

Headaches

BACKGROUND: Researchers at the Biological Immunity Research Institute, Scottsdale, Arizona have developed a lab test using urine & saliva. The test is unique because it has its roots in soil chemistry rather than the traditional medical approach. The test is called the Biological Immunity Analysis® (BIA).

Phase 1 Determine if the various BIA factors are significantly related to a patient's health. If the BIA factors can be related to wellness, it may be possible to use this simple, non invasive 10-minute evaluation technique as a *pre-diagnostic* wellness modality to determine trends and tendencies of a patient long before the patient experiences symptoms, or before traditional medical testing is able to detect them.

Phase 2 Discover what positive affects the dietary and lifestyle regime suggested by the BIA has on the various states of wellness. This regime is referred to as the Biological Immunity System® (BIS).

FACTORS: The test consists of 7 parameters; Sugar Brix, Urine pH, Saliva pH, Conductivity Cell Debris, Nitrate Nitrogen, Ammonia Nitrogen.

Sugar Brix (urine): (Goal: 1.5) A scale of 0-10 has been developed using a Sugar Brix refractometer.

Urine pH: (Goal: 6.4) A scale of 4.5-8.5 has been developed using a digital pH meter.

Saliva pH: (Goal: 6.4) A scale of 4.5-8.5 has been developed using a digital pH meter.

Conductivity (urine): (Goal: 7) A scale of 0-60 C-units has been developed using a Conductivity meter reading a scale of 0-40,000 micromhos. One micromho equals 1.5 C-units.

Cell Debris (urine): (Goal: 1) A scale of 1-4 has been developed using a visual measuring technique of the urine specimen.

Nitrate Nitrogen (urine): (Goal: 3) A scale of 1-14 has been developed using a color chart comparison to shape and color produced by the chemical reaction of the specimen with the specified reagents.

Ammonia Nitrogen (urine): (Goal: 3) A scale of 1-12 has been developed using a color chart comparison to color produced by the chemical reaction of the urine specimen with the specified reagents.

ENERGY CATEGORIES

Metabolism Efficiency (EM) : (Goal: 75%; Minimum Acceptable: 55%) A scale of 0-100 has been developed taking into account; 1) the value of each of the various factors and their respective scales and, 2) the position that each of the above factors have with regard to established acceptable ratios between the various factors.

In most cases, the higher the EM, the fewer symptoms and greater wellness the patient should exhibit, unless the number of Adverse Relationships (AR's) is excessive. In which case, it would indicate emotional stress, as opposed to physical or biochemistry stress, to be the cause of presenting symptoms. The EM may be used as a biofeedback tool to determine how well the patient is converting food into energy.

Reserve Energy (ER) : (Goal: 75%; Minimum Acceptable: 65%) A scale of 0-100 has been developed taking into account various factors identified as using the combined average of all previous EM's taking into account a Smoking Factor, Drug Factor and Surgery Factor. The Reserve Energy (ER) is designed to be a guide to the immunity and healing capacity of the patient. The EM can fluctuate much more rapidly than the ER, thus the ER gives an overview of progress made to date.

Biological Age (BA) : (Goal: Actual Age) A scale of 0-100 has been developed to furnish another biofeedback tool to measure the hypothetical effect of the present EM on the body. This serves as another measurement device to quickly assess the progress being made by the patient to restore balance and wellness to the body.

Adverse Relationships (AR) : (Goal: 0-4) A scale of 0-12 has been created by comparing the position of individual factors against each other. The greater the number of AR's, the more imbalanced and stressed the patient may be expected to be. The greater the AR's, the more emotional stress, as opposed to physical or biochemical stress, can be expected to be the cause of the presenting symptoms, unless the EM is also high, in which case emotional and toxin suppression may be expected. The greater the AR's, the deeper and more chronic the diagnosed problem is expected to be, and the longer it will take to bring balance and wellness to the body.

Speed of Decline (SD) : (Goal: 0-1) A scale of 0-4 has been developed by comparing the position of the Saliva pH on its scale relative to the position of the other factors. There are 4 relationships being observed. The Speed of Decline (SD) is determined by the number of Adverse Relationships involving the Saliva pH. The greater the SD, the greater the inertia behind the deterioration of the balance and wellness of the patient. It has been observed that a SD of 4 is very serious and almost impossible to treat. An SD of 3 is serious but seems to respond quite well to the proper regime.

