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LRA by ELISA/ACT® Case Study of a 27-year-old Female with Chronic Acne

Clinical Specialist: Anne Szpindor, MD - Chicago, IL

Prepared by Russell Jaffe, MD, Ph.D. and Jayashree Mani, MS, CCN

This report discusses Sarah, a 27-year-old woman with a more than five-year history of chronic acne.

BACKGROUND: Acne means an outbreak of bacterial growth and 'clean up' cell responses in the sebaceous glands of the skin. These glands are connected to hair follicles; they produce an oily substance called sebum. An acne lesion forms when a hair follicle becomes grossly apparent due to being plugged with sebum and dead cell debris.

The emergence of acne is often associated with changes or 'fluxes' in levels of androgenic hormones in the body. While this usually occurs between the ages of 12 and 21, it can emerge at any age when hormonally active chemicals of certain types circulate actively in the body.

Common over-the-counter products contain somewhat harsh chemicals such as benzoyl peroxide, salicylic acid, alcohol and / or sulfur as 'active' ingredients. While they may suppress the acne for a short time, a rebound reaction is common with the reappearance of acne. Tetracycline and / or doxycycline antibiotics are prescribed commonly to 'fight' the skin infections.

Our body's immune system is responsible for protection from diseases as well as repair from wear and tear of our skin. If our immune system weakens, our body starts

showing symptoms of disorder or disease. Acne can be one such indicator. There are many factors that affect our immune system. These include antibiotic overuse and misuse in animal feed as well as in people, persisting organic pollutants (POPs) that are often hormone disruptors, food toxin contamination and nutrient depletion, toxic minerals, distress / emotional disturbance, genetic disposition, and, perhaps most important, while also being most accessible to our ability to influence, lifestyle choices.

Boosting our immune system by applying the first line comprehensive care (FLCC) treatment guide provided with the **LRA by ELISA/ACT®** tests was particularly effective in this case.

MEDICAL HISTORY: Sarah presented with chronic acne on the face, chapped lips, and dry eyes in October 2002 that she reported to have suffered from for the last 5 years. A lawyer by profession, she was used to a moderate stress level in daily life. She reports that she 'slept well'.

PRIMARY THERAPEUTIC INTERVENTIONS: On presentation, she reports taking 20 mg. Accutane every other day (QOD). While it did not alleviate the symptoms, it was associated with the onset of dry eyes. A regimen of Zinc and Omega 3 fish oils had also been tried.

The **LRA by ELISA/ACT** tests were taken in September 2002 with Sarah starting the program after being counseled on her return visit the following month. Out of a total of 378 items tested, Sarah had 7 strong reactions and 7 moderate reactions that included:

STRONG REACTIONS: Romaine lettuce, Raspberry, Flaxseed/linseed oil, 2-Methyl pentane, 3-Methyl pentane, Nickel metallic catalysts, and Ponceau 2R (red colorant).

MODERATE REACTIONS: Amaranth, Cottonseed oil, Rhubarb, Heptachlor, Dog dander, Cadmium, and Caffeine.

INITIAL CLINICAL OUTCOME: After getting educated about her individualized

program, Sarah carefully avoided all her reactants as best she could and, within just a couple of months, found her acne clearing up. She was asked to come for a follow up visit in December 2003. By that time she was in sustained remission.

THREE YEARS LATER: Sarah is still free of acne. She maintains the dramatic improvements received by following her FLCC plan based on her individual **LRA by ELISA/ACT** tests results as well as the treatment plan that her doctor incorporated into her comprehensive and successful treatment care plan and case management.

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LRA by ELISA/ACT® Case Study of a 25-Year-Old Female with Refractory Asthma

Prepared by Tori Trocki, MS, CCN

HISTORY: Debbie was diagnosed with asthma at age three. Not a single person in Debbie's family had ever suffered from asthma, so they were very unfamiliar with this condition. During her initial office visit, the doctor suggested that her recent bout of pneumonia could have stimulated her asthmatic condition. The doctor immediately gave Debbie medication to prevent future asthma attacks. Her mother had to give away their cat and take away all of her stuffed animals. She had to have a humidifier in her room and often had to sit in the bathroom with a hot shower running to inhale the steam to help control the attacks. Debbie frequently received shots and used liquid medication until her freshman year in high school when she was given three different inhalers to control her asthma. As a young adult, her asthma lessened slightly, but she was dependent on inhalers during the allergy season and when she played sports or exercised. Debbie was given no dietary counseling or delayed allergy testing prior to August 2001.

PRIMARY PROBLEMS: Asthma attacks of unknown cause. Immediate (IgE) allergies to dust, pollen, molds, cats, and dogs were identified by RAST tests.

THERAPEUTIC INTERVENTIONS: Debbie had undergone treatment for asthma, including shots, liquid antihistamine medication, and inhalers once her asthma was established.

Debbie took the **LRA by ELISA/ACT®** tests in August 2001 when she was twenty-five years old. Debbie's **LRA by ELISA/ACT** test results were as follows:

STRONG REACTIONS: Cola, tuna, cumin, and molasses.

MODERATE REACTIONS: Broccoli, coffee, celery, hydrogenated oil, pistachio, tetrachloroethylene, aluminum, and mushroom.

IMPLEMENTATION: Debbie was informed on how to substitute the items to which she had a strong reaction as well as those to which the reaction was moderate. While eliminating the reactive items, she also added nutritional supplementation to her diet, which was recommended with her **LRA by ELISA/ACT** test results.

CLINICAL OUTCOME: A few weeks after taking the **LRA by ELISA/ACT** tests, Debbie's immediate allergies to pollen, trees, and molds were cleared. She no longer had a runny nose, watery eyes, and wheezing during the night that she had experienced during the last 22 years. Further, Debbie's asthma attacks subsided. She was able to discontinue use of the inhaler during the day, but she still needed her inhaler occasionally during strenuous workouts.

Six months later, Debbie is not using her inhaler and is almost 100% free from asthma. She has rotated the foods that

she reacted to on the **LRA by ELISA/ACT** tests back into her diet and is on a maintenance nutritional supplement program. Debbie is now able to lead a normal life without the worries of her asthma.

SIX-MONTH FOLLOW-UP: After six months, Debbie retested and had strong reactions to aluminum, methoxychlor, cola, Sucanat®, garbanzo bean, and echinacea. She also had moderate reactions to locust bean gum, cherry, grapefruit, peach, poppy seed, and cabbage/brussels sprouts. The results show that she continues to have a delayed sensitivity to cola and aluminum. However, when asked, Debbie admitted to exposing herself to these items during the six-month avoidance phase. Her substitution of the other items was more systematic. This is an example of how precise **LRA by ELISA/ACT** tests can be. The items that were systematically substituted lost their immune reactivity. The two out of 12 reactive substances for which exposure persisted were the ones whose reactivity was retained.

The items to which Debbie currently shows a sensitivity signify improvement in her immune defense and repair systems. Identification of these items whose reactivity was acquired in the past six months affords her the ability to further reduce the burden on her digestive and immune systems. This systematic substitution allows an environment to develop in which she can repair and rebuild her digestive competences and her neuro-immuno-hormonal system. Once digestion has been fully repaired, homeostatic resilience and reserves can be rebuilt. This is accompanied by loss of reactive lymphocytes by clonal deletion or by apoptosis. This means that through this repair and resetting the system the body's healing capacities can be most actively engaged.

In summary, if Debbie and her family had known about the **LRA by ELISA/ACT** tests and treatment program earlier in her life, Debbie's many years of asthma medication and suffering might have been prevented.

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LRA by ELISA/ACT® Case Study of a 6-Year-Old Male with Attention Deficit Hyperactivity Disorder (ADHD)

Prepared by Susan E. Brown, Ph.D.

HISTORY: As an infant, Brian had recurrent infections with recurrent antibiotic use. Hyperactivity and behavior problems began at 18 months of age with weaning. He was extremely hyperactive, climbing around, into things, and difficult to handle. Brian could not be left alone.

Brian's mother reported normal speech development until about age two.

According to his mother, Brian was losing the ability to speak as he was weaned. As the child moved into eating regular food, his mother noted that both his behavior and speech began to deteriorate. At two years of age, Brian was not speaking. It was as if he could not hear and was in a world of his own. His hearing was tested, and he did not have a hearing problem. Shortly thereafter, still two years of age, Brian was diagnosed as autistic. At two and one-half years of age, he was prescribed Ritalin. His mother never implemented the prescription, but began seeking alternative solutions.

