



"Resolving Allergies" Practical Course – Research Summary

Observations, Insights, and New Theories from Five Years of Practice (2020–2025)

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1. Introduction and Purpose of This Document

This document summarises the key observations, data, and theories from our online practical course "Resolving Allergies." It is intended for readers already familiar with the 5 Biological Laws of Nature (5BN) and in particular the concept of tracks.

Our aim is to establish an initial research foundation – so that others working in the field of allergies, whether in research or practice, do not have to start from scratch, but can build on our experience.

Those not yet familiar with the basics of 5BN will find an introduction in our video series "Disease is Different" – available in more than 15 languages (www.disease-is-different.com).

Note: This document describes open questions and competing theories – not definitive answers. We are deliberately sharing our observations in their raw state to encourage dialogue and collaborative research.

2. Data from the Practice Course (2020–2025)

2.1 Overview

From early 2020 to late 2025, approximately 400 participants attended our online practical course. They brought with them a total of over 600 allergies – nearly half of which were hay fever or pollen allergies.

As is typical in online courses, not all participants completed all materials or filled out the forms conscientiously. We estimate that approximately half of those enrolled made a genuine attempt at resolution.

2.2 Success Rates

Resolution success rates differ considerably depending on the type of allergy:

Allergy Type	Success Rate (course completed)	Success Rate (serious attempt, course not completed)	Success Rate (all registered participants)
Hay Fever / Pollen	~30 %	~18 %	~9 %
Other Allergies	~56 %	~44 %	~22 %

Key finding: Other allergies were resolved significantly more often than hay fever. In total, we were able to accompany and document nearly 70 successful resolutions. The greatest difference lies in the ease of trigger identification: hay fever has invisible, omnipresent triggers – which makes targeted exposure and awareness work considerably more difficult.

2.3 How Did Successful Resolutions Work?

In all ~70 successful cases, the approach was essentially as follows: participants identified one or more conflictual situations they believed to be the cause, in which the track was likely present. They then carefully exposed themselves to the track – while consciously recognising that this situation no longer exists today and cannot occur again in the same form (e.g., because as adults they are no longer subject to the same threat). That is: the alarm response no longer serves any purpose today; the substance itself is harmless; and during the original situation it was merely coincidentally present – but had nothing to do with the threat itself.

Why this approach works in some cases and not others is one of the central open questions we address in Section 9.

3. The Existing Theory and Its Open Questions

3.1 The Classical Track Theory

As a reminder: the existing theory states that at the moment of a Biological Conflict, any stimulus present can be stored as a track. Through this stimulus, the Special Biological Program (SBP) is briefly reactivated in the future. The core statement is:

"Any stimulus can be linked to any SBP."

According to this theory, the track briefly activates the SBP; the subconscious recognises there is no genuine danger and releases the SBP – and short healing symptoms follow (PCL phase).

3.2 Six Observations That Don't Fit the Theory

After analysing hundreds of cases, we observe a range of phenomena that are difficult to reconcile with the existing theory:

- **Always bilateral symptoms:** Eye, nasal, and throat symptoms in allergies occur almost without exception on both sides. With a lateral person-related conflict (as is typical in most other SBPs), this would not be expected.
- **Always the same tissues:** Pollen and animal hair almost always affect eyes/nose/lungs; food affects the mouth/gut; sunlight affects the skin. The theory that "any stimulus can be linked to any SBP" would predict a far more random distribution.
- **Immediate onset of symptoms:** Symptoms begin shortly after contact with the allergen begins – not after contact ends, as the two-phase nature of SBPs would suggest.
- **Minimal conflict load, massive symptoms:** A brief reactivation through the track produces almost no conflict load – yet massive symptoms often occur. What could be regenerated after such a brief CA phase?
- **Why so few tracks?** We repeatedly experience biological conflicts in which potential tracks are present – yet most people have only few or no allergies.
- **Why specifically pollen?** 15–30% of people worldwide suffer from hay fever. Why are pollen so frequently stored as tracks, but not rain, wind, or other everyday natural phenomena?