Balanced Numbers: It has been observed that balance is related to wellness. The BIA is relative to each individual, as opposed to the usual method of comparing test results to accepted norms. This required a way of determining what each individual reading SHOULD BE relative to the remaining numbers. The discrepancy between what the actual reading is and what it should be becomes all-important in determining the nature of the imbalance and how it should be treated. This Balanced Numbers concept overcomes the difficulty presented by the urine becoming diluted or concentrated due to many factors occurring throughout the day.

Balance Chart: A Balance Chart was created to graph each BIA factor. Wellness may be depicted by a near horizontal line created by individual BIA components being plotted on the graph. It has been observed that the profiles exhibited by differing graphs can be associated with various presenting symptoms. It has also been observed that as the patient follows the proper regime resulting in the Balance Chart moving toward a horizontal line, the presenting symptoms disappear and the EM rises, ER rises, BA declines, AR's decrease and SD decreases.

HEADACHE GROUP: Out of 1569 subjects (Control Group) ages 10-80 years, 438 subjects (Test Group) indicated having a problem with headaches.

FINDINGS

Sugar Brix

The Test Group (438) was 33% more likely to have a Sugar Brix reading 1.0 or less, 40% more likely to have Sugar Brix reading of 6.9+, AND 16%, more likely to have Sugar Brix 11+ points lower than the Balanced Sugar Brix reading. This group was also 18% more likely to have Sugar Range higher than the Salts Range.

Urine pH

The Test Group (438) was 18% more likely to have a Urine pH (UpH) between 6.5-6.9., and 20% more likely to have UpH 5-9 points higher than the Balanced Urine pH (B-UpH). The Test Group was 12% more likely to have a UpH greater than the SpH and 33% more likely to have a UpH Range higher than the Nitrogens Range.

Saliva pH

The Test Group (438) was 25% more likely to have a Saliva pH (SpH) between 5.5-6.0 and 25% more likely to have a SpH above 7.4. The Test Group was 12% more likely to have a SpH less than the UpH and 50% more likely to have a SpH greater than the B-SpH Range greater than the Salts Range.

Both pH

The Test Group (438) was 27% more likely to have pH Total of 14.9-15.1, and 33% more likely to have the UpH be 9-11 points greater than the SpH.

Conductivity

The Test Group (438) was 50% more likely to have a Conductivity reading between 8-9, and 33% more likely to have a Conductivity Reading greater than 45. The Test Group was 25% more likely to have a Conductivity reading 10-19 points greater than the Balanced Conductivity Reading and 20% more likely to have Conductivity Reading 5-9 points less than the Balanced Conductivity Reading.

Salts/Protein Ratio

The Test Group (438) was 20% more likely to have a Conductivity/Protein Ratio between 0-1.5.

Nitrate Nitrogen Range

The Test Group (438) was 40% more likely to have Nitrogen Reading above 14, but also 50% more likely to have a Nitrate Nitrogen less than the Ammonia Nitrogen by 4+ points.

Nitrate/Ammonia Ratio

The Test Group (438) was 11% more likely to have a Nitrate/Ammonia Ratio from .1-1.0.

EM

The Test Group (438) was 133 more likely to have a Metabolism Efficiency (EM) reading of 5-24%.

AR's

The Test Group (438) was 18% more likely to have Adverse Relationships (AR's) between 8-12.

Age

The Test Group (438) was 13% more likely to have an age of 31-40.

Brix Interpretation

Because the Sugar Brix scale is sensitive to the concentration of total Sugars in the urine, it is likely that as the glucose level available to fuel the brain decreases, there is a corresponding Sugar Brix decrease. This hypoglycemic situation would be a primary cause of headaches.

It has been observed that hypoglycemic patients tend to have a low Sugar Brix, leading us to believe that there is a connection between low Adrenal function and an under-balanced Sugar Brix, if not a low-scale Sugar Brix. The fact that headaches are also associated with a high Sugar Brix correlated with our theory that a toxic blood stream, exemplified by a high urine specific gravity (high Sugar Brix) causes an inability of proper oxygen flow to the cells of the brain. The brain sends out a headache signal as it swells due to dehydration.

