

## Study Abstract — NAET Effective for Autism

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### Background

Autism prevalence increased by over 50% between 2002 and 2006. We hypothesized that major contributors to the development and symptoms of autism include food and nutrient sensitivities. Desensitization to multiple allergens forms the basis of the NAET treatment for autism.

### Methods

**Subjects & Intervention:** Sixty children (2.5-10 years old) with a diagnosis of autism were randomly assigned to either the treatment or control groups. The treatment group consisted of 26 boys and 4 girls and the control group included 25 boys and 5 girls. The treatment group (30 children) received NAET treatments (combining acupressure and kinesiology) for 50 key allergens for 1 year. The children in the (non-blinded) control group did not receive any NAET treatments. Each group was allowed to continue with any other therapies they had been receiving. The NST (kinesiology/muscle testing) was used to determine which substances triggered sensitivity reactions in each child and NAET acupressure treatments were then used to eliminate the sensitivities.

**Outcome Measures:** The primary outcome measure was the Autism Research Institute Autism Treatment Evaluation Checklist (ARI-ATEC). Secondary outcome measures included the Childhood Autism Rating Scale (CARS), Neuromuscular Sensitivity Testing (NST) and the Allergy Symptom Rating Scale (ASRS). The participating children were evaluated using these instruments at the beginning and at the end of the 1-year study.

### Results

56 children (26 in the NAET-treated group and 30 in the control group) completed the study. After one year, the children receiving NAET treatments exhibited clinically dramatic and statistically significant improvements in performance compared to the control group, as demonstrated by the mean 68.4% decrease in the total ARI-ATEC Score (compared to the mean 0.8% decrease in the control group;  $p < 0.0001$ ) and the 64% to 82% mean decreases on the 4 ARI-ATEC subtests (all  $p < 0.0001$ ). Similarly, the CARS rating improved by an average of 47.4% among the NAET-treated children, compared to only 0.4% in the control group ( $p < 0.0001$ ); the NST Score improved by an average of 65.5%, compared to a mean improvement of 0.0% ( $p < 0.0001$ ); and the total ASRS Score decreased by an average of 85%, compared to 2.3% ( $p < 0.0001$ ). In addition, NAET treatment also produced statistically significant improvements in each of 30 of the 35 symptoms assessed using the ASRS. Clinically, 23 of the 30 children in the treatment group were able to return to regular school classes with their healthy, non-autistic peers after treatment while all of the children in the control group continued to require special education.

### Conclusions

NAET is an effective and well tolerated treatment for children with allergy-related autism.