

PARENTS! Read This Report To Discover How “Hidden Allergies” May Be Sabotaging Your Child’s Health... Stealing Vitality From Her Tender Years, Robbing Him Of His Strength And Vigor—Making Them Frail And Sick And Setting Them Up For A Life Chained To The HMO Doctor!

This report will give detailed information about:

Seasonal Allergies: How you can stop your child’s sneezing, runny itchy eyes, stuffed up nose suffering for good without pills or painful shots.

Childhood Ear Infections: Find out what’s causing your child’s ears to get infected over and over again... You’ll be shocked!

Eczema: Learn the secrets to what’s making your child’s skin itch, turn red, and flake or ooze... And what you can do about it NOW!

Asthma: Discover what’s causing your child’s asthma to flare-up and how Allergy Elimination Treatment can make her breathe better and possibly allow you to throw away her inhaler for good!

ADD/ADHD: Why does your child have trouble focusing long enough to finish her homework and what makes her so full of energy that she sometimes literally bounces off the walls? Read this report to learn why, and what you MUST do to help her!

Allergy-Related Autism: This report will explain what may be behind autism—one of the most puzzling conditions of our time—and what can be done about it!

Little Katie (not her real name) was only 18 months old when I first met her. Few people like to go to the doctor, but children can be especially frightened by stiff white coats and the expectation of getting a painful shot. Katie did not look very happy to see me.

But her mother was determined to see if I could help. You see, Katie had anaphylactic allergies to wheat, soy, and peanut. Anaphylactic allergies are potentially life threatening. When Katie ate any of these foods her throat and tongue would immediately swell to the point where she would choke to death if she didn’t receive immediate medical attention.

Her mother had to carry an EpiPen with her at all times in case Katie was mistakenly fed any of these foods. (An EpiPen is a medical device that, when activated, automatically injects epinephrine into the body.)

Katie’s mom knew what foods Katie was allergic because she had her MD run blood allergy tests. But what treatment plan did the doctor prescribe? Avoidance. She had to make sure Katie

did not get anything with even trace amounts of wheat, soy, or peanut in them and hope that Katie would eventually “grow out of” the allergies.

Can you see one huge problem? Can you imagine trying to feed a young child while avoiding anything with wheat, soy, and peanuts? It’s very, very difficult.

And wait until Katie started school. Surely you’ve seen news clips of parents of children with severe peanut allergy. They quickly become the least popular parent at school. NO peanut product whatsoever can be allowed on campus. If their allergic child were to even touch a playground toy that had a speck of peanut oil on it they could be sent into anaphylactic shock and die within minutes.

I gave Katie three treatments—one each for wheat, soy, and peanut. The day after each treatment she was able to eat the food she had been treated for. This was several years ago and Katie continues to live a normal life.

Allergies ARE a big deal

You may already be thinking, “But my child doesn’t have anaphylactic allergies so what does this have to do with me and my family?” As it turns out, although severe and potentially life threatening, anaphylactic allergies represent just a tiny fraction of allergy problems.

Make no mistake, though, *allergies can and probably are playing a BIG part in your child’s health problems*. Allergies cause or greatly contribute to ALL the conditions listed at the beginning of this report. Not only that, if left untreated, your child’s allergies can and most assuredly will continue to wreck their health into adulthood, perhaps even their entire lives.

Read what Jacquenline Krohn, M.D., wrote in her book *Allergy Relief & Prevention*:

“Allergies are not just a nuisance to be ignored until they can no longer be denied—they constitute a health problem that must be treated. Untreated allergies can lead to more serious problems as we get older. Blood pressure problems, diabetes, cardiovascular disorders, arthritis, and other degenerative diseases can develop as a result of untreated allergies. **If we do not take the time to treat allergies and to get well now, we will have to take the time to be sick later.**”

Most of the adults I treat in my practice have chronic degenerative diseases I can trace back to one or more of the common childhood health problems discussed in this report, so I know Dr. Krohn’s statement is true.

This bit of news probably comes as a great surprise to you. You had no idea hidden allergies were behind so much of your family’s suffering, did you?

Well, there’s some things you need to know about allergies that you won’t hear from the HMO doctor or in the Zyrtec commercials you see on T.V. ...

Allergy 101

When you hear the word “allergy,” what do you think of? If you’re like most people, you think of sneezing, itchy red eyes, and a stuffed up nose. And that’s probably *all* you think about.

This type of allergy is often called “hay fever” or “seasonal allergies.” It keeps medical allergists busy in the spring as the suffering throngs get scratch tests and seek relief from their misery via shots and pills. The most common culprit is pollen allergy, but other things like dust and pet dander can cause these kinds of allergies, too.

Seasonal allergies can be mild or severe. If your child has mild seasonal allergies you may consider them to be nothing more than a nuisance she must endure a few weeks every year. Or, it’s just as likely your child’s allergies are debilitating, making her miserable all year!

The medical term for this type of allergy is “common allergy.” Symptoms caused by common allergy happen immediately and are usually localized to the part of the body exposed to the allergen, such as your child’s nose and eyes. (We call something you’re allergic to an “allergen.”)

Foods can be common allergies, too. Little Katie is a dramatic example of people who have severe common food allergies. (Incidentally, I forgot to add earlier that severe peanut allergy is why airlines now serve pretzels instead of peanuts.)

What you probably didn’t know is that there are *other* types of allergies. Here’s one I bet you never heard of:

It’s called “**delayed pattern food allergy.**” With this type of allergy, your child may not have symptoms for up to *three days* after eating a food she’s allergic to and allergic foods can keep causing her symptoms for *weeks*. As you can imagine, figuring out on your own what foods your child is allergic to is all but impossible.