For the individual having a low Sugar Brix, a diet high in Protein, Pantothenic Acid, Vitamin C, Sodium and Calcium may increase this Sugar reading and eliminate the headaches. For the individual having a high Sugar Brix headache problem, a diet consisting of low Protein, more pure water, and lemon juice to sufficiently hydrate the tissues, reduce the swelling and end the headaches. In addition, a lifestyle including lymphatic stimulation, exercise and adequate pure water will assist in lowering this High Sugar Brix.

The higher incidence of Sugar Range exceeding the Salt Range again demonstrates the inability of the individual suffering from headaches to sufficiently detoxify the blood to allow the brain to properly breathe.

Urine pH Interpretation

Because the Urine pH is supposed to be acid, the fact that the Urine pH is more likely to be too alkaline in people with headaches may be because it is more difficult for the kidneys to filter the acids out of the blood as the blood becomes more concentrated and as adrenal and kidney function deteriorates. As the body becomes more acid due to the inability to properly filter the acids, the alkaline reserves are severely taxed. Evidence of this is the high incidence of UpH being greater than the SpH. It may also be due to over-consumption of foods that result in an alkaline blood response.

Observation indicated that increases Vitamin C, Calcium Lactate, lemon juice, Vitamin A and Trace Minerals as well as a diet high in Sulfur, Calcium, Sodium and alkaline minerals will restore the acid Urine pH and the ability of the kidneys to once again eliminate the acids. As balance is once again restored to the Urine pH, the headaches may be expected to disappear.

Saliva pH Interpretation

The fact that the Saliva pH (SpH) is more likely to be very alkaline as well as very acid in this Test Group may be due to the observation that the more stressed an individual is the higher the SpH can be expected to be.

The SpH, relative to the rest of the BIA, is a measurement of the vitality level; the body's ability to respond, or resist the aggression in the patient's environment. This aggression produces an increased level of acid, which needs to be neutralized. In a vital body, this will cause the SpH to rise.

As the distress continues, whether environmental or poor diet, the body loses the ability to effectively eliminate the acids. This is demonstrated by an increase in the incidence of a declining SpH, either actually or relative to the UpH.

The Test Group is more likely to have a SpH greater than the Balanced SpH (B-SpH) because the individual is over-reacting to perceived aggression. This increases the pressure and ultimately drains the alkaline reserves if not replenished through proper dietary habits.

The Test Group is more likely to have a Urine pH higher than the Saliva pH. This may indicate that the acids are not being eliminated (high UpH) and are building up in the system (SpH).

The higher incidence of SpH Range being higher than the Salts Range is due to the reduction of the alkaline reserve, thereby reducing the electrolytes available for acid buffering. As the Sodium is retained in the system, water retention is also higher, causing swelling of tissues, which will put increased pressure on the brain, causing headaches.

Increases pure water, lemon juice, lipotropic enzymes and other protein digesting substances should be helpful in restoring the proper SpH balance. As the correct dietary and lifestyle regime is followed, the Urine pH and Saliva pH once again return to their correct positions. When this happens, the headache symptoms may be expected to disappear.

Conductivity Interpretation

The Salts (Conductivity) reading being more likely to be low-scale or high scale in the Test Group, as well as being more likely to be significantly Under-Balanced or Over-Balanced is similar to the Sugar Brix. It also correlates with the status of the immune system and alkaline reserve. First there is strong immune response and plentiful alkaline reserve corresponding to the High Conductivity and High Over-Balanced Readings. Ultimately the alkaline reserve becomes deficient, corresponding to the Low Conductivity and Under Balanced Readings. As the acids build up in the system more alkaline minerals are required to bond and create acid salts, which are then eliminated through the urine. As these minerals become deficient, there will be a lower Conductivity Reading.

Since the Salts reading is correlated to the alkaline reserves of the body, as the individual gradually loses the vitality necessary to adequately respond to the stress, the Conductivity (Salts) reading has been observed to decrease or become Under-Balanced. The more toxic a person becomes, the more the Urine Conductivity should rise, if the person is properly eliminating the toxins. The fact that headache prone people tend to have excess Conductivity and late, insufficient Conductivity, is indicative of low electrolytes and of a low Metabolism Efficiency resulting in internal toxicity, which is precursor of the headache symptoms as the body attempts to protect itself by signaling it is suffering from sub-clinical dehydration and excess radiation leading to acidity.