PRIMARY PROBLEMS: Hyperactivity, behavior problems, and speech difficulties

THERAPEUTIC INTERVENTIONS:

The child had undergone the common conventional treatment for recurrent infections (antibiotics) and was recommended Ritalin for hyperactivity.

The LRA by ELISA/ACT® test was taken in April 1994 when Brian was three years old.*

Brian's **LRA by ELISA/ACT** test results were as follows:

STRONG REACTIONS: Dairy, sugar, tobacco, bass, alfalfa, catfish, chocolate, red oil

INTERMEDIATE REACTIONS: Arsenic, sodium benzoate, lamb, apple, sugars (various), benzene, cola, lima bean (his favorite food), cis-dichloroethylene, coconut, rose hips, squash, latex, brown rice, (he consumed a lot of rice milk), baker's yeast, astragalus.

Overall, Brian was reactive to 24 of the 300 substances tested. Many of the reactive foods were commonly eaten and among his favorites (rice, apple, lima beans, catfish, and sugar). Interestingly enough, even before taking the **LRA by ELISA/ACT** test, his mother had suspected problems for Brian with dairy, apple juice, and sugar.

IMPLEMENTATION: Brian was taken off all foods to which he had a strong reaction as well as most of those to which the reaction was intermediate with the exception of rice (in rice milk) and some sugars. He was also put on a nutritional supplement program, which included a multi-vitamin, additional B vitamins, acidophilus, and DMG.

IMMEDIATE OUTCOME: Within one week of eliminating the reactive foods, Brian's mother reported great improvement in his

behavior. As she explains, he was able to follow directions, calm down, sit down, and concentrate on tasks. His attentiveness also improved.

Brian's teachers were asked to comply with the food elimination, and they did. One day, however, a substitute teacher unwittingly gave Brian a cookie, and he rather immediately developed behavior problems, such as fighting with other kids. As his mother reported, the teachers were readily convinced of the importance of these dietary restrictions for Brian.

Within one month, his parents found that Brian's behavioral problems and hyperactivity were 80% better. His attention and focusing ability was also an estimated 80% better. With the calming, he could now concentrate. In addition, his speech improved about 20% within the short term, and improvement continues with time.

Interestingly enough, when he was finally taken off rice (rice milk) at age five, Brian again experienced dramatic improvement. He was able to speak and reason more,

behaved even better in the classroom, calmed down, and had better attention.

LONG-TERM OUTCOME: It is now about three and one-half years since testing, and Brian is in kindergarten. Eighty to 85% of the time he is in regular classrooms. He no longer has the diagnosis of being autistic and has gone from being classified as moderately to only mildly mentally disabled. By next year, he is expected to be fully mainstreamed.

Brian's mother reports that his hyper-activity and behavior are well in control and considered rather normal for a child his age. In general, behavioral flares are associated with exposure to a reactive substance such as chocolate or a dairy food.

Brian's mother also reports that the elimination and new diet got easier over time. Family members have seen the value of this approach and comply, and the schools also cooperate.

**Please note that EAB did not offer the Food Coloring Block until 1997.*

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LRA by ELISA/ACT® Case Study of a 7-Year-Old Male with Attention Deficit Hyperactivity Disorder (ADHD)

Prepared by Susan E. Brown, Ph.D.

HISTORY: Eden had a history of problems since infancy. From birth, it was clear that he was a difficult child. Even in utero, he kicked excessively. As an infant, he had colic and was hyperactive. As he grew older, he had more behavioral problems, a lack of language development, and was physically abusive.

Eden suffered digestive problems and was hypersensitive to light, touch, and sound. He exhibited various food cravings and was later shown reactive to the same substances he craved. At three and one-half years of age, Eden was clearly hyperactive, and a physician suggested that he might be autistic.

PRIMARY PROBLEMS: Hyperactivity, behavior problems, digestive difficulties, hypersensitive, and speech delays.

THERAPEUTIC INTERVENTIONS:

The child had undergone the common conventional treatment for colic and childhood digestive problems.

The **LRA by ELISA/ACT®** test was taken just before Eden turned four. Overall, he was reactive to 21 of the 300 substances tested.

IMPLEMENTATION: Eden was taken off all foods to which he was found reactive. Eden was also put on the suggested nutritional supplement program, which included a hypoallergenic multivitamin/mineral, sulfur-containing amino acids to aid in liver detoxification, acidophilus, buffered

ascorbate, quercetin, and the like. Baths of Epsom's salts and baking soda were also given.

IMMEDIATE OUTCOME: Eden's mother reported that the **LRA by ELISA/ACT** test helped immeasurably. Very quickly, she was able to sort out the substances that provoked the behavioral problems and limited cognitive ability. In addition, she found that after clearing the delayed hypersensitivities, she was able to easily detect and manage the immediate reactions. Previously, she had not been able to identify these reactions, which included casein and gluten.

LONG-TERM OUTCOME: As Eden's mother summarized, benefits in his speech, behavior, and digestion were seen immediately. Now he is seven and is much improved. He has good language skills, although he is still behind his peers. Eden's behavior is fine 80% to 90% of the time. The exceptions occur when he consumes foods to which he is reactive.

LONG-TERM COMPLIANCE: Eden continues on a modified diet and remains sensitive to many of the foods he tested positive for three years ago. He also continues on a nutritional supplement program.

PARENTS' OBSERVATIONS ON THE KEYS TO EDEN'S SUCCESS: The family found the **LRA by ELISA/ACT** test of clear benefit for their child.

Furthermore, while implementing the dietary program for her son, Eden's mother came to realize that she also had food allergies and hypersensitivities, as did her husband. In that case, the family went on to build healthier and more reactant-free diets as a group because of the **LRA by ELISA/ACT** testing that was done on their son.

The family found the **LRA by ELISA/ACT** test to be valuable and report that they could not have had this success without it.

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LRA by ELISA/ACT[®] Case Study Update on a 36-year-old Female with Chronic Fatigue (CFIDS) and Fibromyalgia (FM)

Prepared by Russell Jaffe, MD, Ph.D. and Jayashree Mani, MS, CCN

HISTORY: Five years ago Janet came down with a series of colds that “completely wore her out” and left her with “extreme fatigue all over.” To add to the situation were traumatic family problems that drained her emotionally as well. She suffered through all of this and even went through a difficult pregnancy. Her fatigue and weakness never resolved. Dozens of doctors saw her. She had multiple MRIs and CAT scans that were all negative and “unremarkable.” Principal symptoms included: Overall weakness, pain in her arms and legs, neck and back pain, headache, associated asthma-like symptoms, problem sleeping, and stiff fingers.

Janet was then introduced to a practitioner who finally diagnosed her with Chronic Fatigue (CFIDS) and Fibromyalgia. From 5-15 million people in America suffer from CFIDS / Fibromyalgia syndromes. Of those diagnosed, 60-90% are women.*

PRIMARY PROBLEMS: Chronic Fatigue (CFIDS), Fibromyalgia intractable muscle pain, Asthma, and Sinusitis.

PRIMARY THERAPEUTIC INTERVENTIONS: Initially, Janet was treated with various pain medications and some nutritional supplementation. None of that helped. Janet’s physician heard about the benefits of the **LRA by ELISA/ACT** tests especially with regard to autoimmune conditions. She recommended Janet find out if these tests and plan would help her.

The initial **LRA by ELISA/ACT**[®] test was taken in December 2002. Janet had a total

of 5 strong reactions and 7 moderate reactions.

STRONG REACTIONS: Cadmium, Nitrosamine Mix, Tangerine/Mandarin, Orange, Pecan/Pine, FD&C Yellow #6

MODERATE REACTIONS: Titanium Dioxide, DDT, Hexachlorocyclohexane, MSG, Millet, Rapeseed/Canola Oil, Red Oil
As soon as she received her test results, Janet had a consultation with EAB’s Certified Clinical Nutritionist, Jayashree Mani, who provided an explanation and interpretation of the **LRA by ELISA/ACT** tests results. The Alkaline Way diet was also recommended along with a comprehensive nutrient protocol to correct deficits and enhance detoxification.

INITIAL CLINICAL OUTCOME: Janet started feeling much better as she substituted for the reactive items and started implementing her full health recovery plan. Her physician performed other tests. She had a hair analysis, thyroid assessment, and digestive stool analysis done with inconclusive results. She had Janet undergo a detoxification protocol and also started her on some homeopathic remedies. None of that helped. Janet’s physician advised her to adhere to the **LRA by ELISA/ACT** plan. Janet improved slowly and steadily, seeing cumulative improvement over time. She gained energy that had been chronically depleted. Pain abated. Her overall health “improved greatly.” Janet and her physician wanted to see how well her immune system had responded.