Before I explain this in depth, let’s talk about...

Just what is an allergy?

Let’s take pollen as an example. A pollen allergy occurs when your child’s body becomes “sensitized” to a pollen. Another way to put it is, her body comes to think—incorrectly—that the pollen is a “threat” to her safety and wellbeing.

There’s no reason for her to be “allergic” to pollen, or anything else for that matter. It’s a mistake made by her immune and nervous systems. After all, pollens aren’t harmful. Neither are foods, really. (Chemicals found in foods may be harmful, but that’s a whole different issue.) Your child shouldn’t be allergic to *anything*—but she is.

How did your child get her allergies?

More is probably *not* known about how we get allergies than *is* known. Here’s some of what we do know:

Most likely your child inherited many of her allergies from her parents or ancestors. If mom, dad, and grandma are allergic to ragweed pollen, chances are she will be allergic to ragweed pollen, too. She can inherit *any* allergy. This explains, in part, how she can be allergic to

something she's never eaten or been exposed to.

Another very common way children develop food allergies is by being fed solid food too early in life. Feed a baby a food it hasn't yet developed enzymes for (and so can't digest) and that baby will become allergic to it.

This occurs because partially digested food finds its way into her bloodstream through a underdeveloped intestinal wall. Her immune system won't recognize the food and so has to think of it as a threat. Bam! Her body will make what is called an "antibody" to the food and she's got a new food allergy.

An antibody is like a "wanted poster." It helps the cells of her immune system recognize things thought to be bad. Millions of them are made and they travel throughout her body, in her blood and lymph vessels, looking for the bad guy they were made to identify. More on the role these guys play in disease later.

Lastly, your child can develop allergies because of poor genetics. This is different from inheriting allergies. She may have been born with a poor immune system, one barely capable of keeping track of what's "good" and what's "bad." Such a poor immune system would likely develop allergies to many harmless substances.

Categories of Allergens

Inhalants. Allergens your child contacts through her nose, throat, and bronchial tubes. Examples are pollen, smoke, smog, scented products such as perfumes and cosmetics, dust, dust mites, and chemicals.

Ingestants. Food, and everything industry puts in food. Some food allergies or sensitivities are easy to figure out. Others can be difficult or impossible to identify because the allergens may not affect your child for days.

Contactants. This category covers anything that touches your child's skin. It includes fabrics, lotions, baby oil, carpets, leather, cosmetics and cosmetic applicators, food when it comes in contact with the skin, money, and anything else that touches your child's skin.

Injectants. Vaccinations, immunizations, antibiotics, and anything else someone may inject into your child's body.

Infectants. Yes, your child can be allergic to viruses, bacteria, and parasites, just like she can be allergic to *anything*. Being allergic or sensitive to an infectant means it will be easier for your child to fall victim to invasion by that infectant. In other words, if she's allergic to viruses that cause the common cold she will be more likely to catch a cold.

Physical Agents. Your child can be allergic or sensitive to things like heat, the sun, humid air, cold, cold mist, microwave, x-ray radiation, fluorescent lights, radiation from cell phones, cordless phones, computers, TVs, and power lines, and noise coming from traffic, airplanes, trains, etc. Frightening, I know.

Now, not everyone has to be treated for everything. Most patients go through our regular treatment program and do just fine. However, patients who still have health problems as they near the end of their treatment program usually need to be tested and treated for other categories like contactants, infectants, and physical agents.

What causes allergy symptoms?

By now you should have a decent idea of *how* your child gets allergies, so let's talk about how her allergies can make her feel so bad.

Many allergy symptoms are caused by chemicals released by your child's body, mostly the cells of her immune system. These powerful chemicals are called "signaling molecules" (SM). They carry names like histamine, heparin, serotonin, lymphokines, leukotrienes, cytokines, prostaglandins, interferons, and bradykinins. You may have heard of some of these SMs.

Each SM produces its own "signature" of symptoms it causes. Some cause flushing, pain, shortness of breath, fast heart rate, constricted or dilated blood vessels, diarrhea and abdominal cramps. Others cause headache, itching or burning sensations followed by a flushing or "heat" sensation, sneezing, nasal discharge, asthma attacks, and odd body sensations. Still others cause fever, swelling, drowsiness, confusion, feelings of anxiety, extreme fatigue, memory loss, and even feelings of impending doom. I could go on and on!

Why does your child's body release these chemicals if they cause her to feel so bad? They're there to protect her and were only meant to be used when a *real* threat appears, like when a bacteria, virus, or parasite tries to invade her body.

When a real threat appears, you want her immune system to react swiftly and violently because if it doesn't, these things could kill her! In fact, if her immune system stopped working today, the next virus or bacteria that came along would kill her.

These SMs serve a critical function and won't cause her problems when they're released in small amounts. When she has a lot of allergies, though, **these chemicals can do great harm**. How? Mostly because they cause chronic inflammation and chronic inflammation tears her body apart from the inside out!

What I've just described is the *biochemical* explanation for how allergies cause symptoms. It explains how allergies cause many symptoms common to childhood, such as seasonal allergies, eczema, asthma, and chronic bowel problems.

But this simple biochemical explanation does NOT explain how allergies cause conditions such as ADD, ADHD, allergy-related autism, and learning difficulties. To understand how allergies cause these conditions, we have to dig deeper.

But first, I need to explain some terminology...

Is it allergy or sensitivity?

I would like to introduce a new term. Your child may be "sensitive" to something but not "allergic" to it. What's the difference? A sensitivity will not produce an antibody while an allergy must, by definition. I use the terms interchangeably but they're really *not* the same.

