



IT'S THE CURE FOR WHAT AILS YOUR PRACTICE.

BioAllergenix is a pioneering corporation specializing in scientifically integrating holistic healthcare philosophy with modern technology; providing an alternative, non-invasive and natural approach to health and wellness. To achieve this goal, BioAllergenix utilizes an understanding of how environmental substances can impact and influence normal body function. The BAX 3000 is a biofeedback based, patented, FDA cleared and automated device which allows practitioners to provide LASER (light and sound energy relaxation) therapy.

How it works:

The BAX 3000 measures impedance within electrical circuitry in the human body. There is a known relationship between stress and the body's electrical conductivity. Changes in stress result in changes in impedance, which the BAX 3000 will detect. Using frequencies to mimic substances, the BAX 3000 evaluates the neurological stress reactions during exposure to as many as 100,000 of these substance frequencies. This reaction could indicate allergy, sensitivity, intolerance, deficiency or simply that the substance caused neurological stress to fluctuate at that moment. In fact, the BAX 3000 is not meant to diagnose any condition. Instead the practitioner simply measures stress reactions caused by substances, and relieves stress during exposure. The clinical success reported is a byproduct of this process.

The therapy involves re-exposure to the stressor combined with a positive (endorphin releasing) stimulus. The goal is to train the neurological system to NOT become stressed when exposed to the substance during real world exposure situations. The stress reaction results from a cause and effect association between the substance and a trauma. When a person is exposed to a substance during a trauma the brain may connect the two, assuming the substance caused the trauma. During future exposures the brain attempts to expel the substance, in an attempt to block the trauma from returning. The BAX 3000 attempts to stop this process by teaching the nervous system to not become stressed, the first step in the process.

The BAX 3000 is a Bio-Feedback based system which includes the Digital Conductance Meter (DCM) which is FDA cleared for neurological relaxation and stress reduction. Stress is accepted as a contributing factor not only to the severity of allergy symptoms but also to the development of allergies themselves.

- 1) According to Rosalind J. Wright, M.D., M.P.H., Harvard Medical School, Boston, and Sheldon Cohen, Ph.D Carnegie Mellon University, Pittsburgh.....
 - a. ." Researchers are now finding that certain allergic disorders like hay fever, eczema and asthma are regulated, in part, by hormones and brain chemicals released into the bloodstream in response to stress. Persistent stress leads to long-term damage, and disease can result including allergies. Evidence from overlapping research supports the idea that psychological interventions aimed to reduce stress and modify mood states influence asthma expression.²⁷ Studies have demonstrated that psychological interventions and the relaxation response may influence the expression of allergic disorders through effects on circulating cortisol levels or the immune response.^{28,29} ¹⁶ Hopefully, they'll even help you stop sneezing.
 - b. Combining stress reduction techniques with more standard medical regimens typically prescribed for allergic disorders may be a good idea. Standard therapy for moderate-to-severe allergic disorders including asthma involves

the more long-term use of anti-inflammatory agents (i.e., steroids), which have potential adverse effects, particularly at higher doses. Complimentary treatment strategies that may enhance pharmacologically active asthma treatment regimens, allowing for the use of lower doses with fewer negative side effects may, therefore, be a reasonable approach to therapy.

