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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ALEXANDR TSVETTSIKH, *individually and on behalf of all others similarly situated,*

Plaintiff,

v.

WBM LLC d/b/a WBM INTERNATIONAL,

Defendant.

Case No.:

CLASS ACTION COMPLAINT

JURY TRIAL DEMANDED

Plaintiff ALEXANDR TSVETTSIKH (hereinafter, "Plaintiff"), individually and on behalf of all others similarly situated, by and through his undersigned counsel, hereby brings this Class Action Complaint against Defendant, and alleges the following upon his own knowledge, or where he lacks personal knowledge, upon information and belief, including the investigation of his counsel:

NATURE OF THE ACTION

1. This lawsuit involves the manufacture, marketing, and sale of Himalayan salt products by WBM LLC ("Defendant"). Defendant advertised, marketed, and labeled its products as effective in treating and preventing many health problems and diseases despite the absence of

FDA approval. Defendant refers to scientific studies and falsely indicates that they support Defendant's claims.

2. WBM's marketing emphasized the lack of side effects from WBM's Himalayan Salt Products, inducing consumers to use those products instead of genuine, effective drugs and medical devices.

3. As part of its extensive and comprehensive marketing campaign nationwide (including in New York State), Defendant actively promotes the preventative and curative capabilities of its Himalayan Glow® Salt Lamps and Salt Candle Holders products (herein referred to as the "Products," as such term is defined in Paragraph 30 below), making numerous and overlapping claims about the properties of the Products.

4. Defendant's Products have negligible medical capability. By making false, deceptive and misleading statements to consumers, Defendant has deceived thousands of consumers into purchasing its Products.

5. At all material times hereto, Plaintiff and other consumers have been deceived into spending significant amounts of money on Products that do not benefit consumers as represented. Plaintiff and other members of the Class (as defined below), have been harmed by Defendant's fraudulent misrepresentations on the efficacy of its Products.

6. At all material times hereto, Plaintiff and other consumers have been deceived into refraining from using effective medical devices, medication, dehumidifiers, and dust mite removers, relying instead on Defendant's claims that their products were superior medical devices with fewer side effects.

7. As shown in **Exhibit A**, the Products' supposed medical prowess is central to the marketing of the Products, and false representations to that effect are clearly and prominently

displayed on Defendant's website, retailers' websites, and the Products' packaging, where it cannot be missed by consumers.

8. Plaintiff TSVETTSIKH was exposed to Defendant's concerted advertising campaign when he bought his salt lamp Product online.

9. Defendant has unjustly profited in the lucrative market for natural and safe remedies and medical devices by labeling its Products deceptively and selling them to consumers who sought to purchase products that can cure their health problems without side effects and who were willing to pay for such products.

10. This lawsuit seeks redress for the deceptive manner in which Defendant has and continues to market its Products to the general public. Plaintiff brings this proposed consumer class action individually and on behalf of all other persons similarly situated, who, from the applicable limitations period up to and including the present ("Class Period"), purchased WBM Salt Products for use and not resale.

11. Plaintiff seeks to secure, among other things, equitable and declaratory relief, restitution, and alternative damages, for similarly situated United States purchasers, against Defendant, for (1) deceptive acts or practices in violation of New York's Deceptive Acts or Practices Law, Gen. Bus. Law § 349, *et seq.* ("NY GBL"); (2) Breach of Express Warranty; (3) Negligent Misrepresentation and; (4) Unjust Enrichment.

12. In addition to damages, Plaintiff is seeking an Order requiring Defendant to cease packaging, marketing and advertising salt Products with misleading statements about their medicinal and physiological capabilities.

13. Plaintiff expressly does not seek to contest or enforce any state law that has requirements beyond those required by federal laws or regulations.

JURISDICTION AND VENUE

14. The Court has jurisdiction over this matter pursuant to 28 U.S.C. § 1332, because this is a class action, as defined by 28 U.S.C § 1332(d)(1)(B), in which a member of the putative class is a citizen of a different state than Defendant, and the amount in controversy exceeds the sum or value of $5,000,000, excluding interest and costs. *See* 28 U.S.C. § 1332(d)(2).

15. The Court has jurisdiction over the federal claims alleged herein pursuant to 28 U.S.C. § 1331 because it arises under the laws of the United States.

16. The Court has jurisdiction over the state law claims because they form part of the same case or controversy under Article III of the United States Constitution.

17. Alternatively, the Court has jurisdiction over all claims alleged herein pursuant to 28 U.S.C § 1332 because the matter in controversy exceeds the sum or value of $75,000 and is between citizens of different states.

18. This Court has personal jurisdiction over Plaintiff TSVETTSIKH because Plaintiff TSVETTSIKH submits to the Court's jurisdiction. This Court has personal jurisdiction over Defendant, pursuant to New York Statute N.Y. CVP. Law § 302, because it conducts substantial business in this District, some of the actions giving rise to the Complaint took place in this District, and some of Plaintiff TSVETTSIKH's claims arise out of Defendant operating, conducting, engaging in, or carrying on a business or business venture in this state or having an office or agency in this state; committing a tortious act in this state; and causing injury to person or property in this state arising out of Defendant's acts and omissions outside this state. Additionally, this court has personal jurisdiction over Defendant because its Product is advertised, marketed, distributed, and sold throughout New York State; Defendant engaged in the wrongdoing alleged in this Complaint throughout the United States, including in New York

State; and Defendant has sufficient minimum contacts with New York and/or otherwise have intentionally availed itself of the markets in New York State, rendering the exercise of jurisdiction by the Court permissible under traditional notions of fair play and substantial justice. Moreover, Defendant is engaged in substantial and not isolated activity within New York State.

19. Venue is proper in this Court pursuant to 28 U.S.C. § 1391(a) because a substantial part of the events or omissions giving rise to these claims occurred in this District, the Defendant has caused harm to class members residing in this District, and the Defendant is resident of this District under 28 U.S.C. 1391(c)(2) because it is subject to personal jurisdiction in this district.

PARTIES

Plaintiff

20. Plaintiff TSVETTSIKH is, and at all times relevant hereto has been, a citizen of the State of New York and resides in Kings County. During the Class Period, Plaintiff TSVETTSIKH purchased a Himalayan Glow® Salt Lamp for personal consumption within the State of New York. Plaintiff TSVETTSIKH purchased the Product from Amazon.com. The purchase price was approximately $24.95 for an individual WBM Himalayan 8-9 in. Ionic Crystal Natural Salt 8 to 11 lbs. Lamp (the "Product"). Plaintiff TSVETTSIKH purchased the Product at a premium price and was financially injured as a result of Defendant's deceptive conduct as alleged herein. At the time of purchase, Plaintiff TSVETTSIKH did not know that the Salt Lamp was incapable of dehumidifying the air, removing dust mites, curing depression, enhancing his immune system, helping his headaches enhancing his serotonin levels, and reducing his vulnerability to colds and flu. Plaintiff TSVETTSIKH would not have purchased the Product had he known that the medical claims were false and deceptive. Plaintiff TSVETTSIKH was reasonably misled by Defendant's mischaracterization of the capabilities of its Product and did

not receive the benefit of his bargain. Plaintiff TSVETTSIKH suffered injury in fact and lost money as a result of Defendant's deceptive, false and misleading practices as described herein.

Defendant

21. Defendant WBM LLC, doing business as WBM International, is a corporation organized under the laws of New Jersey with its headquarters registered at 54 Highway 12, Flemington, NJ 08822 and its main offices located at 487 Hillside Ave., Hillside, NJ 07205. WBM is a manufacturer of Pakistani products with operations in the USA, Pakistan, and China.

22. WBM develops, markets and sells a line of salt-based lamps and candle holders products under the "Himalayan Glow®" brand name throughout the United States.

23. WBM owns, manufactures and distributes Himalayan Glow® Products, and created and/or authorized the unlawful, fraudulent, unfair, misleading and/or deceptive labeling and advertising for the Products at issue. The product labels for the Products, relied upon by Plaintiff and the Class, was prepared and/or approved by Defendant and its agents, and were disseminated by Defendant and its agents with misrepresentations alleged herein about the medical, air dehumidifying, and dust mite removing properties of the Products. The product labels were designed to encourage consumers to purchase the Products and reasonably misled Plaintiff and the Class into purchasing the Products.

24. Plaintiff alleges that, at all times relevant herein, WBM and its subsidiaries, affiliates, and other related entities, as well as its respective employees, were the agents, servants and employees of WBM, and at all times relevant herein, each was acting within the purpose and scope of that agency and employment. Plaintiff further alleges on information and belief that at all times relevant herein, the distributors who delivered and sold the Products, as well as their respective employees, also were WBM's agents, servants and employees, and at all times herein, each was acting within the purpose and scope of that agency and employment. In addition,

Plaintiff alleges that, in committing the wrongful acts alleged herein, WBM, in concert with its subsidiaries, affiliates, and/or other related entities and their respective employees, planned, participated in and furthered a common scheme to induce members of the public to purchase the Products by means of untrue, misleading, deceptive, and/or fraudulent representations, and that WBM participated in the making of such representations in that it disseminated those misrepresentations and/or caused them to be disseminated.

