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Report on Tayfun Keratli and his parents' experience with AIRNERGY (Translation from German)

We are pleased to present ourselves as the Kiratly family. Our 5-year-old son Tayfun is suffering from the diagnose A-typical autism.

We have been trying – for 2 years now – to find the very best therapy for Tayfun. We read, among other alternative therapies, about the hyperbaric oxygen (HBOT). But our research where and how in Germany to realize, we hit upon the AIRNERGY-website and the Airnergy principle.

Even though relevant studies with autistic children were not thematized, we did not want to leave this method untried.

For one month, the Professional Plus version by AIRNERGY is in use in our home. Handling and operation is very uncomplicated. During the first 2-3 days Tayfun had, of course, some difficulty to get used to; but then he willingly took his breathing tube. We ourselves tried and showed him to help him overcome anxiety and shyness. And he was allowed to see his favored DVD while inhaling.

I think that a nice DVD may – one might say – act as an amplifier, if children have to inhale. On the other hand, we did not force him to rest without moving 20 minutes near the Airnergy unit. He was allowed to get up if he wanted to, but consequently the DVD was stopped then also. This happened in the beginning. But very soon he was willing and able to not remove the breathing cannula for 20 minutes. Even better now, Tayfun asks us if he may "make Airnergy". I assume, therefore, that he realizes Airnergy to be in no way unpleasant.

All of the time, Tayfun has very well tolerated his Airnergy breathing therapy; and we were not at all embarrassed about possible negative side effects. Except for 1 - 2 days - the boy had a fever – we "made Airnergy", as he expresses it, every day. The reason was a virus, and we preferred to contact the Airnergy company to ask if high fever was a side effect. That not at all being the case, his fever dropped within 2 days.

Most of the days, we applied Airnergy in the morning prior to the Kindergarten (\sim 7.30), a second time when he came home (15.00) and in the evening (about \sim 19.00).

On some days Tayfun felt a bit tired after applying Airnergy; but the cause may just as well have been his time in the Kindergarten.

And there were days when we felt he was a bit hyperactive. But I have to add that he is always kind of hyperactive. He has a good appetite (he cleans his plate twice and for more than one year his weight is still 17,7 kg \square).

A significant improvement of his cognition, his speech and/or his social behavior could so far not be observed. But I think that one month is quite a short period of time. As for HBOT, changes are said to be observed after 40 – 80 sessions, i.e. after 8 – 30 weeks.

Therefore, we will go on trying Airnergy for another 2 months.

I do hope sincerely that Airnergy will have a positive effect, also because handling and operation are so much easier than HBOT:

One may stay at home

Not leave his well known environment

Airnergy may be applied whenever the child is demanding it

One may watch favorable movies while inhaling

One may stop for a little while (important for children to wee in time)

Airnergy does not hurt, and its use causes no inconvenience

Children love the beautiful blue light and the sparkling water

My wife, too, has applied for herself the Airnergy-technology; less consequent than Tayfun, but about 2 times a day. She could however give a very concrete report about her experience. My wife is suffering from migraine once a month. If she is a bit lucky, some pain relievers may suppress the pain in the beginning; but anyhow she has to stay half a day to one day in a dark room. This time – when she also applied Airnergy – she had to take but one single pill and overcame her attack very easily.

I myself see in this positive effect an evidence that the HBOT-effect could be similar. HBOT, too, is applied in case of migraine. Why then should Airnergy not have positive effects for other HBOT-indications?

But as long as there are no comparative studies, we will of course not know.

Mesut Keratli