As the Salts reading rises, increased pure water intake is necessary to combat the dehydration. As the Salts reading falls to Under-Balanced, Trace Minerals, Electrolytes, Protein, Apple Cider Vinegar and Ascorbate C complexes with minerals will assist in bringing this reading back to balanced.

Salts/Protein Ratio Interpretation

The Conductivity/Protein Ratio should be approximately 1.5. The Headache Test Group's tendency to have a low Conductivity/Protein Ratio is due to the preponderance of low Conductivity coupled with high Nitrate Nitrogen (Protein). It has been observed that as this ratio decreases, the person's metabolism and emotional pattern shifts into a defensive posture, meaning that a chronic situation likely exists.

The remedy lies in the items listed under Conductivity Interpretation as well as items to support the adrenals, liver and pancreas in their ability to provide proper glucose balance to the brain.

Nitrogen Interpretation

The Headache Test Group's tendency to have an elevated Nitrate Nitrogen is due to excessive undigested protein by-products existing in the blood and filtering out into the urine. It is the existence of this toxic substance that predisposes the person to headaches.

Increasing the pure water intake, adding lipotropic factors to the diet, enzymes, fasting and introducing liver support into the lifestyle regime of the patient will lower the excessive Nitrate Nitrogen; decrease the load on the kidneys and liver, resulting in reduction of allergy symptoms.

Nitrate/Ammonia Ratio Interpretation

The Nitrate/Ammonia Ratio being more likely to be low in the Test Group may be explained by the observation that as the internal acid response becomes greater, the body produced a higher level of ammonia to conserve the alkaline reserves, especially as they begin to run low.

It has also been observed that in persons with headaches, the Nitrate Nitrogen decreases relative to the Ammonia Nitrogen. This may be due to the fact that as the atoms of the body becomes compressed due to increased radiation and acidity, the body retains and requires a higher protein intake in order to put some space between the atoms. Nitrogen serves this purpose.

It has been observed that as the Nitrate Nitrogen falls relative to the Ammonia Nitrogen, any Low or Under-Balanced Sugar Brix situations are greatly magnified. This is due to the fact that protein plays an important role in the providing support and energy to the immune system. This magnification will contribute to any headache tendency.

Total Nitrogen Interpretation

The Test Group's high incidence of elevated Total Nitrogen, relates to the previously discussed situation of excessive undigested and trapped blood protein making its way to the urine. The presence of this undigested, ultimately toxic material predisposes one to headaches as it blocks oxygen flow to the brain.

As the proper BIA lifestyle measures are enacted, this Total Protein reading will come into balance. As it does, the headaches will disappear.

EM Interpretation

The Test Group's high incidence of low Metabolism Efficiency (EM) is expected because the lower the EM, the more undigested food by-products will be in the system, resulting in a lower oxygen uptake by the brain cells. The more stressed the person becomes; the more drugs are used to suppress the symptoms, the lower the EM travels, causing more chronic degeneration.

As the proper BIA dietary and lifestyle alterations are made, the EM increases to more desirable levels and the headaches decrease.

AR Interpretation

The Test Group's high occurrence of high Adverse Relationships (AR's) couples with the high occurrence of low EM's is expected because the more chronic radiation and stress the body/mind is subjected to, the higher the # of AR's, requiring a greater hormone flow to rush around the body putting out fires.

When there is proper balance between mind and body, there is an inverse proportional relationship between the EM/AR. When the EM decreases along with the AR's increasing, it is usually a sign of the presence of extreme physical and/or emotional stress.

Age Interpretation

The fact that the Test Group is much more likely to be between the ages of 31 - 40 indicates that the stress factor may be greatest for this age group. Raising a family and career expectations are very intense during this time. This would contribute to the acid build-up and sub-clinical dehydration that we see associated with headache symptoms.

Further research is expected to show that the Biological Immunity Analysis® and the accompanying Biological Immunity System® are effective in indicating what type of dietary and lifestyle regime a person needs to adopt in order to decrease headache symptoms and to prolong life.

Information

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