- c. Research on psychological interventions suggest that psychological interventions including stress reduction interventions have the potential to affect a substantial number of individuals with allergic disorders given that as many as 30% to 40% of such patients demonstrate sensitivity to short-term stress and other emotional states that may worsen their disease. Of course the addition of these types of interventions should be discussed with your healthcare provider and importantly are not likely to completely eliminate the need for the medicines prescribed for the control of your allergic symptoms”
<http://www.thedoctorwillseeyounow.com/news/behavior/0505/allergies.shtml>
- 2) According to The American Medical Association (AMA), stress is the cause of 80 to 85 percent of all human illness and disease. Every week, 95 million Americans suffer some kind of stress-related symptom for which they take medication. http://mindbodyfitness.suite101.com/article.cfm/how_to_cope_with_stress
- 3) Experiment by Ohio State University: Researchers from The Ohio State University recruited 28 men and women who had history seasonal allergies and hay fever. Standard skin prick tests were given to them to test their reaction to various allergens. A positive reaction to the allergen would produce wheals on the skin. The volunteers were put through low stress and high stress conditions. Their psychological condition or stress level was determined by giving them psychological questionnaires. The volunteers who were mildly anxious showed a 75% increase in the size of wheals after the experiment. The size of wheals doubled in the case of highly anxious volunteers. The group who were highly anxious were four times more likely to have a stronger reaction to the skin test the next day. This experiment <http://allergies.ygoy.com/2008/08/19/can-stress-worsen-allergies/>
- 4) American Psychological Association: Psychological stress and anxiety can make seasonal allergy attacks worse and linger longer, according to research presented Thursday at the annual meeting of the American Psychological Association in Boston.
- 5) Pediatric Allergy and Immunology journal: Stress during childhood increases the risk of allergies. The fact that stress events can have an influence on the development of allergies has been known for a while. The mechanisms behind this however remained unexplained for a long time. <http://www.ufz.de/index.php?en=16934>



[A Food Allergy Study Utilizing the EAV Acupuncture Technique](#)

. J. Tsuei, M.D., Carl W. Lehman, M.D., Fred M.K. Lam Jr., M.D., and David A.H. Zhu, M.D.
Journal of the advancement of medicine

Six diagnostic measures were performed on 30 volunteers. Five of the six diagnostic measures are currently utilized procedures for allergy, namely history and food challenge, skin, RAST, and IgE tests. The sixth and new method is based upon Electroacupuncture According to Voll (EAV). Results showed that the EAV test evidences a high degree of compatibility with the other five, particularly the food challenge test. As a new, non-invasive but sensitive test, it was found to be quite promising

[Studies of electrodermal testing](#)

Tsuei J and Madill P. A food allergy study using the EAV acupuncture technique. *Am J Acupunct* 1984;12:105-16. 2. Fuller Royal F, Fuller Royal D. Scientific support for electrodiagnosis. *Br Homoeopathic J* 1991;18:166-78. 3. Fox A. Determination of neutralisation point for allergic hypersensitivity. *Br Homoeopathic J* 1987;76:230-4. 4. Ali M. Correlation of IgE antibodies with specificity for pollen and mould allergy changes in electrodermal skin responses following exposure to allergens. *Am J Clin Pathol* 1989;91:357-9. 5. Krop J, Swiesczek J, Wood A. Comparison of ecological testing with the Vegatest method in identifying sensitivities to chemicals, foods and inhalants. *Am J Acupunct* 1985;13:253-9. 6. Krop J, Lewith, G, Gziut W, Radulescu C. A double-blind, randomised, controlled investigation of electrodermal testing in the diagnosis of allergies. *J Altern Complement Med* 1997;3:241-8. 7. Katelaris CH. Vegatesting the diagnosis of allergic conditions. *Med J Aust* 1991;155:113-4. 8. Holgate ST, Robinson C, Church MK. Mediators of immediate hypersensitivity. In: Middleton E, Reed CE, Ellis EF, eds. *Allergy, principles and practice*. Vol 1. St Louis: Mosby, 1993: 267-301.

Tsuei et al[1] compared the use of the Dermatron with RAST and provocative intradermal skin testing for food intolerance and reported that electrodermal testing showed the best correlation with blind diagnostic food challenge. Fuller Royal et al and Fox stated that this method is rapid, "accurate," and as "effective" as any other for defining food intolerance.[2] [3]

A double blind study comparing the results of IgE antibody levels for a variety of pollens and moulds with electrodermal testing for the same allergens in 20 patients demonstrated a 73% correlation between the two methods of testing.[4] Krop et al compared provocative intradermal testing with the Vegatest in order to identify sensitivities to foods, chemicals, and inhalants and found a significant correlation between the two[5]