25. Whenever reference in this Complaint is made to any act by WBM or its subsidiaries, affiliates, distributors, and other related entities, such allegation shall be deemed to mean that the principals, officers, directors, employees, agents, and/or representatives of WBM committed, knew of, performed, authorized, ratified and/or directed that act or transaction on behalf of WBM while actively engaged in the scope of their duties.

FACTUAL ALLEGATIONS

Himalayan Glow® Products

26. Salt lamps are lamps that use salt to cover a light bulb. Salt candle holders are candle holders carved out of a piece of salt. As such, salt lamps and salt candle holders are not medical devices.

27. The light from the lamp or candle is colored by the salt, and light and heat from the light bulb or flame dry out the salt, releasing absorbed moisture back into the air. This prevents humidity from melting the salt lamp or salt candle holder. The light and heat of the Products cannot produce enough ions to have any impact on human health.

28. In contrast to the salt lamp design, commercial air ionizers use high voltage electricity to ionize air molecules with a negative electrical charge. They are used to counter static build-up of positive ions in nonconductive electrical equipment and to reduce dust and dust-borne

diseases. The Products do not produce a substantial amount of ions and do not produce enough ions to have an effect similar to commercial air ionizers. In any event, even commercial air ionizers that actually produce large numbers of negative ions cannot provide the health benefits WBM claims regarding the salt Products.

29. Defendant manufactures, distributes, markets, advertises and sells the Products. The Products are available at household goods stores and other retail outlets throughout the United States, including online retailers such as Amazon.com.

30. Plaintiff and the Class have purchased the Products listed below (together, the Products"), which are sold on Defendant's website http://wbminternational.com/, as well as on amazon.com and through other retailers:

Item	**UPC Number**	**Website**
WBM Himalayan Glow Hand Carved Natural Crystal Himalayan Salt Lamp with Genuine Neem Wood Base, Bulb and Dimmer Control, 8-to-9-Inch, 8-to-11-Pounds	858560002022	https://www.amazon.com/gp/product/B001892AX2/ref=s9_acsd_al_bw_c_x_2_w
		http://wbminternational.com/salt-lamps-1002
Hand Carved LED Multi Colour Lamp	818581010512	http://wbminternational.com/salt-/lamps-900
Hand Carved Natural Crystal Lamp	858560002374	http://wbminternational.com/salt-lamps-1003
Hand Carved Natural Crystal Lamp	858560002398	http://wbminternational.com/salt-lamps-1005
Hand Carved Natural Crystal Lamp	858560002312	http://wbminternational.com/salt-lamps-1451
Hand Carved Natural Crystal Lamp	858560002015	http://wbminternational.com/salt-lamps-1001
Hand Carved Natural Crystal Lamp	858560002404	http://wbminternational.com/salt-lamps
Hand Carved Natural Crystal Lamp	818581011373	http://wbminternational.com/salt-lamps-1000
Lantern w/salt Crystal Chunks	818581012530	http://wbminternational.com/lantern-w-salt-crystal-chunks
Natural Bamboo Basket w/salt Chunks	818581012691	http://wbminternational.com/natural-bamboo-basket-w-salt-chunks

Natural Carved Lamp W/Aroma Oil	858560002596	http://wbminternational.com/salt-lamps-1401
Oval Basket Lamp w/salt Crystal Chunks	818581012677	http://wbminternational.com/oval-basket-lamp-w-salt-crystal-chunks
WBM-1313 Iron Picket Salt lamp--L	818581010710	http://wbminternational.com/salt-lamps-1313
WBM-901 USB Salt lamp with Adapter	818581010529	http://wbminternational.com/salt-lamp-901
Hand Carved Natural Candle (CUBE)	818581010031 (listed as 20818581010035)	http://wbminternational.com/wbm-himalayan-light-3050-natural-air-purifying
Hand Carved Natural Candle Holder	818581010277	http://wbminternational.com/wbm-3002a-himalayan-pink-salt-ionic-natural-candle
Hand Carved Natural Candle Holder (2 hole)	818581012554	http://wbminternational.com/wbm-himalayan-light-3003-natural-air-purifying
Hand Carved Natural Candle Holder (BALL)	818581010086	http://wbminternational.com/wbm-himalayan-light-3027-natural-air-purifying
Hand Carved Natural Candle Holder (CYLINDER)	818581010109	http://wbminternational.com/wbm-himalayan-light-3023-natural-air-purifying
Hand Carved Natural Candle(Apple)	818581010093	http://wbminternational.com/wbm-himalayan-light-3017-natural-air-purifying
WBM-3002A Natural Candle	858560002589	http://wbminternational.com/wbm-3002a-himalayan-pink-salt-ionic-natural-candle-179
WBM-3002B Light Air Purifying	818581011397	http://wbminternational.com/wbm-3002b-himalayan-light-natural-air-purifying
WBM-3053 Natural Air Purifying	818581010048	http://wbminternational.com/wbm-himalayan-light-3053-natural-air-purifying
WBM-3054 Natural Air Purifying	818581010055	http://wbminternational.com/wbm-himalayan-light-3054-natural-air-purifying
Natural Salt Basket Lamp	858560002008	http://wbminternational.com/salt-lamps-1301b
Natural Salt Basket Lamp	858560002367	http://wbminternational.com/salt-lamps-1301
Natural Salt Bowl Lamp	858560002343	http://wbminternational.com/salt-lamps-1326
Picket Frame lamp w/Salt Chunks	818581011304	http://wbminternational.com/salt-lamps-1333
Pillar Lamp w/Salt Crystal Chunks	818581011298	http://wbminternational.com/salt-lamps-1332
WBM-1328 Fire Bowl Salt Lamp	858560002336	http://wbminternational.com/salt-lamps-1328

31. Defendant actively promotes the ionizing and medical properties of the Products, claiming that the lamps' benefits "include migraine headache relief, [enhance] serotonin levels in the blood, reduce the severity of asthma attack, immune system enhancement, and reduce

vulnerability to colds and flu. There is hard science to suggest that these clams are true." Defendant claims depression "may be safely treated with negative ion therapy" and that its Products provide negative ions to induce this effect. *See* **Exhibit A.** Defendant also claims that its products dehumidify the air and remove dust mites.

32. Defendant's claims are false, misleading and deceptive because its Products have negligible medical capability. The Products do not provide sufficient quantity of air ionization necessary to affect human health or mood.

33. Even if Defendant's Products ionized the air as much as an industrial ionizer using high voltage, its medical claims about the effect of its Products would be false, because ionization does not cause "migraine headache relief, [e]nhance serotonin levels in the blood, reduce the severity of asthma attack, immune system enhancement, and reduce vulnerability to colds and flu."

34. Even if Defendant's Products ionized the air as much as an industrial ionizer using high voltage, it would not operate as a dehumidifier or dust mite remover. If they do not release as vapor as much water as they absorb, Defendant's products melt, creating a dangerous pool of corrosive salt water around the location of the Salt Lamps' electrical wire. Over the medium and long term, Defendant's Products humidify the air as much as they dehumidify it by releasing back all captured moisture.

35. Experiments of the effect of ions on human mood have shown effects in humans when ion generators produce ions at high rates. To market its salt lamps, on its website WBM references studies including Michael Terman's studies, *see* **Exhibits B** and **C**.[1] Those studies

[1] *See* Terman, M., Terman, J. S., & Ross, D. C. (1998). A Controlled Trial of Timed Bright Light and Negative Air Ionization for Treatment of Winter Depression. *Archives of General Psychiatry*, 55(10), 875-882 and Terman, M., & Terman, J. S. (2006). Controlled Trial of Naturalistic Dawn Simulation and Negative Air Ionization for Seasonal

showed an effect on human mood when the generators produced trillions of ions per second, but either small or no results at 170 billion ions per second.

36. Defendant advertises its Products as having healing properties, with ion generation being the supposed mechanism by which the lamp acts on humans. Defendant advertises that its salt lamps can "increase the negative ions in the air up to 300%", above the 100-4000 negative ions per cubic centimeter it claims are naturally present in the air. *See* **Exhibits B** and **D.** In fact, Defendant's products cannot increase the negative ions in the air by any appreciable amount, and in any event cannot approach the magnitude of ionization needed to effect humans. No quantity of ions would produce the medical effects Defendant claims, and air ionizers do not effectively dehumidify the air.