In September 2003 Janet repeated her **LRA by ELISA/ACT** tests.

On follow-up tests, Janet had a total of only 1 strong reaction and 7 moderate reactions.

STRONG REACTIONS: Cadmium

MODERATE REACTIONS: Mercury, Nitrosamine mix, Egg White (Chicken), Fig, Ginger, Miso (Barley), Carmoisine.

Janet had 2 repeat sessions with EAB's Certified Clinical Nutritionist. Diet modifications were made and nutrient supplementation doses adjusted. Janet was diligent, made the right food choices, and was careful about her supplements.

Having experienced such sustained improvement in her overall health, Janet and her husband decided to plan for a child. Janet had a very smooth and healthy pregnancy and delivered a healthy baby in March 2005. A couple of months after she delivered, Janet started feeling increasingly tired. Even though she was still taking her supplements, it had been almost 2 years since she had had the **LRA by ELISA/ACT** tests done, and her physician

considered it prudent to check her immune system status.

Janet had a repeat set of **LRA by ELISA/ACT** tests in August 2005. She had 1 strong reaction, 6 moderate reactions, and 1 moderate food group.

STRONG REACTIONS: Gum, Tragacanth

MODERATE REACTIONS: Beet, Honey, Sugar, Beet, Sulfite/ Metabisulfite, Ponceau 4R, Soap (SDS/SLS)

MODERATE FOOD GROUP: Sugars
Janet made the required dietary modifications and slowly regained the energy that she had lost.

THREE YEARS LATER: Janet maintains that the **LRA by ELISA/ACT** treatment plans definitely changed her life around and that she wouldn't be in the present positive health situation if it were not for this program. We couldn't have said better how valuable **LRA by ELISA/ACT** tests and plans are as part of First Line Comprehensive Care (FLCC).

*Wolfe F, *et al.* Prevalence and Characteristics of FMS in the General Population. Arthritis Rheum, Jan 1995.

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LRA by ELISA/ACT® Case Study of a 13-Year-Old Male with Diabetes

Prepared by Jayashree Mani, MS, CCN

HISTORY: Bob was diagnosed with Type 1 diabetes at the age of 11 with consistent blood glucose readings in the 350 mg/dl range. At that time, his protein glycation measure of risk (HbA1c) was elevated at 8%.

Type 1 diabetes, previously known as juvenile or insulin dependent diabetes, is a condition characterized by high blood glucose levels caused by a profound deficit in insulin production or function. Type 1 diabetes is generally considered to be an autoimmune condition. The body's immune system is stimulated to attack and destroy the insulin-producing beta cells in the pancreas. As a result, the pancreas produces too little or no insulin. Type 1 diabetes develops most often in young people but can appear in adults.

PRIMARY PROBLEMS: Type 1 diabetes and associated symptoms

THERAPEUTIC INTERVENTIONS: Bob's main health goal was to reduce his glucose levels to a normal range. In order to achieve this goal, Bob's physician prescribed human insulin for him. In addition to insulin, Bob's uncle, who is a chiropractor, recommended niacinamide and acetylcholine as primary glucose-reducing agents. For a while, this treatment helped lower his glucose levels, and Bob's need for insulin decreased gradually until his blood glucose could be maintained at normal levels without any external human insulin.

Unfortunately, after about 18 months, Bob's glucose levels started climbing again, and he had to go back on insulin. Starting at a low dose of 2-3 units of insulin a day, Bob reached a dosage level as high as 10 units 3 times a day, yet his glucose levels remained in the 300 mg/dl range.

Bob's parents were very concerned, yet they did not want to indiscriminately increase the insulin dosage. When discussing their concerns with Bob's physician, they learned about the remarkable results he had achieved with many of his patients with autoimmune conditions through the use of the **LRA by ELISA/ACT®** tests and treatment plan. Bob's parents were eager for their son to have the **LRA by ELISA/ACT** test to see if Bob could benefit from this program as well.

The **LRA by ELISA/ACT** was taken in January 2003.

Bob had a total of 2 strong reactions and 13 moderate reactions. His specific reactions were:

STRONG REACTIONS: Grapefruit and plum/prune

MODERATE REACTIONS: Nickel (II) chloride, polysorbate 80, agar gum, bass, peach, pear, baking powder, kelp/seaweed, tapioca, oregano, corn sugar, halogenated biocide, peony flower parts.

IMPLEMENTATION: After receiving his test results, Bob's mother scheduled a consultation with EAB's Certified Clinical Nutritionist, Jayashree Mani, for a thorough explanation and interpretation of the **LRA by ELISA/ACT** results. Bob and his parents were accustomed to dealing with diet restrictions for diabetes, so the dietary and environmental modifications suggested by the **LRA by ELISA/ACT** results were not too difficult to understand or implement. Jayashree also discussed The Alkaline Way diet and the role of adequate nutritional supplementation with Bob's mother.

INITIAL CLINICAL OUTCOME: Trying to juggle school and work schedules, it took Bob and his parents almost three weeks to get started with the new dietary modifications. About 15 days later, Bob's mother started noticing that Bob's post-lunch glucose levels were dropping. After consulting with his physician, she reduced

Bob's pre-lunch insulin dosage by 2 units. This trend continued over the next few weeks.

FIVE MONTHS LATER: Bob's insulin needs are already reduced by over one-third (6 units 3 times a day). On this lower insulin intake, his fasting glucose levels never go above 125 mg/dl, and his 2-hour post-prandial levels range between 120 and 150 mg/dl. His glucose levels have reduced by two-thirds. His most recent HbA1c reading was substantially reduced from 8 to 5.1%. He is an active teenager and has noticed a significant improvement in his energy level and mental concentration.

Bob's parents are very pleased with their son's progress and will continue with the **LRA by ELISA/ACT** tests and treatment program. They plan to get Bob retested in the next few months to find out how well his immune, neurohormonal, digestive, and detoxification systems have repaired.

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LRA by ELISA/ACT® Case Study of a 48-Year-Old Female with Endometriosis

Prepared by Russell Jaffe, MD, Ph.D., CCN, NACB

HISTORY: Mary had painful and irregular menstrual periods from menarche as a teenager. She was diagnosed with endometriosis ('endo') when she was 36. She was often told by medical specialists to 'learn to cope with her problem.' After extensive yet unsuccessful therapies over the next five years, she sought consultation from a specialist in integrative and comprehensive care.

PRIMARY PROBLEMS: Symptoms related to endometriosis include:

1. Extreme pelvic or abdominal cramping and pain,
2. Heavy menstrual flow (often but not always), and
3. Lack of restorative sleep, particularly around menses.

PRIMARY THERAPEUTIC INTERVENTIONS:

Mary took 'every pain killer imaginable', often in large enough doses that her physician was concerned about kidney or liver damage. A brief course of androgens was unhelpful. Her situation was steroid unresponsive. Neither traditional acupuncture nor homeopathy was helpful.

In 1992, her physician recommended our **LRA by ELISA/ACT®** tests and treatment guide. Mary followed the substitution and Alkaline Way diet with targeted supplementation and healing actions as best she could.

Mary had 'too many reactions to talk about' (about 22) as best she remembers.

Her improvement was so dramatic and sustained that she, now, as director of the Endometriosis Organization, began to share her good fortune in finding something 'that really works' with friends and family. Her daughter, also diagnosed with 'endo' has also had the **LRA by ELISA/ACT** tests and has been in remission for the last five years.

Repeating the **LRA by ELISA/ACT** tests on a once or twice a year basis, Mary has seen some reactions disappear only to be replaced by others due to continuing digestive, hormonal, neurochemical, and immune stresses and challenges. She has continued to be 'highly functional' while recognizing that she is still vulnerable 'if I cheat too much'.

For example, her tests results from August 2001 showed:

STRONG REACTIONS: Nickel, benzene, and cranberry

MODERATE REACTIONS: Latex, 2,4,5 T (dioxin), cantaloupe, cola, ginger, cucumber, and rutabaga

CLINICAL OUTCOME: Of note are her persisting reactions to 2,4,5 T and benzene, a solvent commonly used to bring insoluble 2,4,5 T into solution. Chemicals in the 2,4,5 T (Dioxin) class are known hormone disrupters. Researchers like Dr. Deborah Metzger find that the particular hormone disruptions of chemicals in the dioxin group, especially

when people have impaired detoxification mechanisms, predispose to 'endo'. While more research is needed, it seems prudent to avoid these substances and enhance their detoxification to the extent possible with intensive nutrition and lifestyle. Such an approach is included in the **LRA by ELISA/ACT** treatment plan that Mary says 'saved my life and my family.' Mary's conclusion: everyone with 'endo' should find out for themselves how much better they can feel by following the **LRA by ELISA/ACT** tests and treatment guides.