A further study by Krop et al evaluated electrodermal testing in two groups of patients using double blind methodology designed to test whether electrodermal testing could differentiate between histamine and house dust mite and water and saline in patients who had a positive result to a skin prick test for house dust mite.[6] Initially, 41 patients were electrodermally tested; and "blind" testers using identical, coded test ampoules were able to discriminate between allergen and non-allergen in 82% of the cases. A subsequent study of 24 patients, using the same double blind, randomised methodology, showed that blind testers could discriminate 96% of the time between allergic and non-allergic substances.[6] Katelaris has published a critical report on the use of the Vegatest for diagnosing food intolerance and concludes that the Vegatest is a pseudoscientific clinical tool that is of no diagnostic value.[7] In the case of IgE dependent allergic responses, there is a clearly understood mechanism whereby mast cells and basophils release proinflammatory mediators in response to allergen exposure.[8] It is difficult to connect this known pathophysiological mechanism with any theory that embraces a change in whole body electrical conductivity.

[The Past, Present, and Future of the Electrodermal Screening System \(EDSS\)](#) By Julia J. Tsuei, MD, FACOG. From the [Journal of Advancement in Medicine](#).

"The author and others have produced a body of scientific data and literature that demonstrate efficacy of the EDSS and offers plausible mechanisms of action."

"We have completed over 20 studies using the EDSS, 8 of which are translated into English. In the first study, 11 patients receiving treatment in a family practice were observed. Conditions seen included peptic ulcer, appendicitis, chronic chorea, and cancer of the colon, breast and uterus. In every case, readings taken with EDSD matched standard diagnostic tests. In another study, allergy symptoms were assessed by standard diagnostic methods. Testing with EDST correlated closely with accepted criteria, particularly the food rechallenge test, considered the most reliable method of testing for food allergies."

[Food allergy and Electroacupuncture \(EAV\)](#)

by Dr. med. Jana Wankatova and Vera Dolejsova of the Czech Republic. From the [Abstracts of the International Medical Acupuncture Symposium](#) hosted by [The International Council of Medical Acupuncture and Related Techniques \(I.C.M.A.R.T\)](#)

"The aim of the work was to perform a comparative study of diagnostic methods of the school of medicine of EAV according to Dr.Voll when ascertaining food allergy... It appears that the EAV method represents a great contribution also for the diagnostics of food allergies. It has practically no limitations, does not burden the patient, is cheap, reliable, and makes a timely diagnosis of food allergies possible as early as in the infants, which also makes a timely solution of the whole problem possible. "

[Case Findings from a Family Practitioner's Office Using Electroacupuncture According to Voll](#) By Frederick M.K. Lam, Jr., M.D.,and [Julia J. Tsuei, M.D.](#)

"Abstract: The selected eleven cases presented here are reported from a family practitioner's office using the Electroacupuncture According to Voll (EAV) diagnostic technique. Six cases had findings of malignant tumors, three were diagnosed as G- γ° bleedings one for acute inflammation, and one for chronic degenerative disease. All findings were confirmed by classical means of diagnosis.

"After Dr. Reinhold Voll published his works in 1975 and 1980,^{1,2} many physicians and dentists throughout the world started to experiment with the technique of Electroacupuncture According to Voll(EAV). In order to study the validity of EAV, the authors used two approaches. The first approach was to design a research project using EAV to identify a selected pathology; allergy, from an unknown population group in which the patients and controls were mixed. The diagnoses were backed up by five other recognized diagnostic methods. This study showed the accuracy of EAV to be slightly greater than 80 percent.³ The second approach was to use EAV as a diagnostic tool on a group of patients visiting the family practitioner's office in order to detect various kinds of disease. EAV diagnostic was compared with the traditional diagnostic methods. The following case reports are the results of the second approach. Both approaches support the fact that Electroacupuncture According to Voll is an extremely valuable diagnostic method. "

[Longitudinal observation of bioenergetic change on meridian system in patients with gynecologic tumors undergoing treatment by using Electro-Dermal Screening Test](#)

Author: Ting-Chang Chang M. D., M.P.H.