37. Even if Defendant believed its false claims about the ionizing effect of its Products, it knowingly and deliberately misled and deceived consumers in the way it referred to scientific studies and implied that they supported Defendant's claims about its Products. Defendant misled consumers into believing that those studies were evidence supporting the curative power of the Products as ion generators. In truth, Defendant's Products do not have the ionizing power claimed, but even if they did, that level of ionization would not be enough to effect humans, even with respect to conditions that can actually be affected by high levels of negative ions. The studies Defendant relies on do not provide a basis for believing that the Products can measurably affect humans, even if Defendant's false representations about the ionizing power of its Products were true. The studies demonstrate that ions have some effect on mood at very high levels, but Defendant's claims about its Products' ionization capabilities would not make them powerful enough to do this, even if they were true.

Affective Disorder. *The American journal of psychiatry*, 163(12), 2126-2133, using 4.5 trillion and 45 trillion ions per second, respectively, as the high does and both using 1.7 x 10^11 as the low dose.

38. Even if Defendant's Products were powerful enough to affect humans, Defendant falsely misleads consumers into believing that studies show that negative ions are an effective means to provide "migraine headache relief, [e]nhance serotonin levels in the blood, reduce the severity of asthma attack, immune system enhancement, and reduce vulnerability to colds and flu." The studies Defendant deceptively refers to do not suggest that any dose of negative ions can provide those benefits at all.

39. In addition to their failure to provide medical benefits, the Products dangerously discourage consumers from using effective products for their health because consumers rely on Defendant's representations about the effectiveness of the Products instead of pursuing effective treatment.

40. Defendant's deceptive representations and omissions are material in that a reasonable person would attach importance to such information and would be induced to act upon such information in making purchase decisions. Thus, Plaintiff's and the other Class members' reliance upon Defendant's misleading and deceptive representations may be presumed. The materiality of those representations and omissions also establishes causation between Defendant's conduct and the injuries sustained by Plaintiff and the Class.

41. Reasonable consumers, such as Plaintiff and the Class, rationally expect a product that claims it produce many negative ions to perform as promised and not produce fewer ions than are needed to affect human health. Reasonable consumers also rationally expect a product that claims "hard science" has purportedly proven to provide "migraine headache relief, [e]nhance serotonin levels in the blood, reduce the severity of asthma attack, immune system enhancement, and reduce vulnerability to colds and flu" and "safely [treat]" depression to actually provide those benefits.

42. Reasonable consumers, such as Plaintiff and the Class, rationally expect a product that claims it dehumidifies the air to actually dehumidify the air and be safe for use in humid environments.

43. Reasonable consumers, such as Plaintiff and the Class, rationally expect a product that claims it removes dust mites to actually do so.

44. The presence of the statements on the labeling and advertising of the Products referring to ion production, health benefits, dehumidification, and mite removal are false, misleading and likely to deceive a reasonable consumer. Defendant's statements referring to studies about ion production and health benefits are similarly false, misleading and likely to deceive a reasonable consumer.

45. Plaintiff and the Class reasonably relied to their detriment on Defendant's false and misleading misrepresentations about the Products' ion generation, supposed health benefits, dehumidification, and dust mite removal.

46. Reasonable consumers (including Plaintiff and the Class) must and do rely on manufacturers of products such as Defendant to honestly report on their products' capabilities, particularly when manufacturers such as Defendant refer to scientific studies as the basis for their claims. This is especially true when the products supposedly provide benefits relating to human health, which includes claims about air ionization, dehumidification, removing dust mites, and medical effects such as treatment of depression, "migraine headache relief, [e]nhance serotonin levels in the blood, reduce the severity of asthma attack, immune system enhancement, and reduce vulnerability to colds and flu." Companies such as Defendant intend and know that consumers rely upon labeling statements and advertised claims about scientific studies in making their purchasing decisions. Such reliance by consumers is also eminently reasonable, since

companies are prohibited from engaging in deceptive acts or practices in the conduct of any business, trade or commerce under New York state law.

47. While Defendant labeled and advertised that its Products dehumidify the air, remove dust mites, and ionize the air, thereby providing numerous medical benefits, the Products fail to perform as promised. The misrepresentation was significant and material given the prominent claims about producing many negative ions on the front of the Product packaging and throughout Defendant's marketing, including its WBM website[2] and on Amazon.com, where Plaintiff TSVETTSIKH bought his Product.[3]

48. On Amazon.com, Plaintiff TSVETTSIKH's Product is falsely represented as having medical benefits and emitting negative ions that improve human health as follows:

> The Himalayan Natural Crystal Salt Lamp also works as an air purifier. When lit, the lamp emits negative ions that fight against positively charged particles that cause you to feel stuffy and sluggish. The lit salt crystal clears the air naturally of allergens like smoke, pet dander, pollens, and other air pollutants. It dilutes odors so that you can breathe easier. People with asthma often find it helpful in reducing their symptoms.

https://www.amazon.com/gp/product/B001892AX2/ref=s9_acsd_al_bw_c_x_2_w

49. Defendant knew that it made representations that the Products "release negative ions," provide "migraine headache relief, [e]nhance serotonin levels in the blood, reduce the severity of asthma attack, immune system enhancement, and reduce vulnerability to colds and flu," and that "Human mood disorders (depressions) … may be safely treated with negative ion therapy," as those statements appear on the Defendant's website. Defendant also knew that the claims were false and misleading, because the Products do not release enough ions to have an effect on humans and no amount of ions would have most of the particular medical effects claimed. Upon information and belief, Defendant retains expert chemists, other scientists, and

[2] *See* http://wbminternational.com/ and **Exhibits A**, **B**, and **D**.
[3] *See* **Exhibit E**.

attorneys, and thus had the ability to know, and did know, that the Products are incapable of providing the claimed benefits and that Defendant's claims about the studies it refers to are false.

50. As a result of Defendant's deception, consumers – including Plaintiff and members of the proposed Class – have purchased Products that claim to produce many negative ions and thereby have numerous medical benefits supported by "hard science" in reliance on Defendant's labels. Moreover, Plaintiff and Class members have paid a premium for the Products over air ionizers, medical devices, dehumidifiers, and dust mite removers sold on the market.

Plaintiff Relied on Defendant's Claims and Was Injured

51. Within the last twelve months, Plaintiff was attracted to the Products because he preferred to consume and use effective and powerful air ionizers, humidifiers, dust mite removers, and medical products. Plaintiff believed that the Products performed as promised by Defendant's packaging and marketing campaign, as reflected on Amazon.com, and purchased them for their advertised benefits. The Products, with their deceptive claims on the Product packaging and advertising, had no value to Plaintiff.

52. New York has placed requirements on companies that are designed to ensure that the claims they are making about their products to consumers are truthful and accurate.

53. Defendant's labeling and advertising of the Product violates New York consumer protection laws against deceptive acts and practices in the conduct of business.

54. Although Defendant marketed the Products as air ionizers that could reduce humidity, remove dust mites, and produce many negative ions and thereby have numerous medical benefits supported by "hard science," it failed to also disclose material information about the Products; the fact that they could not produce many negative ions, that any ions produced were not of a quantity or nature to provide the promised health benefits, and that the Product could not

dehumidify the air or remove dust mites. This non-disclosure – while at the same time branding the Product as something that produces many negative ions, causes numerous specific medical benefits, dehumidifies the air, and removes dust mites – was deceptive and likely to mislead a reasonable consumer.

55. Plaintiff and Class members did, and a reasonable consumer would, attach importance to whether Defendant's Product is deceptive or misleading and therefore unlawful.

56. Plaintiff and Class members did not know, and had no reason to know, that the Product was not capable of producing many negative ions, that negative ions were not capable of causing numerous specific medical benefits, that the Product cannot dehumidify the air and is dangerous if used in high humidity, and that the Product does not remove dust mites.

57. Defendant's Product labeling was a material factor in Plaintiff's and Class members' decisions to purchase the Products. Relying on Defendant's Product labeling and misleading website, Plaintiff and Class members believed that they were getting Products that were superior to other air ionizers, medical devices, dehumidifiers, and dust mite removers. Had Plaintiff and the Class known Defendant's Products could not function as promised, they would not have purchased them.

58. Defendant's Product labeling as alleged herein is deceptive and misleading and was designed to increase sales of the Products. Defendant's misrepresentations are part of its systematic Product packaging practice.

59. At the point of sale, Plaintiff and Class members did not know, and had no reason to know, that the Products were deceptive as set forth herein, and would not have bought the Product had they known the truth about it.

60. As a result of Defendant's misrepresentations, Plaintiff and thousands of others throughout the United States purchased the Products.

61. Plaintiff and the Class (defined below) have been damaged by Defendant's deceptive and unfair conduct in that they purchased a Product with false and deceptive labeling and paid premium prices they otherwise would not have paid over other comparable products.

CLASS ACTION ALLEGATIONS

62. Plaintiff seeks relief in his individual capacity and as representative of all others who are similarly situated. Pursuant to Rule 23(a), 23(b)(2) and/or 23(b)(3) of the Federal Rules of Civil Procedure, Plaintiff seek certification of the following class:

> The New York Class
> All persons who have made retail purchases of the Products in New York, as set forth herein, during the applicable limitations period, and/or such subclasses as the Court may deem appropriate.