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LRA by ELISA/ACT® Case Study of a 44-Year-Old Female with Fibromyalgia (FM)

Prepared by Susan E. Brown, Ph.D.

ELISA/ACT Biotechnologies LLC (EAB) has created this case study on a patient with fibromyalgia (FM) to provide you and your staff with more definitive insight into how the Lymphocyte Response Assay (LRA) by **ELISA/ACT®** tests and treatment plan can be used effectively on treatment-resistant patients with autoimmune or immune-related conditions.

The patient is a 44-year-old female who was diagnosed with FM by a rheumatologist at the age of 39. At that time, her doctor recommended that she use Elavil, which helped slightly with the pain and improved her sleep, but made her excessively drowsy. The patient also used massage therapy, which provided temporary relief from the pain, and exercise therapy in the form of walking when she felt well enough.

Upon initial examination, the patient noted constant and often unbearable pain in her upper back and lesser pain in her foot, along with chronic stiffness throughout her body. The chronic pain also caused her to become more emotional and somewhat depressed. She described herself as “totally fatigued and weak” and reported she was pushing herself all the time. Her sleep was restless and consisted mostly of dozing on and off during the night.

In addition to the symptoms mentioned above, which are commonly associated with FM, she also had several other health concerns, including chronic

constipation (since childhood, she regularly used fibers, stool softener, and laxatives); constant itch on her knees and elbows and often on her scalp; chemical sensitivities to smoke and perfume, which heightened her wide ranging symptoms; and poor memory and difficulty concentrating. The patient also recognized allergies or hyper-sensitivity to dust, metal from jewelry, chemicals, and scents such as flowers, exhaust, smoke, mowed grass, and perfumes. In addition, she experienced premature menopause at the age of 36 and was on HRT for seven years to date. Her first morning urine pH was acidic at 5.5.

An ENT exam was ordered, which showed signs and symptoms of moderate allergic rhinitis, and an IgE allergy work-up (RAST test) from which she tested positive to five of the 18 items tested. These items included dust mites, house dust, dust, milk, and egg whites. Immunotherapy for inhalants was started. The patient was then referred to Dr. Susan Brown for a nutritional evaluation and the **LRA by ELISA/ACT** tests. The evaluation revealed food cravings, probable delayed food and chemical sensitivities (in addition to the immediate reactions identified by the RAST test), as well as signs and symptoms of nutrient inadequacy including vitamin C, vitamin A, vitamin B, zinc, chromium, calcium magnesium, and essential fatty acids and fiber. The patient took the **LRA by ELISA/ACT** tests, and she immediately began implementing the **LRA by ELISA/ACT** treatment plan.

Alternative food choices were made for all items to which the patient was shown to be sensitive (either on a delayed or immediate basis). Chemicals to which lymphocytes were reactive, including DBCP, potassium bromate, selenium sulfide, and halogenated biocide, were also avoided as much as possible. The patient implemented a whole food diet high in vegetables and other alkalinizing foods and incorporated nutritional supplementation based on the **LRA by ELISA/ACT** test report recommendations, such as vitamins, minerals, flavonoids, amino acids, and essential fats. In addition, the patient did breathing exercises approximately once a month and used the salt bath three times a week for the first month and once a week throughout the fourth month. She practiced food combining about half the time.

A report on the patient five and a half months later reveals: Her constant back pain was 75% better. She now crawls out of bed largely without stiffness.

- She self-rated at 90% better in overall health.
- She has ups and downs, but now has the “wind at her back, not in her face.”
- She enjoys regular, deep sleep without Elavil, but occasionally uses an anti-histamine if exposed to excessive chemicals, problem foods, dust, or auto exhaust.
- She feels more optimistic and not as emotional.
- Her chronic constipation has been totally corrected. She now has daily, regular bowel movements.
- The constant itch on knees and elbows and at times scalp is totally corrected if she avoids wheat.
- She is less sensitive to chemicals and can tolerate more smells more often, especially in public places.
- She has recognized improvement in her memory and ability to concentrate.

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LRA by ELISA/ACT® Case Study of a 60-Year-Old Female with Irritable Bowel Syndrome (IBS)

Prepared by Jayashree Mani, MS, CCN

HISTORY: Pam had been suffering from numerous digestive problems from the age of 35. Her problems started with excessive bloating and gas, especially after consuming greasy foods and vegetables like onions and cabbage. She then developed chronic constipation, which often alternated with periods of constant diarrhea. Indigestion would commonly occur right after eating. She would often wake up in the middle of the night feeling hungry.

More recently, Pam started experiencing extreme stiffness and pain in her muscles, especially when waking up in the morning. Insomnia, losing memory, and poor concentration were the other symptoms that were interfering with her day-to-day life. She needed more sleep and felt constantly drowsy. A mild form of glossitis had also developed with mouth and tongue sores. Occasional bouts of bronchitis became more the norm.

PRIMARY PROBLEMS: Excessive digestive problems, extreme fatigue, and muscle aches.

THERAPEUTIC INTERVENTIONS:

Her doctor prescribed Prilosec for excess acid, Celexa for pain, and Allegra for her allergies.

Pam knew that a lot of her problems were associated with food and that various environmental elements were

aggravating her condition. However, neither she nor the doctor she was regularly seeing could identify the offenders. No allergy test they used could help them. It was then that her physician was introduced to the LRA by

ELISA/ACT® testing and treatment programs, which help to repair the immune system and reset the healing mechanisms.

Pam took the **LRA by ELISA/ACT** test in February 2002. There were a total of four strong reactions and 17 moderate reactions with one food group.

STRONG REACTIONS: Gliadin, amaranth, buckwheat/ kasha, and baker's yeast.

MODERATE REACTIONS: Lead, hexachlorocyclohexane, benzyl acetate, whole butter, parmesan cheese (cow), goat milk/cheese, chicken, barley, millet, wheat, cola, pepper (white), black-eyed peas, broccoli, cauliflower, lentils (red and green), parsley, and the cow dairy food group.

IMPLEMENTATION: Pam had a consultation with one of **ELISA/ACT** Biotechnologies' Certified Clinical Nutritionists. She was informed about the basis of the testing, what relevance it would have to her condition, and how to substitute for the strong and moderate reactions. To support the desensitization program, she was also advised about adding the valuable

nutritional supplements that were recommended to her. The Alkaline Way diet was also emphasized.

INITIAL CLINICAL OUTCOME: Barely a couple of weeks after starting the program, Pam noticed a distinct improvement in her overall health. Her constipation dramatically decreased. Diarrhea and bloating were also minimal. In addition, there was a marked increase in her energy level.

SEVEN MONTHS LATER: Pam is feeling much better. She has no complaints about her digestion. In her words: "I have not felt this good in five years." She sleeps well and is able to concentrate better. Her painful mouth and tongue sores have completely disappeared. Fatigue, aches, and pains are very minimal. This improvement has even prompted her to move to a new home, which she had been contemplating for a while but never had the energy to do.

Interestingly, when Pam had a cookie at a friend's house a few weeks ago, the butter in it caused her to be sick to her stomach, and she had a severe headache. The reaction made her realize the importance of the **LRA by ELISA/ACT** program, and she plans to continue avoiding her reactive items. Pam is extremely pleased with the significant improvements in her quality of life and only wished she had found out about the **LRA by ELISA/ACT** program sooner.

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LRA by ELISA/ACT® Case Study of a 54-Year-Old Female with Migraine Headaches

Prepared by Jayashree Mani, MS, CCN

BACKGROUND AND HISTORY: The current migraine headache population, based on U.S. Census Bureau statistics totals 32.5 million; of those diagnosed 75% are women and 25% are men.*

Irene was diagnosed with migraine headaches and sinusitis when she was 40 years old. Her headaches were intense, recurring every week for two to three days, associated with nausea, vomiting, and severe back pain.

PRIMARY PROBLEMS: Migraine headaches and sinusitis

THERAPEUTIC INTERVENTIONS: Irene's physician initially treated her with therapies to balance her hormones and aggressive detoxification programs. Although the therapies temporarily relieved Irene of her headache and backache symptoms, the pain returned with greater intensity and frequency. Irene's physician had previously attempted to treat her food sensitivities unsuccessfully. Having only had immediate allergic reaction testing, the physician decided to gain a more comprehensive assessment of Irene's food sensitivities through **LRA by ELISA/ACT®** testing.