Let me give you an example, something that has played out dozens if not hundreds of times over the past 12 years. Patients often tell me when they saw their HMO allergist for allergy tests they were told the tests were negative. Then the patient will say something like, "If I'm not

allergic to anything, why do I have all these allergy problems?”

There are two possible explanations for this. One, the tests were poorly administered or there were many false-negatives. Scratch tests are the most common kind of allergy tests because they're cheap (which makes the HMO happy) and easy to administer in the doctor's office (good profit for the doctor). But they're horribly inaccurate.

Second, The patient doesn't have allergies, she has *sensitivities*. Scratch tests are positive for true allergies only but will not detect sensitivities.

I consider all this nothing more than semantics. Who cares whether we call it an allergy or a sensitivity if it's making your child sick? Do you? I didn't think so. What really matters is that the offending substances be identified and fixed so your child can enjoy radiant health.

In any event, based on my experience and the experience of other practitioners of this type of allergy work...

Your child can be sensitive to ANYTHING.

Shocking I know, but 100% true.

Little Jimmy (again, not his real name), just four years old, suffered from eczema, a skin condition caused by food allergies. When I first saw him he was shy, but oddly motivated. His little cheeks were red and inflamed and there were scaly rashes on his arms and legs. “This is when he looks good,” his mother told me.

Little Jimmy was motivated because his mother had told him that if my treatment really worked he could eat all his favorite foods again, the very foods that were making his skin red and irritated and were making him feel bad. Jimmy missed his salmon and asparagus!

Figuring out what's causing eczema in a young child is usually fairly straightforward because their diet is typically very limited. Usually they have to be treated for the basics: wheat, corn, dairy, eggs, soy (common additive), some fruit, a few veggies, and sugar.

Not so with Jimmy. He enjoyed a varied and healthy diet any wise adult would be proud of. Good thing for him, though, his mother had already identified many foods that made him sick so from the first treatment we were off and running. Jimmy's eczema was cured through Allergy Elimination Treatment. (I'll be talking about eczema in depth later—keep reading!)

Nutrient Sensitivities

Yes, as the heading implies, your child can be sensitive to nutrients. As I said, she can be sensitive to *anything*.

What does it mean to be sensitive to nutrients? Nutrients and energy (calories) are the reason we eat. Or rather, they're what your child's body gets out of the food she eats.

Nutrients like amino acids to make things like hormones, enzymes, neurotransmitters and to repair damaged or worn out tissues; fatty acids to make supple brain cells to assist your child in

learning; vitamins like C, E, and D to ensure she can fight off bacteria, viruses, and parasites; sugars for energy; and minerals to act as co-factors for enzymes and cellular processes like energy production.

When your child is sensitive to a nutrient she will not absorb and utilize that nutrient as she should and may suffer a symptom or symptoms when she eats a food that contains that nutrient.

That statement is so important I want you to go back and read it again.

This is why giving your child vitamin supplements may not only not help her, it may make her feel worse because you would just be giving her more of the very things she was allergic to! I've seen this many, many times in my practice. After learning this, patients often say, "No wonder I felt bad after taking my vitamins!"

This is so important for you to "get" that I'm going to borrow information from a later topic, ADHD. Mineral deficiencies, cause by both poor nutrition as well as allergies to the minerals, are a significant contributing factor in ADHD. Statistics show that 100% of these children are deficient in magnesium, 50% are deficient in manganese, and 80% are deficient in zinc.

Children with ADHD are almost always allergic to these minerals, and much more. When they eat foods with these minerals they don't absorb them very well, which leads to deficiencies, which leads to ADHD behavior. Supplementing with these minerals is mostly ineffective if the child is allergic to the supplements. Supplementing *after* Allergy Elimination Treatment is by far the best way to restore normal levels of these important nutrients.

Treating nutrient allergies is so important that I always do it first in any treatment program. It would be foolish if not downright wrong for me to do anything else.

Let me give you a few examples of just how powerful nutrient treatments can.

I saw my very first seasonal allergy patient over ten years ago. This was a young man who complained of sneezing attacks every day, all day. They were worse in the spring and summer, but he said he sneezed *every* day.

He was almost done with the treatment program and while he was feeling a little better, he was still sneezing. One day I treated him for quercetin, a member of the bioflavonoid family. On his next visit he reported that he stopped sneezing about three hours after the quercetin treatment.

Curious, I read up on quercetin and found that one of the functions it has in our bodies is to act as a natural antihistamine. (This type of sneezing is caused by excessive histamine release.) I also learned quercetin is naturally present in almost all foods. My patient was allergic to quercetin so he didn't absorb it very well and thus didn't have the benefit of its antihistamine effects. Once the allergy was corrected quercetin was able to act as an antihistamine again and the sneezing stopped.

Another example is a young mother who came to me shortly after being diagnosed with chronic fatigue and fibromyalgia. Among her complaints were widespread pain, anxiety, and

insomnia. Her first treatment was for amino acids. She returned the following week and reported that 80% of her pain was gone, she had *no* anxiety, and she was sleeping through the night.

Another fibromyalgia patient reported that about four hours after being treated for amino acids her sense of smell and appetite returned. She hadn't smelled anything for over three years and had so little appetite that she weighed only 98 pounds when she started our treatment program.

One more fibromyalgia story. This woman had severe neck pain for no apparent reason and was often so muddle-brained that she got lost driving home from work. About three hours after her second treatment all her neck pain and "brain fog" completely disappeared.

Are these miracles? These patients think they are.