4. Key Observation: Almost Exclusively Ectodermal Tissue

One of the most important observations from our course is that the tissues affected in allergies belong almost exclusively to the ectoderm – i.e., tissues involved in sensory perception and boundary protection:

- Conjunctiva of the eyes
- Nasal, oral, and pharyngeal mucosa
- Bronchial mucosa
- Skin (epidermis)
- Intestinal mucosa (primarily endoderm, with sensory quality; especially in food intolerances)

These tissues lie exclusively at the boundary between the body and the outside world. From the perspective of conventional biology, it is no coincidence that this is also where the highest density of mast cells is found – immune cells responsible for detecting and warding off external influences.

4.1 Data from the Course

Allergy Type	Primarily Affected Tissues
Animal hair (n=94)	Eyes 73%, Nose 80%, Lungs 64%, Skin 40% – Gut: never
Contact allergies: sun, cold, metal (n=32)	Skin 75%
Food (n=167)	Mouth/Gut approx. 50% of symptoms; rarely skin on contact
Inhalation: hay fever, house dust	Almost exclusively nose and eyes; gut virtually never

Conclusion: The claim that "any stimulus can be linked to any SBP" is not observable in typical allergies – there are, for example, virtually no animal hair allergies with gut symptoms. The data show a strong tendency: the affected tissue almost always corresponds to the direct contact route of the allergen. Pollen/animal hair → respiratory tract. Food → mouth/gut. Contact substances → skin.

A possible explanation: in allergies, the structure involves less an abstract person-related conflict (with laterality), and almost always a concrete, local contact with a substance – which is why both sides react simultaneously, and the specific boundary tissue is involved.

5. Statistical Findings from the Hay Fever Questionnaire

We analysed a detailed specialist questionnaire from 124 participants with hay fever. The findings complement the individual case observations with frequency data and help to weigh the various theories (Section 6).

5.1 Symptom Profile

Of 124 evaluable entries: 92% had itchy or red eyes; 94% sneezing; 92% runny nose; 88% swollen nasal mucosa; 80% blocked nose; 47% thick mucus (more typical of PCL). 94% had symptoms outdoors, 76% also indoors – stronger outdoors in 64%.

5.2 Particle Specificity

Do those affected react only to "their" pollen, or also to other particles (house dust, dusty paths, flour)?

- 39% react exclusively to pollen, not to other particles – pollen-specific
- 28% react to pollen + one further particle type
- 33% react to pollen + two or three further particle types → general hypersensitivity

Almost two-thirds of those affected also react to particles other than their main allergens. This indicates a general hypersensitivity of the mucous membranes – and does not support a purely specific track reaction.

5.3 Holiday Data

Of 51 participants with a clear statement about holiday travel during their season:

Experience during holiday	Number	Share
Symptoms completely gone	33	65%
Symptoms significantly better	13	25%
Symptoms unchanged	5	10%

Conclusion: 90% of those who travelled experienced improvement or complete disappearance of symptoms when changing location – often within hours to two days. Many report immediate recurrence upon returning home. This is difficult to reconcile with an ongoing PCL phase (see Theory 6.4), which cannot simply be interrupted by a change of location.

5.4 A New Key Finding: “Worse Shortly After Coming Inside”

54% of respondents (67/124) report that their symptoms worsen shortly after coming inside from outdoor air.

When symptoms intensify at exactly the moment allergen contact ends, this supports a PCL phase beginning when the track is left: the SBP resolves as soon as one leaves the track and is “in safety” – and healing symptoms begin. This is a concrete indication that at least a proportion of those affected show classical two-phase involvement.

5.5 Time-of-Day Peak and Consistency

Symptoms are stronger during the day in 48%, stronger at night/in the morning in 38%, and equally strong throughout in 10%.

- 52% have variable symptoms (sometimes more, sometimes less, depending on factors)
- 32% have consistently relatively constant symptoms
- 10% have almost constant symptoms with individual symptom-free days

Variable symptoms more commonly coincide with a daytime peak; constant symptoms more often with a night-time peak. This may indicate two different progression types (see Section 7).

5.6 Other Relevant Factors

Factor	Worsening	Relieving	Interpretation
Rain outdoors	–	68%	Fewer pollen → less reaction
Showering	12%	71%	Washing off pollen/particles
Air conditioning	–	52%	Particle filtration
Stress / tension	65%	2%	Sympathicotonia intensifies CA symptoms
Exercise	39%	26%	Inconsistent
Seaside holiday	8%	65%	Few pollen, different vegetation
Walking at night vs. daytime	11%	50%	Fewer pollen at night

Antihistamines (cetirizine/loratadine) help 41% of respondents; cortisone sprays 9%; no effect in 16%. The response to antihistamines indicates histamine release – which is possible with CA symptoms involving mast cell activation, as well as with PCL inflammation.