63. Excluded from the Class are current and former officers and directors of Defendant, members of the immediate families of the officers and directors of Defendant, Defendant's legal representatives, heirs, successors, assigns, and any entity in which they have or have had a controlling interest. Also excluded from the Class is the judicial officer to whom this lawsuit is assigned.

64. Plaintiff reserves the right to revise the Class definitions based on facts learned in the course of litigating this matter.

65. Certification of Plaintiff's claims for class-wide treatment is appropriate because Plaintiff can prove the elements of his claims on a class-wide basis using the same evidence as would be used to prove those elements in individual actions alleging the same claims.

66. **Numerosity:** The Class is so numerous that individual joinder of all Class members is impracticable. The precise number of Class members is unknown to Plaintiff, but it is clear

that the number greatly exceeds the number that would make joinder practicable, particularly given Defendant's comprehensive nationwide distribution and sales network. Class members may be notified of the pendency of this action by recognized, Court-approved notice dissemination methods, which may include U.S. mail, electronic mail, Internet postings, and/or published notice.

67. **Commonality and Predominance:** This action involves common questions of law and fact, which predominate over any questions affecting individual Class members. All Class members were exposed to Defendant's deceptive and misleading advertising and marketing claim that the Products produce many negative ions and thereby have numerous medical benefits supported by "hard science" because that claim was on the manufacturer's website. Furthermore, common questions of law or fact include:

a. whether online advertisements that the Products produce many negative ions and thereby have numerous medical benefits are supported by "hard science";

b. whether online advertisements that the Products dehumidify the air are true;

c. whether online advertisements that the Products remove dust mites are true;

d. whether Defendant engaged in a marketing practice intended to deceive consumers;

e. whether Defendant deprived Plaintiff and the other Class members of the benefit of the bargain because the Product purchased was different than what Defendant warranted;

f. whether Defendant deprived Plaintiff and the other Class members of the benefit of their bargain because the Product they purchased had less value than what was represented by Defendant;

g. whether Defendant failed to update Plaintiff and the other Class members regarding the Product's inability to fulfill its medical claims.

h. whether Defendant caused Plaintiff and the other Class members to purchase a substance that was other than what was represented by Defendant;

i. whether Defendant caused Plaintiff and the other Class members to purchase Products that are incapable of producing many negative ions and thereby having numerous medical benefits supported by "hard science."

j. whether Defendant caused Plaintiff and the other Class members to purchase Products that are incapable of dehumidifying and dangerous if operated in a humid environment;

k. whether Defendant caused Plaintiff and the other Class members to purchase Products that are incapable of removing dust mites;

l. whether Defendant has been unjustly enriched at the expense of Plaintiff and other Class members by its misconduct;

m. whether Defendant must disgorge any and all profits it has made as a result of its misconduct; and

n. whether Defendant should be barred from marketing that the Products are dehumidifiers, dust mite removers, and produce many negative ions and thereby have numerous medical benefits supported by "hard science."

68. Defendant engaged in a common course of conduct in contravention of the laws sought to be enforced by Plaintiff individually and on behalf of the Class. Similar or identical statutory and common law violations, business practices, and injuries are involved. Individual questions, if any, pale by comparison, in both quality and quantity, to the numerous common

questions that dominate this action. Moreover, the common questions will yield common answers.

69. **Typicality:** Plaintiff's claims are typical of those of other Class members because Plaintiff and the other Class members sustained damages arising out of the same wrongful conduct, as detailed herein. Plaintiff purchased Defendant's Product and sustained similar injuries arising out of Defendant's conduct in violation of common law and New York State law. Defendant's unlawful, unfair and fraudulent actions concern the same business practices described herein irrespective of where they occurred or were experienced. The injuries of the Class members were caused directly by Defendant's wrongful misconduct. In addition, the factual underpinning of Defendant's misconduct is common to all Class members and represents a common thread of misconduct resulting in injury to all Class members. Plaintiff's claims arise from the same practices and course of conduct that give rise to the claims of the members of the Class and are based on the same legal theories.

70. **Adequacy:** Plaintiff will fairly and adequately represent and pursue the interests of the Class and has retained competent counsel experienced in prosecuting New York class actions. Plaintiff understands the nature of his claims herein, has no disqualifying conditions, and will vigorously represent the interests of the Class. Neither Plaintiff nor Plaintiff's counsel have any interests that conflict with or are antagonistic to the interests of the Class. Plaintiff has retained highly competent and experienced class action attorneys to represent his interests and those of the Class. Plaintiff and Plaintiff's counsel have the necessary resources to adequately and vigorously litigate this class action, and Plaintiff and counsel are aware of their fiduciary responsibilities to the Class and will diligently discharge those duties by vigorously seeking the maximum possible recovery for the Class members.

71. **Superiority:** A class action is superior to any other available means for the fair and efficient adjudication of this controversy, and no unusual difficulties are likely to be encountered in the management of this class action. The damages or other financial detriment suffered by Plaintiff and other Class members are relatively small compared to the burden and expense that would be required to individually litigate their claims against Defendant, so it would be impracticable for members of the Class to individually seek redress for Defendant's wrongful conduct. Even if the Class members could afford individual litigation, the court system could not. Individualized litigation creates a potential for inconsistent or contradictory judgments, and increases the delay and expense to all parties and the court system. By contrast, the class action device presents far fewer management difficulties and provides the benefits of single adjudication, economy of scale, and comprehensive supervision by a single court. Given the similar nature of Class members' claims and the absence of material or dispositive differences in the statute and common laws upon which the claims are based when such claims are grouped as proposed above and below, the New York Class will be easily managed by the Court and the parties.

72. **Declaratory and Injunctive Relief:** The prerequisites to maintaining a class action for injunctive relief or equitable relief pursuant to Rule 23(b)(2) are met, as Defendant has acted or refused to act on grounds generally applicable to the Class, thereby making appropriate final injunctive or equitable relief with respect to the Class as a whole.

73. The prerequisites to maintaining a class action for injunctive relief or equitable relief pursuant to Rule 23(b)(3) are met, as questions of law or fact common to the Class predominate over any questions affecting only individual members, and a class action is superior to other available methods for fairly and efficiently adjudicating the controversy.

74. Defendant's conduct is generally applicable to the Class as a whole and Plaintiff seeks, *inter alia*, equitable remedies with respect to the Class as a whole. As such, Defendant's systematic policies and practices make declaratory relief with respect to the Class as a whole appropriate.

75. Further, in the alternative, the Class may be maintained as a class action with respect to particular issues, pursuant to Fed.R.Civ.P. 23(c)(4).

CAUSES OF ACTION

COUNT I

INJUNCTION AND DAMAGES FOR VIOLATIONS OF NEW YORK GENERAL BUSINESS LAW § 349 (DECEPTIVE AND UNFAIR TRADE PRACTICES ACT)

76. Plaintiff TSVETTSIKH realleges and incorporates by reference the allegations contained in all preceding paragraphs of this Complaint and further alleges as follows:

77. Plaintiff TSVETTSIKH brings this claim on behalf of himself and the Class for an injunction and damages for violations of New York's Deceptive Acts or Practices Law, Gen. Bus. Law § 349 ("NY GBL").

78. NY GBL § 349 provides that "deceptive acts or practices in the conduct of any business, trade or commerce or in the furnishing of any service in this state are . . . unlawful."

79. To establish a claim under NY GBL § 349, it is not necessary to prove justifiable reliance. ("To the extent that the Appellate Division order imposed a reliance requirement on General Business Law [§] 349 … claims, it was error. Justifiable reliance by the plaintiff is not an element of the statutory claim." *Koch v. Acker, Merrall & Condit Co.*, 18 N.Y.3d 940, 941 (N.Y. App. Div. 2012) (internal citations omitted)).

80. Any person who has been injured by reason of any violation of the NY GBL may bring an action in their own name to enjoin such unlawful act or practice, an action to recover

their actual damages or fifty dollars, whichever is greater, or both such actions. The court may, in its discretion, increase the award of damages to an amount not to exceed three times the actual damages up to one thousand dollars, if the court finds the defendant willfully or knowingly violated this section. The court may award reasonable attorney's fees to a prevailing plaintiff.