Treating Allergies

What can you do about your child's allergies? I'm aware of only three ways to treat them:

Avoidance: The first is to avoid the allergic substance. That's easy if it's only one or two things you could care less about anyway. Most people have too many allergies to make this work and some allergens are all but impossible to completely avoid. Avoidance and rotation diets help for food allergies, but it's a lousy way to live.

Shots and medication: The second way is to follow the medical route. Allergy shots work for some people, but not for many, mostly for inhalant allergies. But who wants to get a shot every week for a year or two, or longer? I've had several patients tell me they got allergies shots for more than 25 years! Allergy medications work for some people, but only for inhalant allergies.

AET: The third way is through Allergy Elimination Treatment (AET). This is what I do. Many other doctors do AET, but no one does it the same way I do and no one I'm aware of gets the kind of results I do. Let me explain.

Allergy Elimination Treatment (AET)

AET was discovered and developed by Dr. Devi Nambudripad about 20–25 years ago. It's a fascinating story I don't have time to get into in this report. After using her discovery to fix her and her family's allergies, she used it in her clinic to relieve the suffering of thousands of patients from around the world. Then she taught others to do what she did.

However, there were and are problems with her treatment. The main problem is, her treatments frequently "fail," meaning they have to be repeated. While this isn't dangerous, it is a hassle for patients as they have to return to the doctor's office multiple times to have one group of allergens treated.

I took Dr. Nambudripad's training and then took training from Dr. Ellen Cutler. Dr. Cutler made subtle changes to the treatment and added therapies like enzymes and homeopathic detoxification. Dr. Cutler's AET is similar to Dr. Nambudripad's except her treatments don't

have to be repeated as often.

I also took training from Dr. Lawrence Newsum who taught that allergies could be fixed “en-masse,” meaning he thought you could fix hundreds of allergies in a single treatment. Unfortunately, that wasn’t true. But *how* he teaches to do the treatment and the instrument he uses *does* work. I continue those methods today.

My treatment is a combination of everything I’ve learned, so it’s unique. I rarely have to repeat my treatments, meaning about 99.8% (or somewhere close to that) of the time my patients have to be treated only ONCE for anything they’re allergic to.

The treatment itself is simple and painless. An acupressure point at the top of the neck just below the base of the skull is contacted and gently stimulated using the instrument developed by Dr. Newsome. It doesn’t hurt and I’ve treated patients as young as six months and as old as 88.

How I test for allergies.

Let’s back up. Before the treatment is done, I have to find out what your child is allergic to. To do this, I use very sophisticated testing equipment connected to a computer. The testing begins after your child places her hand on a sensor.

I’m not going to get into exactly how the testing is done because it’s outside most people’s training and experience. I once had a retired physicist come to my office for an evaluation. He understood everything I was doing. It was child’s play to him but to you and I it seems almost “magical” because it’s outside our training and experience.

Simply put, I test your child’s body electronically, or “energetically,” to see what it doesn’t like. (Remember that an allergy is nothing more than something your child’s body believes is a threat to her safety and wellbeing.) Because the testing is done electronically, I can test hundreds of potential allergens in a few minutes. The software records how mild or strong she reacts to everything I test her for.

How AET is done and how it works.

Let’s say we were treating tree pollens today and I found that your child was allergic to 55 trees. After testing, I would make a treatment vial that contains the electronic equivalent of all 55 tree pollens. Again, physicist stuff here. Simply put, when I place this small treatment vial in your child’s hand her nervous system will detect the energy in the vial and think she is holding the 55 pollens. This effectively “focuses” her brain, the part of her that controls *everything*, like a laser beam on the 55 pollens.

Next she lays facedown on a treatment table while holding the treatment vial. (The treatment can also be done with the patient sitting.) Then I do the treatment itself and her brain effectively gets “reprogrammed” right there and then to stop identifying the 55 tree pollens as allergens. Afterwards, she will hold the vial for ten minutes to complete the treatment.

We don’t really know exactly why this procedure is so effective. That shouldn’t bother you, though. Do you watch television? If so, can you explain how sound and images get transmitted

around the world and from outer space on invisible beams of energy? Probably not. But you can still operate a TV and take advantage of the technology.

You don't have to know HOW something works to use it.

It's the same with my AET.

This is best way I've come up with to explain it. I'm old enough to remember when Windows 3.1 came out back in the mid-1990's. It ran much better than 3.0, but one big problem remained: my computer would still lock up just about every day. I could usually reboot by pressing control-alt-delete on the keyboard, but sometimes it was so bad that I had to unplug the computer and plug it back in before it would run again.

Windows locked up when two programs tried to access the same memory address. A fix for this didn't exist in Windows' code so the program stopped working and the screen froze.

An allergy is kind of like that: it's an electrical incompatibility between your child's body and the substance she's come to believe is bad. The AET is like a "reboot": it cancels the electrical incompatibility so that the next time she runs into that substance she won't react to it.

The big difference here is, Windows 3.1 always locked up again the next day—but her allergy will be gone for good!

On her next treatment, after treating her for tree pollens, we would go through another category. I wouldn't retest the trees she was treated for. I used to retest years ago but it turned out to be a waste of time. **My treatment is so effective now that I have complete confidence that when I treat your child for something she will no longer be allergic to it.**

Now, "forever" is a long time. I can't say with 100% surety that *all* my allergy treatments will last *forever*. But, doing the treatment the way I do it now, with all the advances I've made, very, *very* few treatments ever have to be repeated.

I think I've laid enough groundwork to begin talking about specific health challenges your child may be having. With each condition, I will discuss the roll allergies play in the disease, my treatment protocol, and other common treatment options such as medical care.