The **LRA by ELISA/ACT** was performed in February 2003.

Irene had a total of 3 strong reactions and 7 moderate reactions.

STRONG REACTIONS: Cane sugar, benzene, petroleum by-products, solvents
Strong food group: Sugars

MODERATE REACTIONS: Chicken, orange, cottonseed oil, black pepper, beet sugar, boysenberry, gold

IMPLEMENTATION: Soon after receiving her test results, Irene scheduled a consultation with EAB's Certified Clinical Nutritionist, Jayashree Mani, for a thorough explanation and interpretation of the **LRA by ELISA/ACT** results. Recommendations were given to Irene for avoidance/substitution of the foods and chemicals to which Irene reacted. In addition, The Alkaline Way diet was recommended, including a comprehensive regimen of nutritional supplementation.

INITIAL CLINICAL OUTCOME: Irene did not have a major migraine headache event until after three weeks of following the treatment protocol. This may have been triggered by exposure to a reactive substance from her **LRA by ELISA/ACT** tests.

SEVEN MONTHS LATER: Before following this plan for substitution for her food and chemical sensitivities as the cause of her migraine headaches, it was common for Irene to experience up to three migraine headaches each week. While following the avoidance/ substitution plan of her

sensitivities and *The Alkaline Way* diet, it has now been nearly four months since she has had a severe migraine episode.

However, Irene notices that whenever she strays away from the food she should eat, she gets a dull headache. This recurrence of symptoms suggests the accuracy of the **LRA by ELISA/ACT** tests results and makes her even more determined to carry out the treatment program associated with the **LRA by ELISA/ACT** tests. She has never been free of migraine attacks for this long of a period, and it has given Irene much confidence in the treatment program. Irene plans to retest as soon as possible to see how well her immune system has restored itself to healthy tolerance.

Based on Eggers data, proper and comprehensive identification and substitution for reactive substances brings sustained relief to 92+% of migraine sufferers. **LRA by ELISA/ACT** provides the most comprehensive and complete tests available.

***SOURCE: Migraine Update; NINDS**

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LRA by ELISA/ACT® Case Study of a 41-Year-Old Male with Psoriasis

Prepared by Jayashree Mani, MS, CCN

HISTORY: Mark developed the first few symptoms of psoriasis in high school. It started with a mild, itchy sensation on his elbows. He was not too concerned about it, so he carried on with his normal daily life. As long as he avoided excessive sunlight and kept his skin moist, his symptoms were under control. Recently, especially in the past six to nine years, Mark experienced a heightened exacerbation of these annoying and painful symptoms. The itch in the areas around his elbows was the worst. His skin would turn red and become inflamed. Other areas of his body seemed to be affected as well, and soon the back of his ears, the base of his neck, and even his scalp developed sores. Mark felt it was time to seek a physician's help. At his first visit to a skin specialist, he was diagnosed as having psoriasis.

PRIMARY PROBLEMS: Excessive itchiness, redness, and inflammation of the skin in specific areas.

THERAPEUTIC INTERVENTIONS: Mark was prescribed steroid creams to soothe his skin. For his scalp, he used Neutrogena shampoo and more recently tried Psoriasin gel. However, after initially providing slight relief, this treatment also proved to be ineffective. Unfortunately, none of his previous physicians recommended allergy testing to determine the cause of his condition. Frustrated after many years of suffering, Mark was anxious to find a

physician who could treat his painful condition successfully. Finally, Mark found a physician who recommended that he have **LRA by ELISA/ACT®** testing done. The **LRA by ELISA/ACT** test was taken in December 2002.

There were a total of 5 strong reactions and 10 moderate reactions.

STRONG REACTIONS: Squash, gliadin, sage, benzopyrene, potassium bromate

MODERATE REACTIONS: Banana, chocolate/cocoa, wheat, bay leaf, anise seed, mung bean, halogenated biocide, selenium sulfide, aspartame/nutrasweet, brilliant black

IMPLEMENTATION: After receiving his **LRA by ELISA/ACT** test results, Mark scheduled a consultation with EAB's Certified Clinical Nutritionist, Jayashree Mani, who explained how to substitute for his strong and moderate reactive items. He was also advised about the importance and value of an alkaline diet and which nutritional supplements to incorporate into his treatment program.

INITIAL CLINICAL OUTCOME: Having never approached his condition in this manner, Mark was very enthusiastic about starting the **LRA by ELISA/ACT's** comprehensive treatment program. Within a week of avoiding the reactive items on his **LRA by ELISA/ACT** test results, Mark felt a tremendous reduction in the itch

and excessive dryness of his skin, which he had been living with for over 20 years.

THREE AND A HALF MONTHS LATER:

Over three months later Mark's psoriasis symptoms have been significantly reduced. At first, there was some lingering discoloration of his skin, but that is now clearing up. Mark does not need any external creams or gels, and his skin no longer feels scaly or dry.

With the help of **LRA by ELISA/ACT** testing and by following an alkaline diet, Mark has been able to achieve the successful results and symptom relief he had been striving for after many years of ineffective treatments. Mark intends to continue with the **LRA by ELISA/ACT** program and get re-tested in six months to find out how well his immune system has been repaired and revitalized.

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LRA by ELISA/ACT® Case Study of a 58-Year-Old Female with Rhinitis

Prepared by Jayashree Mani, MS, CCN

HISTORY: Ever since Sara was a young child, she was constantly being taken to a physician's office due to the following symptoms: (1) a perpetual cold, (2) constant sneezing, (3) a stuffy/runny nose, (4) an itchy throat, and (5) red, watery eyes. From childhood through young adulthood, her poor health persisted. It was an extremely difficult time in Sara's life. She did not find a physician who could effectively heal her or explain what was wrong with her health. Only within the last year was Sara diagnosed with chronic, unresponsive allergic rhinitis.

PRIMARY PROBLEMS: Post nasal drip, constant sneezing, frequent headaches, and extreme fatigue (CFIDS).

THERAPEUTIC INTERVENTIONS: Although Sara had visited a number of physicians to seek relief, they would always prescribe the same medications. Antihistamines and decongestants would give her immediate relief, but would never solve her underlying health problems. An allergy specialist recommended the RAST test for Sara. The results showed that she was allergic to dust, pollen, and grasses. Symptomatic treatment did not help.

Almost every night, Sara would wake up unable to swallow and short of breath. To make matters worse, Sara's energy level was decreasing on a "daily basis". She also was developing some minor digestive issues. Just as Sara had almost given up

hope, she was introduced to the **LRA by ELISA/ACT®** tests through her health practitioner.

The **LRA by ELISA/ACT** test was taken in July 2002.

There were a total of 3 strong reactions and 8 moderate reactions out of 343 items tested.

STRONG REACTIONS: Cadmium, pyrene, clove

MODERATE REACTIONS: Antimony, propylene glycol, saccharine, green grape/raisin, candida albicans, pecan/pine, kale, Chinese ginseng.

IMPLEMENTATION: After receiving her test results, Sara scheduled a consultation with EAB's Certified Clinical Nutritionist, Jayashree Mani. During the consultation with Jayashree, Sara learned how to substitute for her strong and moderate reactions. She was shown how to add valuable nutrient supplements to her beneficial *Alkaline Way* diet.

INITIAL CLINICAL OUTCOME: Sara was a bit skeptical about the efficacy of the **LRA by ELISA/ACT** tests since no treatment program had ever given her any relief from her painful health condition. However, she decided to give it her best effort.

The first thing that Sara noticed after she started avoiding the reactive items on her **LRA by ELISA/ACT** tests results, was that her “post nasal drip” had stopped. Her sleep was much more restful and uninterrupted. She also no longer experienced a “heavy head” in the mornings, which had plagued her most of her adult life.

Today, Sara’s health is stronger than ever, which she credits to the **LRA by ELISA/ACT** treatment program and *The Alkaline Way* diet plan.

FIVE MONTHS LATER: After five months, Sara feels like a different person. She is no longer fatigued. An interesting point to note is that during the fall season her health usually is at its weakest point due the many inhalant allergy exposures. This year, however, while on the **LRA by ELISA/ACT** program she felt great. She has also overcome the sensitivity to grasses and pollen, which were her major RAST test reactions. Symptom suppressive antihistamines and steroids are not needed. She is now able to garden, which she had not been able to do for many years due to her ill health.

After six months, Sara intends to get retested and see how well her immune system has healed and to what items she may be sensitive.