81. The practices employed by Defendant, whereby Defendant advertised, promoted, and marketed that its Products are dehumidifiers and dust mite removers that produce many negative ions and thereby have numerous medical benefits supported by "hard science" were unfair, deceptive, and misleading to Plaintiff TSVETTSIKH and other Class members and in violation of NY GBL § 349 for, inter alia, one or more of the following reasons:

a. Defendant engaged in deceptive, unfair and unconscionable commercial practices in failing to reveal material facts and information about the Products, which did, or tended to, mislead Plaintiff and the Class about facts that could not reasonably be known by them;

b. Defendant knowingly and falsely represented and advertised that the Products: a) dehumidify the air, b) remove dust mites, and c) produce many negative ions and thereby d) have numerous medical benefits supported by "hard science"; all with an intent to cause Plaintiff and Class members to believe that they could function as promised;

c. Defendant failed to reveal facts that were material to the transactions in light of representations of fact made in a positive manner;

d. Defendant caused Plaintiff and the Class to suffer a probability of confusion and a misunderstanding of legal rights, obligations and/or remedies by and through its conduct;

e. Defendant failed to reveal material facts to Plaintiff and the Class with the intent that Plaintiff and the Class members rely upon the omission;

f. Defendant made material representations and statements of fact to Plaintiff and the Class that resulted in Plaintiff and the Class reasonably believing the represented or suggested state of affairs to be other than what they actually were; and

g. Defendant intended that Plaintiff and Class members rely on its misrepresentations and omissions, so that Plaintiff and the Class would purchase the Product they would not otherwise have purchased; alternatively, so that Plaintiff and Class members and would purchase the Products at a premium price based on its purported medical qualities rather than at a price commensurate with its value as decoration.

82. The foregoing deceptive acts and practices were directed at consumers.

83. Under all of the circumstances, Defendant's conduct in employing these unfair and deceptive trade practices was malicious, willful, wanton and outrageous such as to shock the conscience of the community and warrant the imposition of punitive damages.

84. Defendant's actions impact the public interest because Plaintiff and Class members were injured in exactly the same way as thousands of others purchasing the Product as a result of and pursuant to Defendant's generalized course of deception.

85. Plaintiff and other Class members seek to enjoin such unlawful, deceptive acts and practices as described above. Each of the Class members will be irreparably harmed unless the unlawful, deceptive actions of Defendant are enjoined in that Defendant will continue to falsely and misleadingly advertise that the Products dehumidify the air, remove dust mites, and produce

many negative ions and thereby have numerous medical benefits supported by "hard science." Plaintiff TSVETTSIKH believed Defendant's representation that the Products would function as promised. Plaintiff TSVETTSIKH would not have purchased the Products had he known that they could not actually dehumidify the air, remove dust mites, and produce many negative ions and thereby have numerous medical benefits supported by "hard science".

86. Plaintiff TSVETTSIKH was injured in fact and lost money as a result of Defendant's conduct of improperly describing the Products as described herein. Plaintiff TSVETTSIKH paid for a products that could dehumidify the air, remove dust mites, ionize the air, safely treat depression, and provide "migraine headache relief, [e]nhance serotonin levels in the blood, reduce the severity of asthma attack, immune system enhancement, and reduce vulnerability to colds and flu" and also produce enough ions to improve human health, but did not receive such Products. The product he received was worth nothing because it did not have any of the alleged health benefits.

87. Plaintiff TSVETTSIKH and Class members seek declaratory relief, restitution for monies wrongfully obtained, disgorgement of all revenues and/or profits derived by Defendant from the Products, injunctive relief, enjoining Defendant from continuing to disseminate its false and misleading statements, and other relief allowable under NY GBL § 349.

COUNT II

BREACH OF EXPRESS WARRANTIES

88. Plaintiff TSVETTSIKH realleges and incorporates by reference the allegations contained in all preceding paragraphs and further allege as follows:

89. Plaintiff TSVETTSIKH brings this claim on behalf of himself and the other members of the Class for breach of express warranty under New York law.

90. Defendant provided Plaintiff TSVETTSIKH and other members of the Class with written express warranties, including, but not limited to, a warranty that the Products dehumidify the air, remove dust mites, and produce many negative ions and thereby have numerous medical benefits supported by "hard science" The claims made by Defendant were an affirmation of fact that became part of the basis of the bargain and created an express warranty that the good would conform to the stated promise.

91. Plaintiff TSVETTSIKH and other members of the Class placed importance on Defendant's claims about salt lamps' dehumidification, dust mite removal, and ionization capabilities, as well as Defendant's claims about ions' medical properties, in deciding to purchase the Products.

92. Defendant breached its warranties by manufacturing, selling and/or distributing Products to consumers that is prominently labeled to dehumidify the air, remove dust mites, and produce many negative ions and thereby have numerous medical benefits supported by "hard science" but that cannot function as promised.

93. Defendant previously knew or should have known of the falsity of its dehumidification, dust mite removal, and ionization and medical claims as manufacturer of the Product. Thus, Defendant had actual and/or constructive notice that its claims are false and to date has taken no action to remedy its breach of express warranty.

94. Defendant previously knew or should have known of the falsity of its medical claims when it referred to studies about the properties of ions. Defendant knew or should have known that most of the medical benefits it advertises ionization as causing are not supported by those studies, and Defendant knew or should have known that the medical benefits found in those studies required much higher doses of ions than its Products can provide. Thus, Defendant

had actual and/or constructive notice that its claims about the implications of those studies are false and to date has taken no action to remedy its breach of express warranty.

95. As a proximate result of Defendant's breach of warranties, Plaintiff TSVETTSIKH and the Class members have suffered damages in an amount to be determined by the Court and/or jury, in that, among other things, they purchased and paid for products that did not conform to what Defendant promised in its promotion, marketing, advertising, packaging and labeling, and they were deprived of the benefit of their bargain and spent money on a product that did not have any value or had less value than warranted or a product that they would not have purchased and used had they known the true facts about it.

96. As a result of the breach of these warranties, Plaintiff TSVETTSIKH and the Class members are entitled to legal and equitable relief including damages, costs, attorneys' fees, rescission, and/or other relief as deemed appropriate by the Court.

COUNT III

NEGLIGENT MISREPRESENTATION

97. Plaintiff realleges and incorporate by reference the allegations contained in all preceding paragraphs and further allege as follows:

98. Plaintiff brings this claim on behalf of himself individually, as well as on behalf of Class members under New York law.

99. Defendant, directly or through its agents and employees, made false representations, concealments, and nondisclosures to Plaintiff and Class members. Defendant has negligently represented that the Products dehumidify the air, remove dust mites, and produce many negative ions and thereby have numerous medical benefits supported by "hard science," when in fact, they do not.

100. In making the representations of fact to Plaintiff and members of the Class described herein, Defendant has failed to fulfill its duties to disclose the material facts set forth above and to update Plaintiff following Defendant's failure to disclose. The direct and proximate cause of this failure to disclose was Defendant's negligence and carelessness.

101. Defendant, in making the misrepresentations and omissions, and in doing the acts alleged above, knew or reasonably should have known that the representations were not true. Defendant made and intended the misrepresentation to induce the reliance of Plaintiff and Class members.

102. Plaintiff and Class members relied upon these false representations and nondisclosures by Defendant when purchasing the Products, which reliance was justified and reasonably foreseeable.

103. As a result of Defendant's wrongful conduct, Plaintiff and Class members have suffered and continue to suffer economic losses and other general and specific damages, including but not limited to the amounts paid for the Products, and any interest that would have been accrued on those monies, all in an amount to be determined according to proof at time of trial.

COUNT IV

UNJUST ENRICHMENT
(Pleaded in the Alternative)

104. Plaintiff realleges and incorporates by reference the allegations contained in all preceding paragraphs and further allege as follows:

105. Plaintiff asserts this claim in the alternative in the event that the Court concludes that Plaintiff TSVETTSIKH lacks an adequate remedy at law.

106. Plaintiff brings this claim individually, as well as on behalf of Class members. The focus of an unjust enrichment claim is whether the defendant was unjustly enriched. At the core of New York law are three fundamental elements – the defendant received a benefit from the plaintiff and it would be inequitable for the defendant to retain that benefit without compensating the plaintiff. "To prevail on a claim for unjust enrichment in New York, a plaintiff must establish 1) that the defendant benefitted; 2) at the plaintiff's expense; and 3) that equity and good conscience require restitution." *Kaye v. Grossman*, 202 F.3d 611, 616 (2d Cir. 2000) (internal quotations omitted).

107. At all times relevant hereto, Defendant deceptively labeled, marketed, advertised that the Products produce many negative ions and thereby have numerous medical benefits supported by "hard science" to Plaintiff and the Class.

108. Plaintiff and the Class reasonably relied on Defendant's representations regarding the power of its Products and their medical properties, and in reasonable reliance thereon, purchased the Products.

109. Plaintiff and Class members conferred upon Defendant non-gratuitous payments for the Products that they would not have due to Defendant's deceptive labeling, advertising, and marketing. Defendant accepted or retained the non-gratuitous benefits conferred by Plaintiff and Class members, with full knowledge and awareness that, as a result of Defendant's deception, Plaintiff and Class members were not receiving a product of the quality, nature, fitness, or value that had been represented by Defendant and reasonable consumers would have expected.

110. Defendant has been unjustly enriched in retaining the revenues derived from purchases of Defendant's Product by Plaintiff and the Class, which retention under these

circumstances is unjust and inequitable because Defendant misrepresented that the Products dehumidify the air, remove dust mites, and produce many negative ions and thereby have numerous medical benefits supported by "hard science" when they do not, which caused injuries to Plaintiff and Class members because they paid a price premium due to the mislabeling of the Products.