Seasonal Allergies

I've chosen to talk about this one first because it's the simplest. I've already explained that seasonal allergies, or hay fever, occur when your child becomes sensitized to things like pollens, pet dander, and dust/dust mites. Symptoms common to seasonal allergies are sneezing, itchy red eyes, and a stuffed up or runny nose.

Medical care consists of drugs—no surprise there. These drugs may be swallowed in pill form, given in shots, or sprayed up the nose. If your child's symptoms are mild and the drugs work fairly well, you may be tempted to do nothing more.

If so, I urge you to reconsider. Recall that Dr. Krohn said that allergies must be treated *now* or dealt with later as illness. Drugs simply attempt to block your child's response to an allergen but do nothing about the allergy itself. And they have side effects. *All* drugs have side effects—some small and some big but they *all* have them.

It's my opinion, and the opinion of my many patients, that it's far better to get rid of your child's allergies than to attempt to suppress her body's response.

My treatment program for seasonal allergies consists of treatment for plant groups like trees, grasses, weeds, and flowers, as well as dust, fumes, epidermals, mold, and fungus. I have you bring in samples from your child's environment, such as dust from your home and samples of pet hair if you have pets, to ensure she is cleared for those as well. (When a patient is treated for something they are said to "clear" that allergy.)

Childhood Ear Infections

Childhood ear infections (otitis media) are common. In fact, myringotomy, ear tube surgery, replaced tonsillectomy as the cash cow of pediatric offices years ago.

The middle ear is an air-filled cavity located behind the eardrum. When sound enters the ear it makes the eardrum vibrate, which in turn makes tiny bones in the middle ear vibrate. This transmits sound signals to the inner ear where nerves relay the signals to the brain.

A small passage leading from the middle ear to the upper throat called the eustachian tube equalizes air pressure between the middle ear and the outside world. (When your ears "pop" while yawning or swallowing, the eustachian tubes are adjusting the air pressure in the middle ears.) Allergies, particularly food allergies, cause the eustachian tube to swell and clog up.

If there are bacteria or viruses in the middle ear when the eustachian tube clogs up, your child will get otitis media, or an ear infection. I'm sure you're familiar with the symptoms: pulling or rubbing the ear, fussiness or irritability, fluid leaking from the ear (when the eardrum bursts), fever, and difficulty sleeping.

Medical treatment is antibiotics. This may be somewhat effective for bacterial infections but worthless for viral problems. If your child has had frequent ear infections her doctor will likely recommend that tubes be placed in the eardrum so fluid can drain out. In essence they're saying, "We cannot stop these ear infections so let's place a drain in your child's eardrum so the infected material has a way to get out."

Parents are frequently scared into having this procedure done. They're told their child will suffer permanent hearing loss if they don't get the tubes put in right away. Most of this is nonsense designed to fatten the doctor's wallet.

In most cases the permanent answer is to have your child's allergies corrected so the eustachian tube doesn't become inflamed and blocked. Her ears will drain on their own and the ear infections will stop.

Your child would need to go through the food and nutrient allergy treatments for sure. If she

has inhalant allergies she would go through those treatments, too, as they may also cause the eustachian tube to plug up. While it may sound like a lot of treatment, remember it will *fix* the problem. Also, your child would be far less likely to get some of the other conditions I discuss in this report if she goes through the entire allergy program.

Eczema

Eczema (atopic dermatitis) is a skin condition that usually begins in infancy. (60% of kids with eczema get it before age one.) It's commonly found in kids with a family history of asthma, hay fever, or allergies of any type.

It's often called "the itch that rashes." Patients say it itches like crazy, which promotes scratching and keeps the skin red and chapped. Sometimes it oozes and gets infected. The rashes typically appear on the face, arms, and legs, but can show up anywhere.

I've seen many cases of eczema in the past few years. My guess the increase is partly caused by our polluted environment that gets worse each year. Your child's immune system struggles but is soon overburdened and easily develops allergies to foods and chemicals.

Medical treatment consists of salves to suppress the inflammation. Cortisone creams are commonly prescribed. Do they work? Yes and no. Sometimes they get rid of the rash, but it always comes back until the cause is corrected.

Eczema is caused by allergies, mostly to foods. Treating your child's allergies will make the eczema disappear. I've done it many times here in my office. Occasionally, fabrics, detergents, and personal care products like lotions have to be treated as well.

Milk, eggs, and peanuts are common offending foods, but allergies to wheat, sugars, soy, citrus, fruit juices, food additives, tomatoes, meat, pickles, vanilla, fats, and chocolate are also common. Of course, allergy to *anything* can make her skin itch, turn red, or flake.

Allergic Asthma

Asthma is a health problem on the rise. Consider these statistics:

Approximately 20 million Americans have asthma.

9 million U.S. children under 18 have asthma.

Asthma increased a whopping 75% from 1980-1994.

Asthma rates in children under the age of five have increased more than 160% from ^[L]_{SEP}1980-1994.

Asthma accounts for one-quarter of all emergency room visits in the United States each year with 2 million emergency room visits in 2001.

Approximately 44% of all asthma hospitalizations are for children.

There are approximately 5,000 deaths from asthma annually.

Direct health care costs for asthma in the United States total more than \$10 billion annually; indirect costs (lost productivity) add another \$8 billion for a total of \$18 billion. Prescription drugs represented the largest single direct medical expenditure, over \$5 billion.

Approximately 40% of children who have asthmatic parents will develop asthma.

Children 5-17 years of age missed 14.7 million school days due to asthma in 2002.

Asthma accounts for approximately 24.5 million missed work days for adults annually.

Every day in America 40,000 people miss school or work, 30,000 people have an asthma attack, 5,000 people visit the emergency room, 1,000 people are admitted to the hospital and 11 people die due to asthma.