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LRA by ELISA/ACT® Case Study of a 56-Year-Old Female with Sjogren's Syndrome

Prepared by Jayashree Mani, MS, CCN

HISTORY: Sjogren's syndrome is an autoimmune disorder in which immune cells attack and destroy the glands that produce tears and saliva; therefore, the major symptoms of the disorder are dry mouth and dry eyes. Sjogren's syndrome is also associated with rheumatic disorders such as rheumatoid arthritis and affects 1-4 million people in the United States.*

Last year, due to her elevated cholesterol levels, Rose's doctors started her on a couple of statin medications. Not being able to tolerate the statins, she started going downhill within a few months. After extensive examination and some tests, she was found to have rheumatoid arthritis. During this time, she had been suffering with very dry eyes and decreased salivation in the mouth. This led to more tests being done, and Rose was diagnosed with Sjogren's syndrome in early 2004. Ninety percent of the cases of Sjogren's syndrome occurs in women in the U.S.**, and it affects everyone differently.

As is characteristic of Sjogren's syndrome, Rose's main complaints were uncomfortably dry eyes and mouth. In addition, she had dry skin and nails, extreme fatigue, and increased joint pain.

PRIMARY PROBLEMS: Sjogren's syndrome and rheumatoid arthritis.

PRIMARY THERAPEUTIC INTERVENTIONS:

Luckily for Rose, in the early part of the year she met with a very competent physician who recognized that her situation would have to be dealt with in an integrative and holistic manner. Lipitor and Crestor were discontinued immediately, and she was put on a detoxification regimen. Rose felt a difference in her health right away but there was still something missing.

Realizing the link between the **LRA by ELISA/ACT®** test and an autoimmune condition like Sjogren's syndrome, her physician had her take the test.

The **LRA by ELISA/ACT** test was first taken in March 2004. Rose had a total of 1 strong reaction, 12 moderate reactions, and 2 moderate food groups.

STRONG REACTION: Raspberry

MODERATE REACTIONS: Benzene, Ethyl Butyrate, Sulfite/Metabisulfite, Butter (Whole), Date, Tamarind, Kelp/Sea Weed, Trichophyton rubrum, Pepper (Green, Yellow, Red), Tomato, Radish, Plum (Umeboshi)

MODERATE FOOD GROUPS: Cow Dairy and Nightshades

As soon as she received her test results, Rose had a consultation with EAB's Certified Clinical Nutritionist, Jayashree

Mani, who provided an explanation and interpretation of the **LRA by ELISA/ACT** tests results. *The Alkaline Way* diet was also recommended along with a comprehensive nutrient protocol to correct deficits and enhance detoxification.

INITIAL CLINICAL OUTCOME: A couple of months after Rose was tested, her major symptoms of dryness, fatigue, and joint pain started decreasing. She was very careful to avoid all of her reactants as best as she could and to take the nutrient supplements her physician had recommended.

Seven months later, Rose's physician asked her to get tested again to see how well her immune system had healed since she began following the program.

The second **LRA by ELISA/ACT** test was taken in November 2004. Rose had a total of 2 strong reactions and 12 moderate reactions.

STRONG REACTIONS: Peach, Sugar (Corn)

MODERATE REACTIONS: FD&C Blue #2, Bass, Blackberry, Orange, Safflower Oil, Coffee (Decaf and Regular), Thricothecium roseum, Watercress, Phenol, Dieldrin, Methylene Chloride, Gum (Acacia)

EIGHT MONTHS AFTER INITIAL TESTING: Rose says that she has really benefited from the complete **LRA by ELISA/ACT** program. Initially, she was a bit disappointed at not having a smaller list of reactants the second time she took the test. However, the results revealed more detail about her condition, and she has found that avoiding those items and monitoring the quality of food she eats has made a significant difference. Her doctor visits have reduced, she is happy with how she feels, and she hopes to strengthen her immune system further by continuing with the program.

* **National Institute of Neurological Disorders and Stroke**

****NIH, The National Women's Health Centre, 2004**

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LRA by ELISA/ACT® Case Study of a 69-Year-Old Female with Temporal Arteritis

Clinician: Norman Schwartz, MD - Milwaukee, WI

Prepared by Russell Jaffe, MD, Ph.D. and Jayashree Mani, MS, CCN

HISTORY: Temporal arteritis (also called cranial or giant cell arteritis) is an inflammation of the temporal artery (which runs over the temple, beside the eye). Symptoms of this disorder may include stiffness, muscle pain, fever, severe headaches, pain when chewing, and tenderness in the temple area. Other symptoms may include anemia, fatigue, weight loss, shaking, vision loss, and sweats. It usually affects those over 60 years of age, and women are approximately 4 times more likely to suffer from this disease than men.*

Our case report discusses Marilyn, a 69-year-old woman with long-standing rheumatoid arthritis who sought consultation for symptoms of increasing fatigue, temporal headaches, blurred vision, anorexia, weight loss, and night sweats of several months' duration.

Note: Since inflammation is cumulative repair deficit, it is appropriate to stimulate immune functions to shift away from defense work and toward repair functions using the **LRA by ELISA/ACT®** tests and treatment guides.

MEDICAL HISTORY: Evaluation by Marilyn's family doctor in 1996 showed an increased erythrocyte sedimentation rate (ESR) of 121 with persistent microcytic anemia and low serum iron despite iron therapy. Gastrointestinal evaluation for neoplasm was negative. Arthroplasty of

the right shoulder and fusion of the left wrist was noted.

Rheumatology evaluation was obtained due to patient's symptoms, and the patient was referred for a temporal artery biopsy that was positive for giant cell arteritis (temporal arteritis). Her ESR was initially monitored every 3-4 weeks and then with decreasing frequency (Figure 1).

PRIMARY PROBLEMS: Temporal arteritis

PRIMARY THERAPEUTIC INTERVENTIONS: High-dose steroid therapy was strongly suggested but Marilyn refused due to concerns about side effects. She requested more conservative management. She was then given the option of a comprehensive program that included the **LRA by ELISA/ACT** testing. Additional therapy included anabolic replacement (DHEA), quercetin with OPC bioflavonoids, and buffered ascorbate to stimulate connective tissue repair.

The **LRA by ELISA/ACT** test was taken in April 1996. Out of a total of 343 items tested, Marilyn had 7 strong reactions and 7 moderate reactions.

STRONG REACTIONS: Nickel (Ni), Diacetyl, Mango, Grapeseed oil, Corn sugar, Phenol, and Siberian ginseng

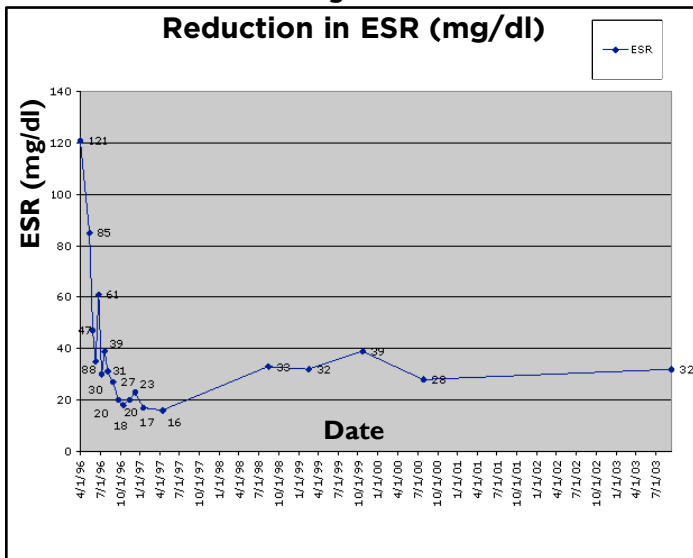
MODERATE REACTIONS: Turbot/Whitefish, Red Grape, Buckwheat/Kasha, Bayleaf, Psyllium seed, Spearmint, and Garlic

INITIAL CLINICAL OUTCOME: Marilyn responded to this course of treatment with complete resolution of visual symptoms, gradually increasing energy and well-being that correlated with lower ESR (except for an intercurrent increase in ESR during an acute viral episode on 6/24/96). By April 1997, microcytic anemia had resolved, and RBC indices had normalized (Figure 1).

SIX YEARS LATER: Regular annual blood work was checked and monitoring of especially ESR was continued. When tested in September 2003, Marilyn still maintained a satisfactory ESR and for the most part was symptom free.