5.7 Pregnancy: Indication of PCL Symptoms

In 28 pregnancies during hay fever season:

- 7 of 8 in the first 3 months (sympathicotonic phase): symptoms significantly better
- 11 of 20 in months 4–9 (vagotonic phase): no improvement

Sympathicotonia (first 3 months) typically dampens PCL symptoms. The data therefore suggest that in the majority of those affected, the visible allergy symptoms are PCL symptoms – even if the triggering mechanism is complex.

6. Possible Theories on the Mechanism

Based on our observations and statistical findings, we have developed several theories that might explain different aspects of the allergy mechanism. None of the theories fully explains all cases – which is itself an important finding.

6.1 Theory A: Classical (Activation → brief CA → Resolution → PCL)

The existing main theory: the track briefly reactivates the SBP. The subconscious recognises there is no genuine danger and releases the SBP. The PCL phase with healing symptoms begins.

Open problems:

- After a split-second CA phase, there is almost no conflict load – what could be regenerated in a massive PCL phase (with subsequently more intense symptoms)?
- If the SBP only resolves once contact ends – why do symptoms become progressively worse with prolonged allergen contact?
- Variant: the SBP reactivates in a continuous loop. But why would it resolve while the track is still present?

6.2 Theory B: Accentuation (Continuously active CA → unstable resolution → PCL)

The original conflict was never fully resolved, but is permanently held in a downregulated state. The track causes a brief accentuation with a subsequent unstable intermediate resolution.

Open problems:

- By what mechanism does the SBP automatically reactivate after resolution, without a new conflictual situation?
- Why do those affected experience new symptoms daily over many years without the conflict load eventually becoming exhausted?

6.3 Theory C: CA Symptoms with Reversed Sensory Direction (New Main Hypothesis)

Starting point: the classical rule (outer skin in CA = numb; in PCL = hypersensitive) may not apply universally.

Our hypothesis: the direction of sensitivity change is determined not primarily by the outer skin sensitivity / gullet mucosa sensitivity (or pain) pattern, but by the quality of the experienced conflict:

- **Desired separation** (separation from something wanted): sensitivity is reduced in CA – the classical rule.
- **Unwanted contact** (something in the nose/eyes/skin that one does not want; fear of contact): sensitivity is increased in CA – the reverse reaction.

This would explain why the presence of pollen immediately leads to symptoms: the SBP is active (CA), the mucous membranes are hypersensitive, every particle is perceived more intensely, and the body responds with secretion and sneezing to expel the perceived track (or threat?) – not because it is repairing tissue, but because it is actively defending against the contact.

Example: track activates the SBP → nasal mucosa becomes hypersensitive → hairs/pollen in the nose are registered more intensely → secretion to clear them → runny nose. As soon as the track disappears (cat leaves the room, leaving the meadow), the SBP resolves → PCL with mild inflammation/swelling. This also explains the “worse shortly after coming inside” phenomenon (54%).

Connection to Mast Cell Biology

From a conventional biological perspective, the mechanism could involve mast cells: the nervous system directly influences mast cells via neuropeptides. In a CA state with reversed sensory direction, mast cells could be activated to release their granules (histamine, prostaglandins).

Important: mast cell degranulation is irreversible – once released, they require hours to regenerate. This could explain why even brief allergen contacts lead to longer-lasting and more intense symptoms, and why antihistamines can help.

Application to Different Allergy Types

Food allergies with diarrhoea:

- Clear CA mechanism: increased peristalsis to expel the “dangerous” content (e.g., apple allergy following fear of worms, pepper allergy following aphids in salad).

Animal hair allergies:

- Track → CA with hypersensitive mucous membranes → rubbing causes irritation/injury to conjunctiva → resolution after leaving → additional PCL symptoms.
- Asthma symptoms almost always begin with a delay – possibly classical (numb in CA, inflammation in the bronchi in PCL).

