training in one of these specialties, they must pass the exam of either the American Board of Pediatrics (ABP) or the American Board of Internal Medicine (ABIM). Internists or pediatricians wishing to focus on the sub-specialty of allergy-immunology then complete at least an additional two years of study, called a fellowship, in an allergy/immunology training program. Allergist/immunologists listed as ABAI-certified have successfully passed the certifying examination of the American Board of Allergy and Immunology (ABAI), following their fellowship.

In the United Kingdom, allergy is a subspecialty of general medicine or pediatrics. After obtaining postgraduate exams (MRCP or MRCPCH respectively), a doctor works for several years as a specialist registrar before qualifying for the General Medical Council specialist register. Allergy services may also be delivered by immunologists. A 2003 Royal College of Physicians report presented a case for improvement of what were felt to be inadequate allergy services in the UK. In 2006, the House of Lords convened a subcommittee that reported in 2007. It concluded likewise that allergy services were insufficient to deal with what the Lords referred to as an "allergy epidemic" and its social cost; it made several other recommendations.
Comparative Study on the Treatment of Average Allergy Patient with SCIO versus a Conventional Medical Protocol

Comparative Study on the Treatment of Average Allergy Patient with SCIO-Medical Device versus a Conventional Medical Protocol

Developed and written by Dr. Annamária Cakó

Part of The International Ethics Study, 2007

ABSTRACT:

One hundred allergy patients from a typical medical practice were evaluated and treated with the SCIO provocative allergy system. Their results and fees were compared to nine hundred patients treated in traditional ways. From scratch and live cell tests, to antihistamine and synthetic chemical treatments. The results showed better results from the SCIO group, for considerably less money. A complete discussion of the field of allergy testing comes at the end of the treatise.
TVEP reactivity scores to Allersode compounds measured

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Dani György, MD, Dr. Hilf Klara MD
Licensed Hungarian Medical Doctors
DATE and PLACE: Jan, 2012, Budapest
SPONSOR:
Maitreya Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract: In this study we tested 9 males and 7 females with known allergies using the Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity in the SCIO. The SCIO readings to the allersodes of the known allergies of the subjects was compared to TVEP xrold scores of the non-allergic trivector readings. The reactivity scores of the known allergies were significantly higher than the non-allergic items. This proves the TVEP reactivity reaction of the SCIO.
TVEP Reactivity Scores to Allersode Compounds measure – 2012 Update

TVEP reactivity scores to Allersode compounds measured 2012 update

Written by Jozsef Mezei MD

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hilf Klara MD
MEDICAL CONSULTANT: Dr. Gebhard Gehring MD Bavaria, Germany
DATES: October 2012
SPONSORS:
IMUNE / University of Timisoara (Victor Babes University of Medicine) Dr. Bacean Aurel MD
INSTITUTIONAL MONITOR:

Abstract: In this continuing study started in 2009 we have since tested 39 males and 33 females with known allergies using the Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity in the SCIO. The SCIO readings to the allersodes of the know allergies of the subjects was compared to TVEP xroid scores of the non-allergic trivector readings. The reactivity scores of the known allergies were significantly higher than the non-allergic items. This research adds to the continuing stream of evidence that proves the TVEP reactivity reaction of the SCIO. The SCIO technology is able to test and display allergy reactions.

Introduction:

An allergy is a hypersensitivity disorder of the immune system. Allergic reactions occur when a person’s immune system reacts to normally harmless substances in the environment. A substance that causes a reaction is called an allergen. These reactions are acquired, predictable, and rapid. Allergy is one of four forms of hypersensitivity and is formally called type I (or immediate) hypersensitivity. Allergic reactions are distinctive because of excessive activation of certain white blood cells called mast cells and basophils by a type I of antibody called Immunoglobulin E (IgE). This reaction results in an inflammatory response which can range from uncomfortable to dangerous.

TVEP reactivity scores to Allersode compounds measured

Written by Jozsef Mezei MD from Sighisoara, Romania

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hilf Klara MD
Licensed Hungarian Medical Doctors
DATE: Jan. 2012
SPONSOR:
Maltérye Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract: In this study we tested 9 males and 7 females with known allergies using the Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity in the SCIO. The SCIO readings to the allersodes of the know allergies of the subjects was compared to TVEP xroid scores of the non-allergic trivector readings. The reactivity scores of the known allergies were significantly higher than the non-allergic items. This proves the TVEP reactivity reaction of the SCIO.
Infectious *Necator americanus* L3 Larva.

Invisible to the naked eye, from 10 to 35 are applied to the skin in therapy, either in a single dose or in multiple smaller doses over the course of two or three months.

**Helminthic therapy**, a type of *immunotherapy*, is the treatment of *autoimmune diseases* and *immune disorders* by means of deliberate infestation with a *helminth* or with the ova of a helminth. Helminths are *parasitic worms* such as *hookworms* and *whipworms*.

Helminthic therapy consists of the *inoculation* of the patient with specific parasitic intestinal *nematodes* (helminths). There are currently three closely related treatments available. Inoculation with *Necator americanus* [1] commonly known as *hookworms*, or *Trichuris suis* ova (TSO), [2] commonly known as pig *whipworm* eggs, or inoculation with *Trichuris trichiura* ova, [3] commonly referred to as *human whipworm* eggs.

Current research and available therapy is targeted at, or available for, the treatment of *Crohn’s disease, ulcerative colitis, inflammatory bowel disease* (IBD), *multiple sclerosis, asthma, eczema, dermatitis, hay fever* and *food allergies*.