[Seems to be only a proposal for a Clinical Trial. No results are given](#)

"Based on the meridian system, Electro-Dermal Screening Test (EDST) is a non-invasive test and reflects the bioenergetic status by using a electro-dermal screening device (EDSD). We scheduled to apply EDST on patients with benign and malignant gynecologic tumors undergoing treatments, and analyze the potential change before and after these treatments. We expected that this investigation might evaluate the role of EDST in patients with gynecologic tumors. "

DISCUSSION

There have been double-blind assessments of meridian stress assessment reported in the American medical literature. In 1989, Ali reported in the American Journal of Clinical Pathology the results of a double-blind test comparing the results of the IgE antibody levels (using a micro ELISA procedure) for a variety of pollens and molds to meridian stress assessment for the same antigens. The results showed concordance between the two tests of 73 percent.^{32 32} Ali M: Correlation of IgE Antibodies with Specificity for Pollen and Mold Allergy with Changes in Electrodermal Skin Responses Following Exposure to Allergens. Am J Clin Pathology 1989; 91(3): 253-259.

In 1985, Krop did a double-blind test comparing meridian stress assessment to sublingual and intradermal testing for a variety of foods, chemicals, and inhalants. In 66 percent of the 227 tests, the meridian stress assessment identified exactly the same "neutralizing" (optimal treatment) dilution as did the intradermal and sublingual testing.^{33 33} Krop J, Swierczek J, Wood A: Comparison of Ecological Testing with the Vega Test Method in Identifying Sensitivities to Chemicals, Foods and Inhalants. Am J Acupuncture 1985; 13(3):253-259.

In 1984, researchers from the University of Hawaii compared 6 different diagnostic modalities for assessing food allergies. These tests included history, food challenge, skin, RAST, IgE antibodies, and meridian stress assessment on 30 volunteers. The testing was done in a double-blind fashion, with the patients not knowing what antigens were being tested, and the instrument operator not knowing anything about the patient's food sensitivities. In over 300 tests, meridian stress assessment matched the history 74 percent of the time, the food rechallenge test 77 percent of the time, skin testing 71 percent of the time, and RAST 69 percent of the time. The authors conclude that "the EAV(or MSA) data obtained in this experiment demonstrates the highest degree of compatibility with the food challenge test, which is considered to be the most sensitive of the currently available diagnostic techniques for food allergy. In addition, the EAV (MSA) results were comparable with both skin and RAST tests.³⁴ (see appendix 3) 34. Tsuei JJ, Lehman CW, Lam FMK, Zhu DAH: A Food Allergy Study Utilizing the EAV Acupuncture Technique. *Am J Acupuncture* 1984; 12(2):105-116.

In comparing these three double-blind studies, it is of interest to note that the numbers of "false positives" identified by meridian stress assessment greatly exceeds the number of "false negatives." The breakdown is as follows: 34. Tsuei JJ, Lehman CW, Lam FMK, Zhu DAH: A Food Allergy Study Utilizing the EAV Acupuncture Technique. *Am J Acupuncture* 1984; 12(2):105-116.

	False	False
Study	Positives	Negatives
Ali	22	5
Krop	42	2
Tsuei	67	18
Totals	131	25

Krop points out that in his study, the subjects were only tested to things to which they reported an adverse response. He expressed the opinion that these apparent "false positives" were not false at all, but merely reflected a greater sensitivity of the meridian stress assessment compared to the more traditional testing to which it was compared. The results of the other two studies may also have reflected this greater sensitivity with meridian stress assessment.

Disadvantages and advantages of meridian stress assessment

Disadvantages - Antihistamines, corticosteroids, and other medications may suppress a person's immune reactivity, resulting in false positive readings on the instrument. Skin testing may also be suppressed in the same way. False positive reactions may occur in response to chemicals in the environment in which the testing occurs (such as reactions to perfumes, cleaners, etc.) Occasionally, for unknown reasons, the instrument fails to identify a food, chemical or inhalant to which a person by history repeatedly reacts. The instrument may also occasionally identify an allergen as positive, even though avoidance and re-exposure fails to confirm that finding. Although not perfect, double-blind studies using meridian stress assessment have shown a better correlation with food allergy than any other known test. It is also our clinical impression that meridian stress assessment correlates more closely with the observations of the patient than the more traditional forms of testing. Other advocates of meridian stress assessment share this viewpoint. One doctor from Colorado reported the results of a survey of 109 patients tested with this technique. All had been tested by some other method in the past, and 69 percent thought that the results of meridian stress assessment were more reliable than more conventional testing, with only 5 percent reporting it is less reliable. The rest either thought it was the same or didn't comment. Since there is no reliable standard by which to compare meridian stress assessment, at the present time there is no reliable way to assess its accuracy.