111. Retaining the non-gratuitous benefits conferred upon Defendant by Plaintiff and Class members under these circumstances made Defendant's retention of the non-gratuitous benefits unjust and inequitable. Thus, Defendant must pay restitution to Plaintiff and Class members for its unjust enrichment, as ordered by the Court.

112. In New York, unjust enrichment serves as a mechanism to reimburse defrauded consumers even when a product was purchased indirectly through a third party. (*See Waldman v. New Chapter, Inc*., 714 F. Supp. 2d 398, 404 (E.D.N.Y. 2010), (denying motion to dismiss unjust enrichment claim where plaintiff was not in privity with defendant); *see also Famular v. Whirlpool Corp*., No. 16 CV 944 (VB), 2017 U.S. Dist. LEXIS 8265 (S.D.N.Y. Jan. 19, 2017) ("New York law does not require plaintiff to have conferred a direct benefit on defendant to state a claim for unjust enrichment. Rather, the law requires only that the plaintiff's relationship with a defendant not be too attenuated") (internal quotations and citations omitted).

PRAYER FOR RELIEF

WHEREFORE, Plaintiff, on behalf of himself and all others similarly situated, seek judgment against Defendant, as follows:

a. An Order that this action be maintained as a class action and appointing Plaintiff as representatives of the New York Class and/or such subclasses as the Court deems appropriate;

b. An Order appointing the undersigned attorney as class counsel in this action;

c. Restitution and disgorgement of all amounts obtained by Defendant as a result of its misconduct, together with interest thereon from the date of payment, to the victims of such violations;

d. All recoverable compensatory and other damages sustained by Plaintiff and the Class;

e. Actual and/or statutory damages for injuries suffered by Plaintiff and the Class in the maximum amount permitted by applicable law;

f. An order (i) requiring Defendant to immediately cease its wrongful conduct as set forth in this Complaint; (ii) enjoining Defendant from continuing to misrepresent and conceal material information and conduct business via the unlawful, unfair and deceptive business acts and practices complained of herein; (iii) ordering Defendant to engage in a corrective advertising campaign; and (iv) requiring Defendant to reimburse Plaintiff and all Class members the amounts paid for the Product;

g. Statutory pre-judgment and post-judgment interest on any amounts;

h. Payment of reasonable attorneys' fees and costs; and

i. Such other relief as the Court may deem just and proper.

DEMAND FOR TRIAL BY JURY

Pursuant to Rule 38(b) of the Federal Rules of Civil Procedure, Plaintiff, on behalf of himself and all others similarly situated, demands a trial by jury on all questions of fact raised by the Complaint.

Dated: February 22, 2017

Respectfully submitted,

LEE LITIGATION GROUP, PLLC
C.K. Lee (CL 4086)
30 East 39th Street, Second Floor
New York, NY 10016
Tel.: 212-465-1188
Fax: 212-465-1181
Attorneys for Plaintiff and the Class

By: */s/ C.K. Lee*
C.K. Lee, Esq. (CL 4086)

EXHIBIT A

Home HIMALAYAN DECOR Salt Lamps Natural Salt Lamps Hand Carved LED Multi Colour Lamp

Zoom

Hand Carved LED Multi Colour Lamp

Be the first to review this product

It looks and feels of lit coals from a fire.
Flattering orange glow of lamp is comforting.
Selected from the foothills of the Himalayas.
Nature's air purifier.
Humidity reducer.
Dust mite remover.
Releases negative ions into the air.
MSRP : $ 24.95

Sign up to get notified when this product is back in stock

Login to See Price

Availability: Out of stock

Add to Wishlist Add to Compare

Share

Related

Hand Cryst Logir Add t

Hand Cryst Logir Add t

Hand Cryst Logir Add t

We will send this product in 2 days. Read more...

Call us now for more info about our products.

Return purchased items and get all your money back.

Buy this product and earn 10 special loyalty points!

0

Description Additional Info Reviews Tags

Natural Salt Lamps For Natural Life

Hand-Carved Lamp Provides a Soft Glow

The lamp is made from salt crystals from the Himalayan Mountains. Unlit, the crystal's rough-hewn, irregular surface looks pink. When lit with the included 40-watt bulb, it gives a warm amber glow. You can even change the color of the bulb to give a different hue to the lighting area.Use the lamp as a gentle nightlight, or to create a romantic mood. Whether in a child's room, near the television or computer, or in your office, the lamp, sitting on its round neem base, provides a natural touch.

Salt Crystal is a Natural Air Purifier

The Himalayan Natural Crystal Salt Lamp also works as an air purifier. When lit, the lamp

WBMinternational
Manufacture,Exporter & Importer

Himalayan Natural Crystal Salt Lamp At a Glance:

- Made of natural salt crystal from the Himalayan Mountains
- Gives a warm, soft amber glow to any room
- Purifies by emitting negative ions to clear air of smoke, dander, pollen, and other pollutants
- Each lamp is hand-carved and features a different size and weight
- Sits on a wooden neem base

emits negative ions that fight against positively charged particles that cause you to feel stuffy and sluggish. The lit salt crystal clears the air naturally of allergens like smoke, pet dander, pollens, and other air pollutants. It dilutes odors so that you can breathe easier. People with asthma often find it helpful in reducing their symptoms. You can keep the lamp lit for as long as you like to maintain this purifying effect.

Care and Sizing Information

This lamp is very easy to clean–just wipe the outside surface with a damp sponge and dry with a paper towel. Because each crystal is natural, dimensions and weight vary.

What's in the Box

Lamp, base, 40-watt bulb, and ETL-approved electric cord.

Himalayan ionic salt lamps crystal lamps products features:

This product is make for a unique and beautiful gift
Due to the nature of the natural salt, each crystal even the same size varies in the term of weight, shape and color. Variations 10% to 20%
Primary quality, there is no slat in the world that compares to Himalayan salt in purity and beauty.
Hand curved to retain the unique, natural look of the Himalayan salt crystal.
Heating the slat with the blub create an effect similar to an ionizer these ionizing effect has many health benefits.
Heat for the light is dissipated within the salt.

Benefits of ionic salt Crystal Lamps::

Some of the more dramatic clams include migraine headache relief, Enhance serotonin levels in the blood, reduce the severity of asthma attack, immune system enhancement, and reduce vulnerability to colds and flu. There is hard science to suggest that these clams are true .however in an effort to avoid hyperbola and scientific debate here is what we can tell you.

Where to use crystal salt lamps:

Office
Children rooms
Doctor Offices
Convalescence
Bedrooms
Restaurant and hotels
Meditation and therapy rooms
Environment with Pet, high pollen counts smoking or other atmospheric

How to change the Blub:

HOW TO CHANGE THE BULB

COMMENT pour changer l'ampoule

COMO CAMBIAR EL FOCO

Laydown the lamp and look at the bottom.

Pull bulb assembly gently out as indicated with arrow.

Press the two hands of Springs and Pull the holder out.

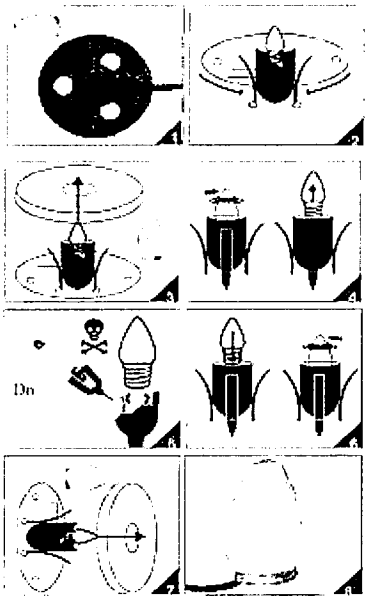
twist the blub in anti clock wise and pull the blub in the direction or arrow.

Do not insert nay insturement in the holder.

Take the new blub , insert in the holder and twist it in the clock wise till it stop twisting further.

Press both hands of the spring to insert the bulb assembly inside the lamp.

Put the lamp in Upright Position



READ AND SAVE THESE INSTRUCTIONS

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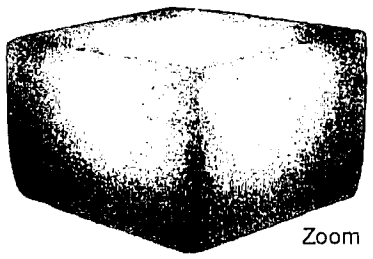

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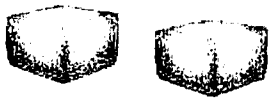

Hand Carved Natural Candle (CUBE)

Be the first to review this product

Unique salt candleholder is made from Natural Himalayan salt crystals hand mined in the Himalayan Mountains
Once lit the candleholder will emit a calming Amber color
Heating the salt with a tealight candle releases negative ions into the air, creating an effect similar to an ionizer, purifying the surrounding air.
MSRP : $ 12.95

Login to See Price

Availability: In stock

Add to Cart Qty: 1

Add to Wishlist Add to Compare

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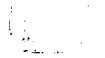

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We will send this product in 2 days. Read more...