Asthma is a condition where a person's bronchial tubes (small airway passages that lead deep into the lungs) swell periodically and the muscles around the tubules tighten. This blocks the flow of air to the lungs and causes wheezing, coughing, and hard, labored breathing.

Asthma can start at any age, can "come and go" throughout life, and can progress to become a chronic problem. As you read above, although rare, it can be fatal. If your child has asthma you know first hand how scary an asthma attack can be.

Medical treatment for asthma consists of inhalers, devices called nebulizers that deliver drugs in a misty spray, steroids, allergy medications, and often antibiotics. Environmental recommendations can include hypo-allergenic (A hoax: you can be allergic to *anything*.) coverings for furniture, replacing carpets with hardwood flooring to reduce dust and dust mites, getting rid of pets, and special filters to keep the air inside the home cleaner.

Because asthma can be fatal, it's important for all asthmatics to keep their inhaler close at hand. The 11 people who die daily due to asthma die because they left their inhaler at home or at the office, had an asthma attack, and couldn't get medical attention fast enough. They're all preventable deaths.

Asthma is an allergic disease, meaning asthma attacks are caused by allergies. Asthma attacks can be triggered by allergies to foods, pollens, dust, environmental factors such as perfumes, chemicals, and animal dander. Even such things as bacteria, climate or weather factors and emotions can cause an asthma attack. In fact, an allergy to *anything* can cause an asthma attack.

If allergies are active from birth, asthma will develop in infancy or anytime thereafter. Childhood is the best time to "nip asthma in the bud." Children respond to AET much faster than adults!

Asthmatics need to be treated for nutrients, foods, and inhalants. If you have some idea what's causing your child's asthma to flare up, those foods or items can be treated first (after the nutrient groups). Also, I check for allergies to medications, especially the inhalers.

Years ago I had a mother bring in her young boy, about 10 years of age, for allergy treatment. He had asthma and she had figured out which foods caused her son to have asthma attacks. (She figured *some* of them out, there were others she didn't know about.) Of course, it was all his favorite foods, particularly wheat, sugar, and dairy. After AET he no longer needed his inhaler and was pleased as punch he could return to enjoying his favorite foods again!

ADD/ADHD

First, some terminology. ADD = Attention Deficit Disorder. ADHD = Attention Deficit/Hyperactivity Disorder. I'm going to call this ADD for the sake of brevity. Some children who have problems focusing are also hyperactive.

An entire book could be written on the subject of allergies and ADD. Opinions as to just what ADD is, its causes, symptoms, and how it should be treated are as common as shaky hands at a Starbucks. The Internet is choked with sites for teachers, parents, doctors, and patients. Much confusion abounds.

ADD is found more often in boys than girls, 80% to 20%. It was thought that only kids got it, but the latest research shows that about 50% of children with ADD may carry it into adulthood. I've treated adults with ADD.

Kids with ADD usually have a lot of trouble paying attention, concentrating, and are easily distracted. They are also often impulsive, seeming to act before they think. Kids who have these behaviors and are also in constant motion: running, jumping, rolling around, climbing, wiggling, tapping their fingers, swinging their legs, jumping up and down, etc., are also given the label "hyperactive" and would diagnosed with ADHD.

Researchers are lost when it comes to what causes ADD. Is it brain injury? Allergies? Deficiency of Class A stimulants like Ritalin? Is it inherited? They don't know for sure.

Also, there are other questions...

Why is the incidence of ADD so much higher in the U.S. than other major countries like the United Kingdom? It's reported to be diagnosed in 3-5% of U.S. children but only 1.7% of U.K. kids. Myself and others like me think the difference is the drug culture that permeates and controls the U.S. is not as strong in the U.K. U.S. research says kids over six should be on drugs like Ritalin while the U.K. medical system is trying to improve their citizen's parenting skills.

When a capitalist builds a hammer they naturally go looking for people with nails to sell their hammers to. Invariably they begin "educating" the public that there are a lot more nails than we ever knew there were and thus a greater need for more and more hammers.

Now, we can't ignore the scientific achievements of the drug industry. There's no doubt drugs like Ritalin have helped many children perform better in school and behave better in society. Some, about half, are able control their behavior while on the drugs. This allows them to get through school and hopefully lead a normal life. (I believe that if researchers continue to follow this half they would find many who developed degenerative diseases later in life. Why? Their allergies were never fixed.)

However, what about the other 50%? This group was likely allergic to their drugs and thus did not respond to them. Also, they most assuredly suffered “side effects” (allergy reactions) of all types that practically ruined their lives. In many cases the kids walk around like zombies or robots, their brains almost completely shut down. Others become violent, wrecking havoc with their family, at school, and with society in general.

Left completely untreated, ADD kids are likely to be social outcasts, school dropouts, or even criminals. They tend to grow up as frustrated, angry adults.

So, there’s nothing wrong with using drugs to help reduce or control *severe* symptoms, especially if you’re working at getting to the cause of the problem. Here are some simple suggestions for drug usage in ADD cases:

First and most importantly, your child should be checked for allergies to medications.

Drugs should be used only when absolutely necessary to control severe symptoms.

You should be working on finding and correcting the cause of the problem.

Drugs should be replaced with natural therapies (herbs, vitamins, etc.) as soon as possible after the acute symptoms have subsided.

Allergies and ADD/ADHD

The shocking fact is there is hardly any disease or condition in which allergies are not involved either as a direct cause or a contributing factor. You can be allergic to anything you come in contact with, including the sun itself.

(As a side note, since I brought it up, I have treated several individuals for “sun allergy.” They could not tolerate being in direct sun more than a few minutes. Some would break out in small white bumps or rashes while others would feel sick. After treatment they were fine. Odd, isn’t it? But 100% true.)