Perhaps the biggest disadvantage of meridian stress assessment is the poor acceptance of the technique by some physicians. There has been a tendency by some, with a 1910 mentality, to dismiss it as pure "quackery" without even knowing any more about it than it is some kind of electric device. According to a California colleague, a state official pronounced that he had proven that the use of meridian stress assessment instruments is pure quackery because he had personally tested one out that he had confiscated from a local practitioner and showed conclusively that it didn't work.

Unfortunately, all too many physicians are prepared to accept this type of judgement, while rejecting all the world literature to the contrary. Even back in the 1700s Johann Wolfgang von Goethe knew about this type of mentality when he stated "we are accustomed to having man jeer at what they do not understand."

Advantages - Meridian stress assessment seems to be at least as reliable, and probably more reliable, than other forms of allergy testing available. It is much safer than skin or challenge testing, since exposure to the allergenic substance is minimal. It is also much more pleasant for the patient than skin testing, since the testing itself is completely painless. There are also no unpleasant adverse reactions, which may last for many days with skin or challenge testing.

Meridian stress assessment is much less expensive (in our hands) than other forms of testing. A typical charge from a traditional allergist for a series of skin or RAST test is often between \$300 and \$500. Our charge at the present time for testing well over 100 items is \$60, and that is not for the testing per se, but rather for the doctor's, nurse's, or other paramedical personnel's time in explaining avoidance and rechallenge techniques, verification of results with other methods, diversified rotary diets when indicated, and treatment options.

One of the biggest advantages of using meridian stress assessment is in detecting sensitivities and identifying optimal treatment dosages instead of relying on trial and error, as used in intracutaneous serial dilution titration techniques, or with sublingual provocative-neutralization techniques.

Another useful application of meridian stress assessment is in testing medications. Every doctor in primary care is faced with patients who seem to react to a lot of different medications, and who need to be given something to control blood pressure, or who need surgery, or who are on a lot of medications and there is strong evidence that they are reacting to one or more of their drugs.

There is a great deal of concern about iatrogenic disease these days, which is in fact believed to be responsible for about 36 percent of hospital admissions.³⁶ An estimated 2 percent of hospital patients even die from iatrogenic causes.³⁷ A great number of these unfortunate problems are caused by adverse reactions to drugs. Skin testing for identifying such problems are rather inadequate, since many of the drugs are not available.³⁷ in an injectable form for testing purposes. Even if an injectable form is available, the patient still might react to the dyes, fillers, or excipients in the oral form. Many of the reactions from drugs are non IgE, and may not even show up on skin testing. In the past, the only option was trial and error, and it was often after several unpleasant reactions that a tolerable, effective choice was found. With trying to sort out a patient's problems on a lot of drugs, it is even more complex. One has the dilemma of trying to decide whether to stop everything and then reintroduce medications one at the time, whether to stop only one drug at the time, or whether to try switching some of their drugs to other types. Going off of certain medications can be potentially dangerous to the patient. The meridian stress assessment will usually indicate within a few minutes which medications are likely to be a problem. This testing can also indicate which medications are likely to be well tolerated. Based on that information, it is generally a simple matter to avoid the problem drug, and introduce medication likely to be well tolerated. Although this technique is not foolproof, and may not pick up every type of adverse reaction, it is certainly a lot better than a shot in the dark as with an entirely trial and error approach.

We have several patients who experienced severe reactions to the anesthetics or other drugs used during previous surgical procedures. We have been able to test for reactions to various classes of medications needed, find presumably safe alternatives, and then have these drugs used by the anesthesiologist and surgeon. In the cases in which we have participated, the patients have tolerated the anesthesia and post surgical medications beautifully. Of course the patients and the doctors involved were told that the testing was no iron-clad guarantee that no reactions would occur, but would at least provide a good chance of a reaction free procedure.

37. Trumet P, et al: The Role of Iatrogenic Disease in Admissions to Intensive Care. JAMA 1980: 244:2617-2620.



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