***National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, MD 20892**

Figure 1



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LRA by ELISA/ACT® Case Study of a 30-Year-Old Female with Hashimoto's Thyroiditis

Prepared by Jayashree Mani, MS, CCN

HISTORY: Leslie is a 30 yo C, F, PO GO diagnosed two years ago with Hashimoto's thyroiditis after many years of seeking solutions to relapsing and remitting symptoms.

Hashimoto's thyroiditis is an autoimmune disease that affects approximately five percent of the adult population. Diagnosis is eight times more frequent in women than in men*. When a repair deficit accumulates, the blood thyroid barrier (if it is concurrently under distress), erodes. This results in a more permeable blood-thyroid barrier. As part of the blocked repair process, B and T lymphocytes are active within the patient's thyroid gland. Leslie's symptoms of hypothyroidism date from at least 1995. Her diagnosis was not confirmed until 2002. As a child, she would frequently have bouts of pneumonia and ended up taking multiple, concurrent rounds of antibiotics.

PRIMARY PROBLEMS: Fatigue (CFIDS), muscle weakness (rhabdomyolysis), joint pain, weight gain associated with water retention and bloating, digestive distress, and Bechet's Disease

THERAPEUTIC INTERVENTIONS: Leslie was initially treated with Synthroid. On her move to Europe, the medication was changed to Euthyrox. When she returned to the United States, one of her physicians recommended the **LRA by ELISA/ACT®** tests and clinical treatment guide.

The goal is to find the causes of delayed allergic hypersensitivities that burden her immune system.

The **LRA by ELISA/ACT** test was performed in October 2003.

Leslie had a total of 2 strong reactions, 7 moderate reactions, and 1 moderate food group.

STRONG REACTIONS: Red grape/raisin, pecan/pine

MODERATE REACTIONS: Benzaldehyde, methylene chloride (dichloromethane), xylene, xanthan gum, egg white (chicken), raspberry, date, nectarine, barley, brown rice, aspirin / coal tar, chestnut, carob, trichophyton mentagrophytes goetzii, paprika, tobacco, carbamates, brown miso

MODERATE FOOD GROUP: Nightshades

IMPLEMENTATION: Leslie promptly consulted EAB's Certified Clinical Nutritionist, Jayashree Mani, who provided her with an explanation and interpretation of the **LRA by ELISA/ACT** tests results. In addition, The Alkaline Way diet was also recommended along with a comprehensive nutrient protocol to correct deficits and enhance detoxification.

INITIAL CLINICAL OUTCOME: Within a Few weeks, Leslie started feeling much better as she substituted for the reactive items and started implementing her

full health recovery plan along with the adequate nutrients that were advised. She slowly felt her energy level come back and was not in as much pain.

STAYING WITH THE LRA BY ELISA/ACT

TESTS: Leslie says “these past few months have been the best I have felt” in years. Her thyroid medication levels are also being evaluated. She plans to get herself retested after six months so that she can continue improving and restore healthy tolerance to her immune defense and repair system.

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American Academy of Family Physicians

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LRA by ELISA/ACT® Case Study of a 50-Year-Old Male with Thyroiditis

Clinician: Vladimir Berkovich, MD - Manasquan, NJ

Prepared by Russell Jaffe, MD, Ph.D. and Jayashree Mani, MS, CCN

BACKGROUND: Chronic thyroiditis or Hashimoto's disease is an autoimmune thyroid gland disorder. An immune system action against the thyroid gland is considered to be the cause. The immune attack starts when the blood-thyroid barrier breaks down either because of toxin overload to nutritional deprivations that lead to breakdown of the basement membrane that filters the blood to let the nutrients in and the wastes out of the thyroid gland. Prolonged increased permeability or leaky blood-thyroid barrier can lead to enough destruction of the gland that it becomes underactive or hypothyroid.

Endocrine scientists estimate that between 0.1% and 5% of all adults in Western countries have Hashimoto's thyroiditis. Common symptoms include intolerance to cold, persisting weight gain that is hard to lose, fatigue, constipation, and, in extreme cases, enlarged neck or presence of goiter. It is common to have no initial symptoms. This is also known as silent thyroiditis and was first described in 1972 by Bruce Weintraub. The onset of the disease is usually slow. It may take months or even years for the condition to be properly diagnosed*.

Our case report discusses Dr. B, a 50-year-old medical practitioner diagnosed with Hashimoto's Thyroiditis in June 2002.

MEDICAL HISTORY: Dr. B's major complaint leading to his diagnosis was increasing fatigue. People with thyroiditis often have antibodies to thyroid tissue produced inside the thyroid gland indicating a

permeability of the gland. A thyroid autoantibodies test conducted for Dr. B showed elevated anti thyroid globulin antibodies. On the basis of this test result he was clinically diagnosed with Hashimoto's Thyroiditis.

PRIMARY THERAPEUTIC INTERVENTIONS: Initial treatment consisted of supplementation with colostrum and a thyroid support formulation complex consisting mainly of vitamins A, D and E, zinc, iodine, and selenomethionine. A repeat thyroid autoantibodies test was conducted after about 9 months in March 2003. The anti-thyroid globulin antibodies remained elevated.

Hashimoto's thyroiditis involves an attack on the thyroid gland associated with increased cell mediated delayed allergies. Not having tackled this aspect of the condition, Dr B felt it prudent to take the **LRA by ELISA/ACT®** tests to detect his delayed hypersensitivities.

The **LRA by ELISA/ACT** tests were performed in April 2003.

Out of a total of 377 items tested, Dr. B had 5 strong reactions, 1 strong food group, 15 moderate reactions and 1 moderate food group.

STRONG REACTIONS: Benzyl acetate, Diacetyl, Green Grape/Raisin, Navy/ninja bean

STRONG FOOD GROUP: Sugars (Maple sugar, Sucanat)

MODERATE REACTIONS: Medical items:

Barium sulfate, Therapeutics: Cellulose/Hemicellulose, Xanthan gum, Peony Flower Parts, Vegetables: Buckwheat/Kasha, Avocado, Snow/Green Pea, Cucumber, Fruits: Plum/prune, Xenobiotics: Petroleum By products & Solvents, Romano (Sheep) cheese

MODERATE FOOD GROUP: Cow Dairy (Whole butter), Lactalbumin, Raw Milk (Cow)

Dr. B diligently followed the different aspects of the program by avoiding the offending reactants to the best of his ability, maintaining an alkaline diet and supplementing with essential nutrients.

INITIAL CLINICAL OUTCOME: A few months after being on the **LRA by ELISA/ACT** plan, Dr. B started seeing the difference in his level of energy. He took follow-up **LRA by ELISA/ACT** tests again a year later in May 2004. This time Dr. B had just 2 strong reactions, 6 moderate reactions, and 1 moderate food group. Note: Items that came up positive again on repeat testing are in italics.

STRONG REACTIONS: *Barium sulfate*, Latex

MODERATE REACTIONS: *Xanthan gum*, *Lactalbumin*, Grape seed oil, Avocado, Red Leaf lettuce, Salicylate

MODERATE FOOD GROUP: Cow Dairy

Dr. B continued to adhere to the **LRA by ELISA/ACT** plan after the new set of results and was heartened by the decrease in the level of fatigue and increase in his overall sense of wellbeing. He had the thyroid autoantibodies test done for the third time in October 2005 and this time the anti-thyroid globulin antibodies had fallen to a normal level (Fig. 1). Dr. B was pleased with these results.

Fig. 1 Reduction in Thyroid Antibodies



THREE YEARS AFTER INITIAL TESTING: Presently, Dr. B is all set to take the LRA by ELISA/ACT tests again soon so that he can keep a close watch on his immune system and keep the thyroiditis in sustained remission.

**U.S. National Library of Medicine, National Institutes of Health*

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LRA by ELISA/ACT® Case Study of a 35-Year-Old Female with Ulcerative Colitis (UC)

Prepared by Susan E. Brown, Ph.D.

HISTORY: AA weighs 67.5 Kg and has a blood pressure of 132/68. She has a ten-year history of ulcerative colitis (UC) first established by biopsy and barium enema in 1983 with continuous clinical activity until 1990 despite intensive medical management, including azulfidene (0.5gmQID).

Annual sigmoidoscopies repeatedly confirmed persisting “cobblestone granuloma” lesions from 8-25 cm. Barium enemas in 1/83, 9/86, and 11/89 were all diagnostic for UC. The patient reports excellent compliance with all treatment plans. In 11/90 the patient was clinically symptomatic with an ESR of 60. Otherwise, the multiphasic 24-item chemistry panels and routine hematology tests were within usual ranges.