Call us now for more info about our products.

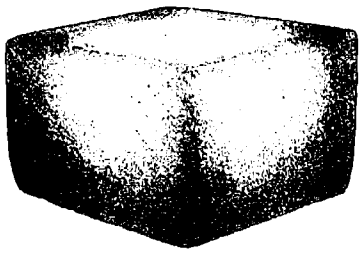
Return purchased items and get all your money back.

Buy this product and earn 10 special loyalty points!

0

Description Additional Info Reviews Tags

Bring divine harmony to any room with this beautiful salt crystal lamp. Its therapeutic glow of orange hues infuses a natural calm bringing the mind and body to a gradual sense of tranquility and well-being. This lamp is scientifically proven to work like an air purifier and is often called - Nature's Air Purifier. When the lamp is lit, it emits negative ions that fight against positively charged particles that cause us to feel stuffy and sluggish. (Allergens; Smoke; Dander; Pollens and other air pollutants). It clears the air and naturally dilutes odors so that we can breathe easier. People with asthma often find it helpful in reducing their symptoms



and many medical practitioners recommend using these lamps to help relieve depression and fatigue. Made of salt crystals, from deep within the Himalayan Mountains, home to the world's purest and most colorful salt. It is hand carved to preserve its natural beauty and attached to a Neem base. It is almost maintenance free and is very easy to clean. Just wipe off the outside surface with a damp sponge and dry off with a paper towel. You can change the color of the bulb to give a different hue to the lighting area. You can keep the lamp lit for as long as you like and the longer you keep it on, the better the emission of negative ions.

HIMALAYAN SALT

SALT LAMPS

Main Categories

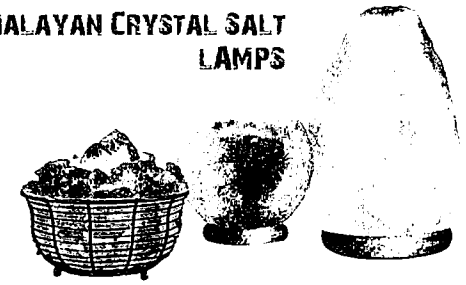
HIMALAYAN DECOR

HIMALAYAN CHEF New

HIMALAYAN BREEZE

NATURAL SOLUTION

RESOURCES



Positive and Negative Effects of Positive and Negative Ions

Nikola Tesla (July 10, 1856 – c. January 7, 1943) was a Serbian-American inventor, physicist, mechanical engineer and electrical engineer. Tesla is recognized among the most accomplished scientists of the late 19th and early 20th century. His patents and theoretical work form the basis of modern alternating current electric power (AC) uding the polyphase power distribution system and AC motor, with which ıer in the Second Industrial Revolution.

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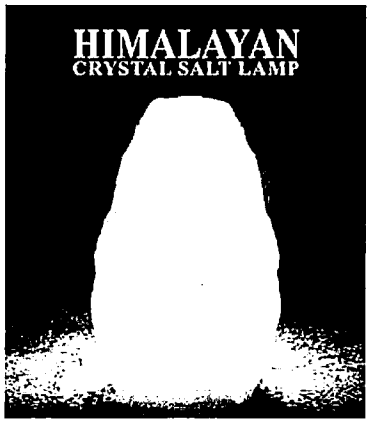
Upcoming rival of Himalayan Crystal Salt lamps..
#latest #saltlamps #newdesign

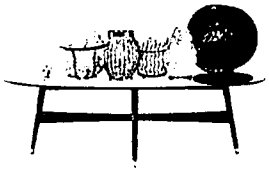


ıented with electromagnetic flux and studied the earth's gravitational field. ;earch he discovered that the ionization of the atmosphere would alter harged by radio wave transmissions in the low frequency range of 10 to a also discovered that he could cause both positive and negative he atmosphere by manipulating the radio frequency. Further studies with positive ionization, people and animals became tired and lethargic ıtive ionization the effect was one of feeling active and energetic. ; are important to you because if they have a high proportion of negative ısters you will feel lively, uplifted and enthusiastic. Too many positive ısters will have you feeling depressed, lethargic and full of aches, pains ts.

ł that there are normally 1,500 to 4,000 ions per cubic centimeter. are exceedingly mobile and the Earth's surface has a negative charge; ıative ions are repelled from the Earth. This repulsion creates a normal /e to negative ions in the range of twelve to ten. Normally, more positive ions exist.

s are exceedingly beneficial for a person's metabolism as a means ı human behavior. They act in a complex mechanism to bring about biochemical reactions in the body and brain. It is impossible to get an egative ions, which act like pure water in washing away dirty poisons. ı more negative ions you are exposed to, the better and more uplifted you

or the lack of negative ions may cause serotonin hyperfunction syndrome or "irritation syndrome" and it involves sleeplessness, irritability, tension, migraine, nausea, heart palpitations, hot flashes with sweating or chills, tremor and dizziness. The elderly become depressed, apathetic and extremely fatigued. Human mood disorders (depressions) are effectively treated with drugs which specifically block the re-uptake of serotonin into the presynaptic axon terminal, for example fluoxetine (Prozac) and Zoloft. This suggests that positive ions may play a part in this condition and the condition may be safely treated with negative ion



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- Hand Carved Natural

therapy.

Just as good benefits are provided by immersing yourself in negative ions, bad effects come from breathing air with a high density of positive ions. Before a storm the positive ion concentration becomes more than three times the amount of negative ions. If the barometer is falling in anticipation of a storm, brace yourself. Adults, children, and animals alike react testily to such bad weather, for ahead is the kind of day that may leave you most prone to illness or accident, stupid mistakes and irrational anger. Simply, positive ions are responsible. The full moon increases positive ion ratios, which accounts for the strange and aggressive behavior noted by police and medical services. Studies show that 75% of the population is noticeably and adversely affected by positive ion ratios, while increased negative ions tend to have a calming influence on these same people.

There is an impressive amount of evidence that connects low barometric pressure before storms with erratic behavior. This is a time where the positive ions in the air outnumber the negative ions by a ratio of over three to one. More suicide attempts take place, greater numbers and more serious accidents occur on the highways and in factories, and an elevated incidence of fainting spells seem to beset people. An analysis of the records of some 2000 public school students showed that their "conduct" marks sagged noticeably before a storm.

Positive ion air encourages increased physical discomforts ranging from headaches and nausea to the familiar rheumatic twinges that precede storms. Even the healing rate of wounds has been known to slow up, while the risk of infection accelerates. Tension and depression are certainly more common

Conversely, negative ion air - when the weather is quite comfortable - not only stimulates morale but actually relieves certain chronic diseases. Experiments with negative ionization have shown marked improvement for sufferers from high blood pressure, asthma, and hay fever.
Many psychiatrists agree that positive ionization contributes to the cracking of "fringe personalities," and sets off some mental conditions. On summer dog days, when the positive ion index climbs, more neurotics slip across into pathological psychosis than at other times. The incidence of sex crimes rise, as do all categories of property and personal crimes. Increased incidence of violence, road rage, theft, bank robberies, and shoplifting become serious commercial and cultural problems.

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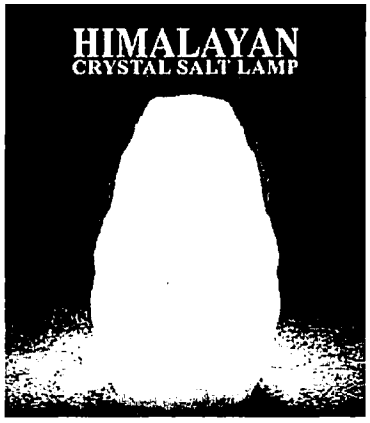
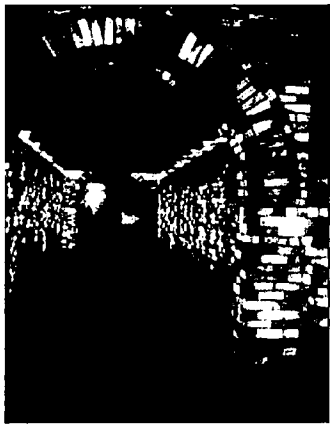


ıe human population is particularly sensitive to negative ions and benefit more ions compared to others.