6.4 Theory D: Long-PCL (Long unnoticed CA → symptomatic PCL season)

Hypothesis: those affected go through a long, unnoticed CA phase each winter/spring (e.g., a weather-related conflict) that resolves at the start of their pollen season. The PCL phase makes the mucous membranes hypersensitive, so that pollen are perceived as strong irritants.

Arguments against (from our data):

- 65% of those affected immediately become symptom-free when changing location – an ongoing PCL phase cannot be interrupted by a change of location.
- Some participants were able to successfully resolve their allergy shortly before the start of the season, which should not be possible if a long CA phase was already underway, and would still need to produce subsequent PCL symptoms.

This theory remains conceivable for a minority of cases – particularly those with constant symptoms and a night-time peak. If it applies: resolution should ideally occur in autumn/winter, before or shortly after reactivation, not during pollen season.

6.5 Theory E: Self-Sustaining Cycle

Scenario: a child resolves a separation conflict in spring. The PCL phase begins; the eyes become irritated and sensitive. At exactly this moment, the child is coincidentally exposed to a large quantity of pollen – while playing in a flowering meadow, for example – which land on the already inflamed mucous membranes and intensify the inflammation. This actual local damage caused by the pollen is interpreted by the subconscious as a new biological threat: unwanted contact that genuinely causes harm. And in this moment, pollen are stored as a track – and from then on, pollen are encoded as a danger!

This theory would explain why hay fever is so common (15–30% worldwide): not because pollen are inherently well-suited to become tracks, but because they are so often encountered at the start of a PCL phase as a genuine local threat. And why resolution is so difficult: the subconscious experiences every year that pollen genuinely cause harm.

Practical implication: here, working on the original separation conflict is not productive, because that is not where the track was formed. Instead, the subconscious would need to be convinced that pollen no longer pose an independent danger, and that the triggering situation was merely an unfortunate, coincidental combination of a fresh PCL phase and a high pollen concentration. The same may apply to other allergy types such as house dust and animal hair. In food allergies, this is also a likely accompanying mechanism: if someone is firmly convinced they cannot tolerate a specific food, that belief alone can trigger diarrhoea – which then confirms the conviction.

7. New Hypothesis: Two Progression Types in Hay Fever

The statistical analysis suggests at least two distinct progression patterns, which may require different resolution approaches:

Progression Type 1: "Variable Track Type" (CA mechanism)

- Variable symptoms: highly situation-dependent, fluctuating
- Stronger during the day (when pollen exposure is highest)
- Better in rain, air conditioning, after showering, at night outdoors
- Immediate improvement or intensification with change of location
- Compatible with: Theory C (CA with reversed sensory direction) or self-sustaining cycle (E)

Progression Type 2: "Constant Night Type" (PCL mechanism)

- Constant symptoms, also indoors and at night
- Night/morning peak
- Symptoms less dependent on current pollen exposure
- Compatible with: Theory D (Long-PCL) or permanently downregulated CA

Practical relevance: depending on the progression type, the search strategy for the cause and the steps towards resolution will differ. Differentiation aids: night-walk test; (blinded) particle test (do I react to all particles, or only to my specific pollen?); holiday experiment. These can help identify one's own progression type.

8. When Does the Track Begin to Work?

A question rarely answered precisely in 5BN literature: does the track take effect from the moment of the biological conflict? Or only once the SBP has been resolved for the first time?

Our assessment: symptoms probably only begin after the underlying situation has been resolved for the first time. As long as the SBP is still active, there are no PCL symptoms.

Important implication: the underlying conflict may have been active years or decades before symptoms begin.

Example: a girl loses her best friend and protector in spring. The SBP remains in a downregulated active state for years. Only when she finds a new close friend in adolescence does the old SBP resolve – and hay fever symptoms begin for the first time. The cause lies in primary school years, even though symptoms only begin years later.

Practical tip: in addition to searching for conflicts before symptom onset, it is worth asking what had changed positively shortly beforehand – as that is often where the first resolution of the underlying conflict occurred. From there, one can search backwards to identify when and why a similar theme was previously conflictual. Unfortunately, we were unable to clearly determine in various hay fever cases whether the first symptom occurrence represented the initial conflict resolution or merely the regular annual track.