AA elected to have a lymphocyte response delayed type hypersensitivity (DTH) cell culture (**LRA by ELISA/ACT®**) for 235

antigens. On initial testing, the patient showed an unusually high 45 reactions.

IMPLEMENTATION: AA was taken off all foods to which she had a strong reaction as well as those to which the reaction was intermediate. She was also put on a nutritional supplement program.

IMMEDIATE OUTCOME: Avoidance of reactive antigens was associated with complete symptom remission.

LONG-TERM OUTCOME: A repeat DTH cell culture in 11/91 showed a 54% reduction in reactive epitopes (from 45 to 20), and on 10/92, the same assay showed a further reduction from 20 to 17 items. Inter-test confirmation of antigen reactants had an $R=0.928$. AA remains asymptomatic for the past 27 months.

RESPONSE OF ULCERATIVE COLITIS PATIENTS TO LRA BY ELISA/ACT PROGRAM

Subject	Date UC Dx	UC Activity	Barium Enemas	Sigmoidoscopes	ESR Peak	ESR Now	Date of LRA by ELISA/ACT Test
AA	12/83	Continuous	12/83, 9/86, 11/89	12/83, 9/86, 11/89	60	8	11/90 Symptomatic 33+ months; Asymptomatic for 27+ months
ML	8/69	Intermittent	8/69, 6/73, 4/77, 2/80, 5/84, 3/85, 9/92	6/69, 4/72, 4/77, 2/80, 5/84, 3/85, 9/92	90	6	3/85 Symptomatic 130+ months; Asymptomatic for 90+ months
JK	3/88	Continuous	3/88, 9/89, 11/92	3/88, 9/89, 11/92	70	12	9/90 Symptomatic 130+ months; Asymptomatic for 90+ months

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LRA by ELISA/ACT Case Study of a 29 year-old Female with Ulcerative Proctitis

Clinician: Brian McGuckin, DC

Prepared by HonaKandi, CHNP, MBA and Jayashree Mani, MS, CCN

HISTORY AND BACKGROUND: Ulcerative proctitis is characterized by inflammation, redness, and ulcerations of the lining of the rectum (the rectum is the last six inches of the large intestine). The word “ulcerative” is used because the disease causes the formation of sores/ulcers on the inner lining of the rectum.

Our case report discusses Suzy a 29-year-old, physically active mother of three young children. With a weight of 150 lbs., height of 66 inches and a BMI of 24, Suzy presented with the diagnosis of Ulcerative Proctitis of two years duration. She came to the office looking to address rectal bleeding. No open wound and no hemorrhoids; only leaking fatigued tissue. Her symptoms included constant drainage of blood (ranging from faint to significant) from the lower rectum and anus

INITIAL TREATMENT: Suzy’s main past medication was Mesalamine Suppository that was prescribed to her when blood drainage was excessive.

PLAN: LRA by ELISA/ACT®. Given the distinct inflammation connection that Ulcerative Proctitis has and Suzy’s symptoms and clinical history, the next logical step was to attain a clinical goal of reducing the overall burden on the immune system with the ultimate aim of restoring healing capacity and repair. She was introduced to the **LRA by ELISA/ACT** tests for food and chemical sensitivities. It was determined that these delayed food and chemical sensitivities would lead her and the practitioner to answers that would reduce the immune burden and consequent inflammation.

The **LRA by ELISA/ACT** was performed on February 5, 2021.

Suzy had a total of 15 strong and moderate reactive items

STRONG REACTIONS: Chicken, Sugar, Beet, Chamomile, FD & C Yellow # 6, D & C Green # 5, Locust Bean Gum, Benzyl Acetate, Parsnip

MODERATE REACTIONS: Peanut, Carob, Swordfish, Geotrichum candidum, Toluene, Okra, Radish

IMPLEMENTATION AND CLINICAL

OUTCOMES: Suzy was asked to avoid the strong reactions for six months and the moderate for three months. Toluene was one of Suzy’s moderate reactive items and found in her lubricant. Suzy had been using the lubricant for years. She was asked to stop using the lubricant and initiate a supplement regimen. The first thing she was required to do was follow the Ascorbate Vitamin C calibration (C cleanse) protocol. Her bleeding stopped once she stopped using the lubricant and started doing regular C cleanses.

Suzy reported that while following the plan and using C cleanse self-test, there was a chemical smell during calibration for several months. Other nutritional supplements recommended were **PERQUE L- Carnitine Plus Guard™**, **PERQUE Detox IN Guard™**, and **PERQUE EPA/DHA Guard™**. Suzy was advised to stick with the weekly C cleanse protocol and add two teaspoons of **PERQUE** vitamin C daily, in addition to her

other supplements. She was also asked to include eating avocado with her fish oils. The goal was to move the omega 3 index of 6.61% closer to a healthier 8%. By doing so, Suzy managed to achieve a balance of Omega 6 /Omega 3 fats moving from 5.8: 1 to 4:1.

Eight months into this therapeutic plan, Suzy reported decreased blood loss- going to intermittent days of no bleeding with faint pink blood on wiping at the most. Her practitioner recommended a repeat **LRA by ELISA/ACT** test for food and chemical sensitivities.

The second **LRA by ELISA/ACT** was performed on October 16, 2021.

Suzy had a total of 17 strong and moderate reactive items and 1 food group to avoid due to strong reaction,

STRONG REACTIONS: Cow Dairy (group), Brewer's Yeast, 1,2 Dichlorobenzene, Yogurt (Cow), Parsnip

MODERATE REACTIONS: Chocolate/ Cocoa, Tuna, Processed Cheese (Cow), Mango, Eggplant, Tapioca, D & C Green #8, Benzopyrene, Beryllium Oxide, Isopropyl Ether, Catfish, Rapeseed/Canola Oil, Scallion/Spring Onion

This second test showed a decrease in strong reactions, which shows improvement.

After nine months of following the entire dietary and supplementation therapeutic plan, Suzy's omega index increased to 7.38%, a much healthier Omega 3 level. Her omega 6/3 ratio was balanced to more beneficial, 4.8 to 1.

By the one-month follow-up visit, Suzy noted that all bleeding had stopped. She stated that her symptoms started disappearing as soon as she applied the LRA test results and started reducing exposure to her reactive items. In addition, she reported a significant improvement in the stoppage of bleeding after just two weeks following the LRA treatment plan.

STAYING WITH THE LRA BY ELISA/ACT TESTS AND PLANS: In line with her condition, a personalized plan using the LRA test and PERQUE supplements was further outlined for her, and Suzy has returned to a healthy state of wellbeing.

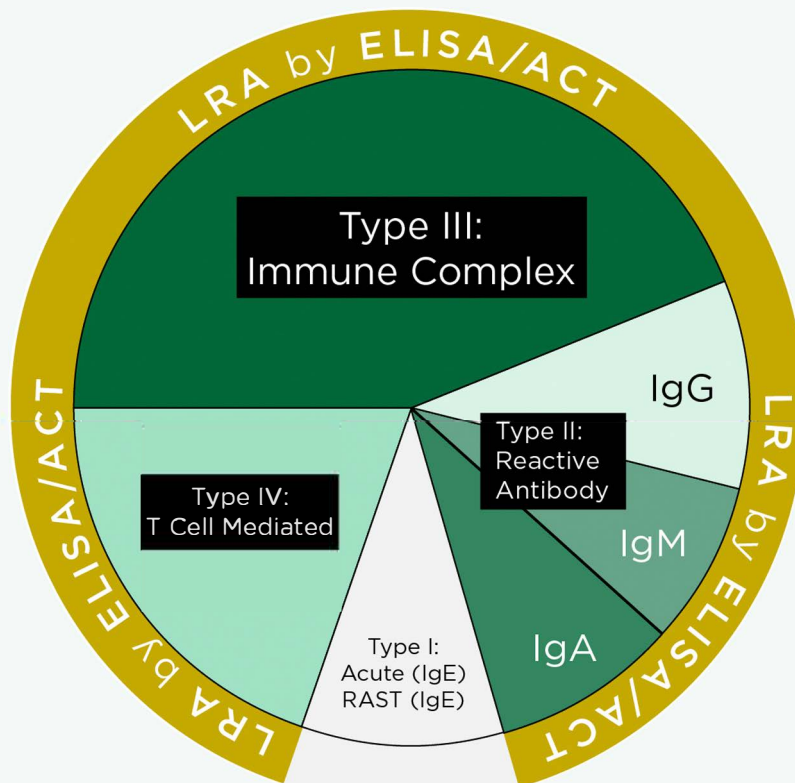
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