Hidden allergies can cause symptoms of any health disorder, including ADD and ADHD, at any age.

This is where I would like to introduce the term “brain allergy.” It’s not that your child is allergic to her brain, it’s that her allergies *affect* her brain.

Some allergy reactions are biochemical, as discussed earlier in this report. Signaling molecules released by her immune system during an allergy reaction can affect her brain in powerful ways.

In clinical experiments, cytokines, a signaling molecule released by the immune system during an allergy response, have been given to human subjects with the hope that they would help them combat cancer or other severe diseases. These trials showed how many symptoms are produced by cytokines. Some patients become belligerent and confused after IV infusion of cytokines and others developed symptoms of psychotic illness.

I could go on and on but I’m afraid I would put you to sleep. Instead of citing research I’d

like to give you a couple of examples of how allergies can affect the brain from my own clinical experience.

I had a patient who got two treatments in one day, the first before lunch and the second after lunch. Before lunch she was as lucid and responsive as anyone else. *After* lunch was a different story. She had eaten wheat, an allergy she hadn't been treated for yet. She could hardly hold her head up, almost fell out of her chair, and her speech was slurred. I know it sounds like she was drunk but relatives dined with her and said no one ordered alcohol.

Another patient had severe food allergies that affected her thinking. Her husband made custom wood clocks he sold at fairs up and down the state. She went with him once to help out. She said she "ate the wrong thing for lunch" and that afternoon was two-for-one: every customer that bought a clock got to pick another one for free. Needless to say, that was the last sales trip she was invited on!

Allergies of all kinds can have profound effects on your child's brain!

My treatment program for ADD includes treatment for nutrient and food allergies, of course. If your child has seasonal allergies those will be treated as well.

A young mother brought her 12-year-old son in for allergy treatment. She told me he was failing school because he couldn't concentrate long enough to complete a homework assignment and was always getting in trouble in class for not paying attention.

After allergy treatment she said, "He's like a whole different kid!" He was able to finish his homework without badgering—he just sat down and did it!—and he could pay attention in class. It wasn't long before he his grades came up.

Another mother brought her 13-year-old son in for ADD and other behavioral issues. In addition to not being able to pay attention in school or when doing homework, he had fits of rage at school and at home. Normally a very sweet and mild-tempered boy, the wrong foods could make him fly off the handle or render him completely unable to complete even the simplest task. It had become so bad that he had to be home schooled as he could no longer function in public schools. He also suffered skin rashes caused by food allergies.

AET corrected all this problems and allowed him to attend public school, something both he and his mother wanted.

Allergy-Related Autism

If your child has autism you don't need to be told what it is. It isn't my intention to define all the possible signs and symptoms associated with autism—there are simply too many for this short report. Autism includes a wide spectrum of conditions and behaviors.

Autism has become a huge health problem in the U.S. Hardly a month goes by without some story appearing in the media debating its cause. Some say it's caused or greatly aggravated by childhood immunizations. The government, which has a huge investment in immunizations, swears the shots are (almost) harmless. What causes autism then? They don't know.

In fact, Western medicine knows very little about autism. Sure, scientists have defined symptoms, argued over possible causes, postulated on treatments, and plead for millions in new research money—but they still know very little about it.

According to 2005 statistics, one out of 166 children in cities and one out of 500 in other areas are being diagnosed with autism—staggering numbers.

Doctors like myself who do AET think differently about autism than other doctors. This part of my report will discuss autism from an allergy viewpoint. Autism can and has been successfully treated through AET.

What is Allergy-Related Autism?

I have a personal connection to autism because one of my children was thought to be autistic when very young. He wasn't, but we learned a lot about it as we strove to help him. I didn't do allergy work back then so I didn't know much more about autism than anyone else.

Dr. Nampudripad has defined autism as:

“A nutritional deficiency disorder causing biological, neurological, and developmental problems in children. The nutritional deficiency is not caused by failing to take enough nutrients by mouth but by poor digestion, absorption, assimilation, and utilization of essential nutrients due to allergies.”

This is the approach I and other doctors who treat allergies take. Will AET help everyone with autism? Frankly, I don't know. Dr. Nampudripad claims a 90% success rate using AET on autistic patients so I have to believe that it will help *most*. Even if a patient can't completely be rid of the condition, AET will certainly help them have better health and ease their suffering.

Now, back to the subject...

As discussed earlier, your child cannot adequately digest and absorb nutrients she is allergic or sensitive to. Regular body functions can't happen without adequate amounts of nutrients. These nutrients are necessary for normal growth and development of your child's every organ, gland, and tissue as well as her brain, most important in her first five years of life.

In autism, more so than with ADD/ADHD, every allergen your child comes in contact with directly targets her brain. And any allergen can act as a trigger for autistic behavior. When allergies affect different parts of her brain, she will experience symptoms related to the function(s) controlled by that particular brain tissue.

If it affects her vision center her vision may become blurry or foggy and images may get scrambled causing unclear pictures to “float” through her vision. This is why autistic children don't make eye contact when you talk to them. Her hearing may be affected, as well as her sense of smell. Her thinking, creativity, and imagination may become muddled because brain tissue and nerves responsible for these functions can't do their job without proper nutrition.

Allergies Common To Autism

Autistics can be allergic to anything and probably are allergic to just about everything. However, here are some specifics:

Inhalants: Environmental allergies are a huge problem for most autistics. While any allergy can literally cause any symptom, remember that with autism the brain is almost always the target of an allergy reaction. So if an autistic has seasonal allergies she can have behavior flare-ups as well as the typical seasonal allergy symptoms.