Note on when the track is formed: observations suggest that tracks need not form at the exact moment of the conflict. Example: a person was stung by a wasp – and shortly afterwards was severely bullied at school because of it. Over the following decades, she reacted allergically to wasp stings, even though the conflictual situation occurred some hours after the sting – but was connected to it.

9. Why Do Resolutions Only Partially Succeed?

9.1 Wrong Cause

Awareness work can presumably only work if the actual underlying situation has been found. Common difficulty: the cause may lie many years or decades in the past – and possibly not always in the period immediately before allergy onset, but even further back (see Section 8).

9.2 Awareness Work Not Deep Enough

Even when the right situation has been identified, intellectual insight is sometimes insufficient to convince the subconscious. We have tested the following supplementary methods:

- **EFT (Emotional Freedom Techniques):** In our course, no measurably higher effectiveness than awareness work alone when the latter had not been sufficient on its own. It does appear, however, to work equally well as an alternative to awareness work (see "Break Free from your Allergy," Dr. Johan Denis – combining 5BN and EFT).
- **Nightly audio affirmations** over weeks as a background loop: in most cases, no measurable additional effect. Possibly a suitable alternative to awareness work.
- **Working with beliefs:** Promising for the self-sustaining cycle mechanism (dissolving the belief "this substance harms me") – insufficient data as yet.

9.3 Duration and Intensity of Formation

Hypothesis: the longer and more intensely the underlying conflict was active, the more resolution work is required. A single occurrence might be resolvable through a single awareness session. If, however, the conflict was reactivated and intensified daily over an entire pollen season, a correspondingly greater number of repetitions may be needed.

9.4 Wrong Approach Due to Wrong Theory

If multiple progression types exist, the resolution steps must differ accordingly:

- **Self-sustaining cycle type:** additional work on the belief that the substance itself no longer poses a danger, despite seemingly contradictory experiences.
- **Long-PCL type:** resolution must happen before the season, not during. The cause is to be sought in autumn/winter, not while pollen is present.
- **Classical track type:** standard procedure with cause identification and awareness work during careful exposure.

10. Further Open Questions

Why Specifically Pollen as a Track?

Pollen land physically on mucous membranes that are hypersensitive in a particular conflict state – and can genuinely cause pain and inflammation there. This direct local causality makes pollen a particularly plausible track candidate for the subconscious – more so than rain or wind, which do not land on the mucous membranes.

Why So Few Symptomatic Tracks Overall?

Possible explanation: tracks only persist for as long as the underlying conflict has not been permanently overcome. After a genuine, stable resolution of a conflict through inner growth, the associated tracks presumably also dissolve. Only the "coincidentally resolved" SBPs – where the situation simply disappeared from one's life without the person truly growing beyond it – leave tracks behind.

Bilateral Symptoms

Allergy symptoms are almost always bilateral because this is not about a person-related conflict (which generates laterality) but about a local substance-related conflict: the substance is equally unwanted or threatening on both sides.

Nocebo Effect and Hay Fever

Fear of pollen could itself activate an SBP of the nasal and ocular mucous membranes with reversed sensitivity. However, our questionnaire data show that most of those affected are surprised by their

symptoms anew each season and do not consciously experience fear beforehand. A purely conscious nocebo effect would therefore only explain a minority of cases.

11. Questions for the 5BN Community

To clarify the open questions, we depend on the experiences, observations, and experiments of many people. We welcome feedback from:

- People affected who have already resolved an allergy and wish to share their experience
- 5BN practitioners and researchers accompanying similar cases
- People willing to conduct targeted experiments and share results (particle tests, night walks, holiday observations, behaviour during illness/PCL phases)

Specific open questions where feedback would be particularly helpful:

- Do you have cases where CA symptoms with hypersensitivity clearly occurred (rather than PCL)?
- Are there documented cases where awareness work alone was not sufficient – but a supplementary method brought the breakthrough?
- Are there cases where it became clear that an allergy developed through “fear of pollen” – and how was this self-sustaining cycle resolved?
- How do allergy symptoms change during intense PCL phases (e.g., during flu)? Do they disappear, or become more intense?

Please write us a comment or an email – we look forward to the exchange and to collaborative research in this fascinating field!

Participants’ testimonials from our course are available here:

<https://www.5bn-spurenleser.de/teilnehmerstimmen-erfahrungsberichte>

<https://www.disease-is-different.com/reports/5bl-report-archive>