Helminthic infection has emerged as one possible explanation for the low incidence of autoimmune diseases and allergies in less developed countries, together with the significant and sustained increase in autoimmune diseases in industrialized countries [3][4][5][6].

**Incidence of autoimmune diseases and parasitic infestation**

While it is recognized that there is probably a genetic disposition in certain individuals for the development of autoimmune diseases, the rate of increase in *incidence* of autoimmune diseases cannot be explained by genetics alone. There is evidence that one of the primary reasons for the increase in autoimmune diseases in
The industrialized nations is the significant change in environmental factors over the last century. Environmental factors include exposure to certain artificial chemicals from industrial processes, medicines, farming and food preparation. It is posited that the absence of exposure to certain parasites, bacteria and viruses is playing a significant role in the development of autoimmune diseases in the more sanitized Western industrialized nations.  

Lack of exposure to naturally occurring pathogens and parasites may result in an increased incidence of autoimmune diseases. This is consistent with the hygiene hypothesis. A complete explanation of how environmental factors play a role in autoimmune diseases has still not been proposed. However epidemiological studies, such as the meta analysis by Leonardi-Bee et al., have helped to establish the link between parasitic infestation and its protective role in autoimmune disease development. Some recent research appears to confirm that the central tenet of the hygiene hypothesis is true — that parasites, and in particular helminths, have shaped the evolution of at least parts of the human immune system, and even the genes responsible for Crohn's disease, ulcerative colitis and celiac disease — and provides further evidence that it is the absence of parasites, and in particular helminths, that has caused a substantial portion of the increase in incidence of diseases of immune dysregulation and inflammation in industrialized countries in the last century.

Theoretical explanation

Although the mechanism of autoimmune disease development is not fully defined, there is broad agreement that the majority of autoimmune diseases are caused by inappropriate immunological responses to innocuous antigens, driven by a branch of the immune system known as the TH1 type immune response. Extra-cellular antigens primarily trigger the TH2 response, as observed with allergies, while intracellular antigens trigger a TH1 response. The relationship between these two types of immune response is a central theme of the hygiene hypothesis, which suggests that there is a regulatory action between the two types of response. However, the observation that allergies and autoimmune response are increasing at a similar rate in the industrialized nations appears to undermine the hygiene hypothesis.

A refinement of the hygiene hypothesis, which overcomes this apparent contradiction, is the "old friends hypothesis." The old friends hypothesis modifies the hygiene hypothesis by proposing that T regulator cells can only become fully effective if they are stimulated by exposure to microorganisms and parasites that have low levels of pathogenicity, and which have coexisted universally with human beings throughout our evolutionary history. This theory has recently been given more credibility by a study demonstrating the impact of infectious organisms, and helminths in particular, upon genes responsible for the production of various cytokines, some involved in the regulation of inflammation, in particular those associated with the development of Crohn's Disease, ulcerative colitis, and celiac disease.
The hygiene hypothesis proposes that appropriate immune response is in part learned by exposure to these microorganisms and parasites, and in part regulated by their presence. In the industrialised nations, humans are exposed to somewhat lower levels of these organisms. The development of vaccines, hygienic practices, and effective medical care have diminished or eliminated the prevalence and impact of many parasitic organisms, as well as bacterial and viral infections. This has been of obvious benefit with the effective eradication of many diseases that have plagued human beings. However, while many severe diseases have been eradicated, humans’ exposure to benign and apparently beneficial parasites has also been reduced commensurately. The central thrust of the theory is, therefore, that correct development of T regulator cells in individuals may depend on exposure to organisms such as lactobacilli, various mycobacteria, and helminths.[6] Lack of exposure to sufficient benign antigens, particularly during childhood, is sometimes suggested as a cause of the increase in autoimmune diseases and diseases for which chronic inflammation is a major component in the industrialized world.

Research on Worm therapy

Helminthic therapy with both hookworm and TSO has been investigated in research published by the University of Nottingham[12] and University of Iowa[13].

Helminthic therapy is currently being studied as a treatment for several (non-viral) auto-immune diseases including celiac disease,[14] Crohn's disease,[15][16][17][18] multiple sclerosis,[19] and ulcerative colitis.[20]

Hookworms have been found to reduce the risk of developing asthma, while Ascaris lumbricoides (roundworm infection) was associated with an increased risk of asthma.[3]

The authors of a study published in Science Magazine in April of 2011 suggest that there may be a link between the rising rates of metabolic syndrome in the developed worlds and the largely successful efforts of Westerners to eliminate intestinal parasites. The authors' work suggest that eosinophils (a type of white blood cell) in fat tissue play an important role in preventing insulin resistance by secreting interleukin 4, which in turn switches macrophages into "alternative activation." Alternatively activated macrophages are important to maintaining glucose homeostasis (i.e., blood sugar regulation). Helminth infection causes an increase in eosinophils. In the study, the authors fed rodents a high-fat diet in order to induce metabolic syndrome, and then injected them with helminths. Helminth infestation improved the rodents’ metabolism. The authors concluded: "Although sparse in blood of persons in developed countries, eosinophils are often elevated in individuals in rural developing countries where intestinal parasitism is prevalent and metabolic syndrome rare. We speculate that eosinophils may have evolved to optimize metabolic homeostasis during chronic infections by ubiquitous intestinal parasites..."[21]
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