Ingestants: Anything that enters the mouth of an autistic can cause symptoms that may occur immediately or not for days. New substances are added to our food every year to preserve color, flavor, and to extend the shelf-life. Some additives have caused serious health problems to allergic people. Others are just plain harmful, like MSG and aspartame.

Most ill children, autistic or not, “self medicate” themselves by demanding certain foods. I’m often told by a parent that their child will only eat such-and-such and refuses to eat anything else. Typical foods are cheese, crackers, and sugars including fruit and fruit juice, but it can be anything. They’re usually highly allergic to these foods and because they eat practically nothing but them, their behavior gets worse and worse.

Contactants: Allergy to natural or synthetic fabrics can affect autistic children and adults. Many are allergic to cotton even though it’s a natural fiber. Cotton fibers are used in carpet, elastics, bed sheets, cosmetic applicators, toilet paper, clothing, etc. Wool can also cause brain symptoms in sensitive persons.

Allergy to crude oil and everything made from it is very common. Before you say your child isn’t exposed to crude oil, think again. The phones you use, the milk containers you pour your milk from to feed your family, the polyester fabrics you dress your children in and décorate your house with, and many of the cosmetics you apply to you and your children’s bodies are made from crude oil. Take a walk around your house and take note of everything made of plastic or that has plastic components. How about your car? The inside is plastic or fabric, both made from crude oil.

Your child can be allergic to smells from cleaning agents, cooking, scented paper products, plastic bags, ink, pencils, fertilizers applied to outside plants then tracked into the house, crayons, the insecticides sprayed outside your home, etc.

Injectants: Here we are back to immunizations, the most common injectant your child is likely to be exposed to. Aside from the toxicity issue, vaccinations and immunizations can cause allergy reactions. Many, many autistic children were relatively normal until about 18 months of age, the time when most kids get the MMR and other immunizations. The government says it’s a coincidence, but many think it isn’t.

Why do most children react to the shots at 18 months instead of to the earlier shots? In an allergic person, the initial shots (before six months of age) serve to alert the immune system, but the second or third shots really set it into action.

AET for Autism

As you can probably imagine by now, treating autistics with AET can be very effective, but it is usually a long process. There are so many allergens to treat for! Also, autistics can be difficult to treat because of behavioral issues. While the testing I do is simple and easy for adults and most children, it can be difficult for an autistic, especially on a day when she feels worse than usual.

A couple of examples of autistics and AET:

Let's call him Bill, age 9. Bill had autistic behavior only after eating certain foods. In addition to autism he had violent/psychotic behavior. After being on medication for a while he began to push through it. For example, while on medication but after eating the "wrong thing," he chased his sister around the house with a knife. Obviously a bad situation.

After only ten AET's he was able to go off the anti-psychotic drugs. He was able to remain at home with this family. Completing his AET program would greatly improve the quality of his life.

Joe, age 4, had severe reactions to any food. Typically he doubled over or fell to the ground crying every time he ate. He was very irritable and angry at times and could be found rocking back and forth in a chair or running in circles nonstop. He became antisocial, refusing to meet or play with other children.

A family friend referred him to an AET practitioner where he was found to be highly allergic to most foods. It was also learned that his mother had a history of yeast infections on-and-off during her pregnancy with him as well as gestational diabetes. These two symptoms are often noted in mothers of autistic and ADHD kids.

Joe's progress was slow but steady. His breakthrough treatments were salt and gliadin, a natural component of wheat and other gluten-containing grains. After a long treatment program Joe appeared cheerful, focused, attentive, and friendly—ready for school.

Conclusion

When parents actually see their child's health improve with AET, they often ask me, "Why doesn't *everyone* get this treatment?" Indeed. I firmly believe that *everyone* should have their allergies identified and fixed. Unnecessary pain and suffering could be avoided by millions.

There are many reasons why there isn't an AET practitioner in every town. Foremost, very few medical doctors do this treatment and they're the gateway into the health care system for most Americans. If their MD doesn't recommend AET they will have to hear about it from someone else.

Also, I have to admit the treatment does sound too good to be true. A cure for allergies? Most people don't believe such a thing is possible. I've seen immunologists (allergy doctors) on TV claim it's impossible to "cure" an allergy. Well, for *them* that's true.

But it is possible. There is cure for allergies and now you know about it.

The question is, what are you going to do with this information? Are you going to reject it because you don't understand it, effectively dooming your child to a lifetime of medication and suffering?

Or are you going to investigate it further, try and find out if your child can be helped by AET? If so, you should know that I offer prospective patients a free 15-minute consultation. This gives me enough time to speak with you about your child's health and to run some tests. We'll discuss the test results and I'll answer any questions you might have.

I'll tell you if I think I can help your child, how many treatments I think she needs, and how much the treatment program will cost. You can accept or reject my recommendations—it's entirely up to you.

I urge you to visit my website today and schedule an appointment for your child. The website is **www.RinerDC.com** Look for the free 20 minute Allergy consultation for your child under the online scheduler.

Delaying this visit could cost your child dearly, leaving her to suffer unnecessarily. You now hold the answers you seek for your child's health in your hands!

Thank you for taking the time to read this admittedly long report. I hope we can work together on making your child's life healthier and happier!

Sincerely,

Stephen Riner, D.C.

P.S. We reserve a limited amount of time for these consultations so if you're going to take advantage this offer, you should book it now while you're thinking about it. I would hate for your child to have to wait several weeks or months to get in.

P.S.S. Of course, adults can benefit from my AET, too. You are also invited to schedule a consultation for yourself if you have allergies or health challenges.