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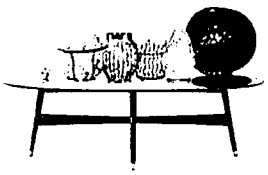

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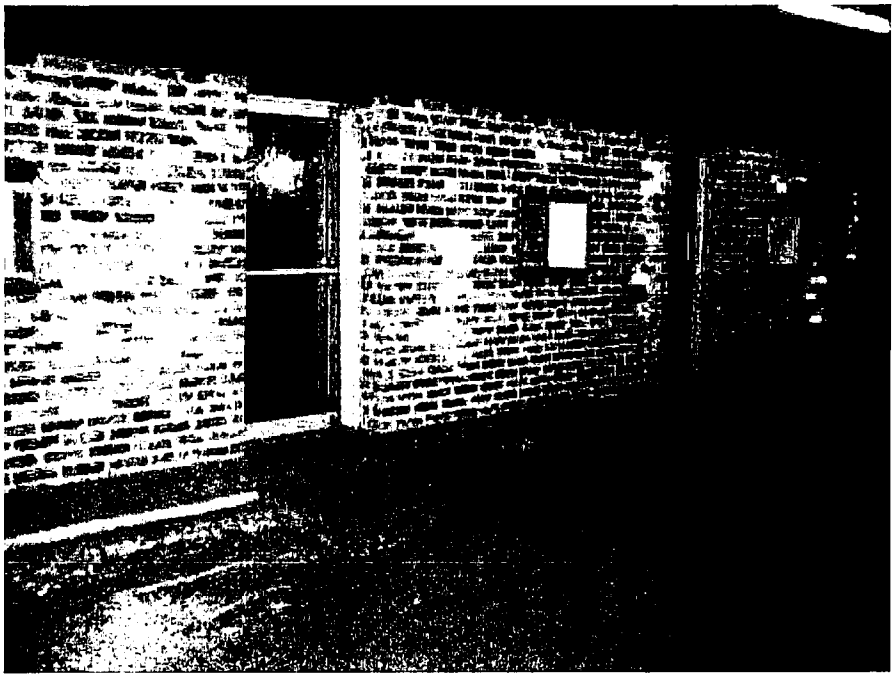

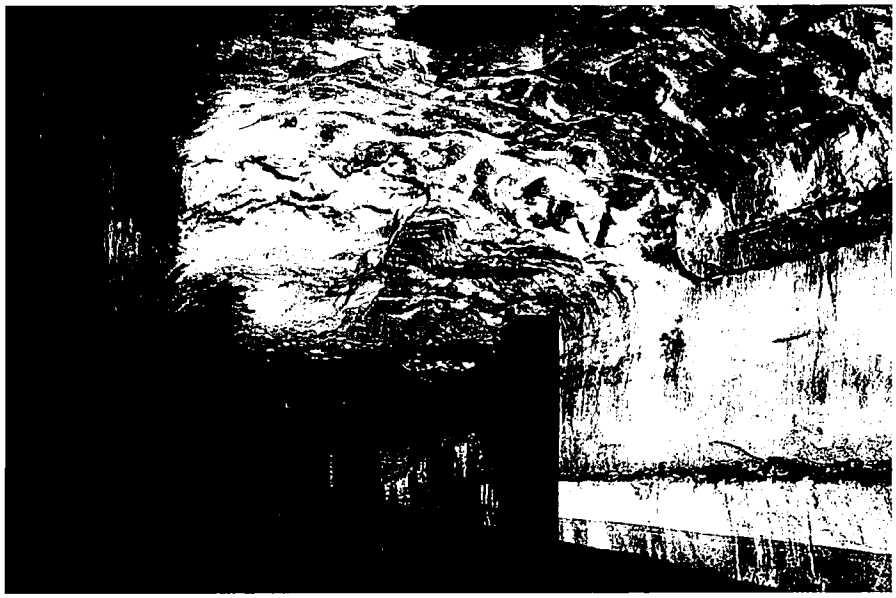

An old salt mine near in Erivan, Armenia, has also become a clinic: the sulfates and other microelements remaining in its salt walls are found to be very beneficial in the treatment of allergies.

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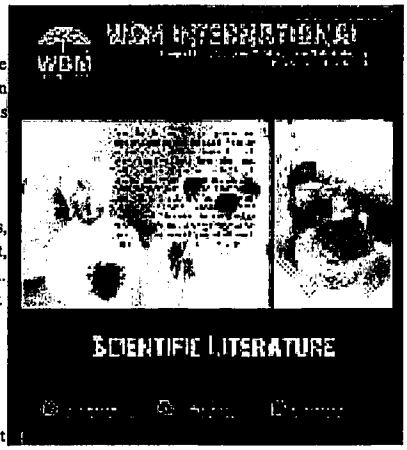
Salt Lamps and Negative Ion Generation



Due to its hygroscopic properties, salt crystals absorb moisture from air. When water molecules enter the salt, they dissolve ions from the salt. If the salt is heated with a light bulb or a candle, water molecules evaporate from the salt with the ions attached to them. It is a scientific fact that when used in a small confined area (average size bedroom) for long periods of time (10-15 hours a day), crystal salt lamps can increase the negative ions in the air up to 300%.

What are Negative Ions?

Negative ions are odorless, tasteless, invincible molecules in the air that we inhale in abundance in certain environments: mountains, waterfalls, and beaches. These molecules have an extra electron. They are created naturally in our atmosphere as air molecules break apart due to sunlight, radiation, wind and running water. The air in most of the office buildings and houses contain dozens or hundreds of negative ions in a cubic inch. However, near waterfalls, mountains and beaches negative ion concentration of the air may be as high as tens of thousands in one cubic inch of air.

Scientific Literature on Negative Ions

S. A. Grinshpun, G. Mainelis, M. Trunov, A. Adhikari, T. Reponen, and K.

Willeke published their research collectively in the Academic Journal "Indoor Air" and stated that air ionizers very effectively remove dust particles, aeroallergens, airborne microorganisms from indoor air, when used in small confined areas (cars, small bedrooms, bathrooms, cellular offices).

Robert A. Baron, PhD, of Purdue University published his findings on negative ions in "Journal of Applied Psychology " and stated that negative ions exert appreciable effects on cognitive performances, such as proofreading, memory span, letter copying, word finding and decision making.

Michael Terman, PhD, of Columbia University in New York studied people with winter and chronic depression. His research showed that negative ion generators relieve depression as much as antidepressants. Unlike most antidepressants, negative ions did not have any side effects. The director of the research at the Center For Applied Cognitive Sciences in Charlotte, N.C. and also the author of the book "The Owners Manual for the Brain: Everyday applications from Mind Brain Research", Dr. Pierce J. Howard said that about 35% of people are extremely sensitive to negative ions: "The negative ions can make us feel like we are walking on air. You are one of them if you feel instantly refreshed the moment you open a window and breathe in fresh, humid air. " Research by Bailey W. Mitchell and Daniel J. King from U.S. Department of Agriculture, Southeast Poultry Research Laboratory in Georgia, showed that the use of negative ion generators reduced airborne transmission of Newcastle Disease Virus up to 27.7% among chicken.

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Article

Controlled Trial of Naturalistic Dawn Simulation and Negative Air Ionization for Seasonal Affective Disorder

Michael Terman, Ph.D.

Jiuan Su Terman, Ph.D.

Objective: This trial assessed two novel nonpharmaceutical treatments for winter depression—naturalistic dawn simulation and high-density negative air ionization—delivered during the final hours of sleep.

Method: The patients were 99 adults (77 women and 22 men) with the winter seasonal pattern of major depressive disorder (94 cases) and bipolar II disorder (five cases). Five parallel groups received 1) dawn simulation (0.0003–250 lux in the pattern of May 5 at 45° north latitude); 2) a dawn light pulse (13 minutes, 250 lux, with an illuminant dose of 3.25×10^3 lux-minutes matched to the simulated dawn); 3) postawakening bright light (30 minutes, 10,000 lux); 4) negative air ionization at high flow rate (93 minutes, 4.5×10^{14} ions/second); or 5) ionization at low flow rate (93 minutes, 1.7×10^{11} ions/second). The symptoms were assessed over 3 weeks with the Structured Interview Guide for the Hamilton Depression Rating Scale—Seasonal Affective Disorder Version.

Results: Posttreatment improvement results were bright light, 57.1%; dawn simulation, 49.5%; dawn pulse, 42.7%; high-density ions, 47.9%; and low-density ions, 22.7% (significantly lower than the others). Contrary to the authors' hypothesis, analysis of variance failed to find superiority of dawn simulation to the dawn pulse or bright light. However, the dawn pulse led to a pattern of residual or exacerbated depressive symptoms similar to those seen in low-density ion nonresponders.

Conclusions: Naturalistic dawn simulation and high-density ionization are active antidepressants that do not require the effort of postawakening bright light therapy. They can be considered candidate alternatives to bright light or medication.

(Am J Psychiatry 2006; 163:2126–2133)

Findings over the last decade have demonstrated that morning bright light exposure ameliorates symptoms of seasonal affective disorder when gauged against nonphotic placebos (1, 2). Concurrently, basic biological rhythm research has pointed to dimmer gradual naturalistic dawn and dusk simulation as a potent alternative to bright light exposure. For example, hamsters show stronger circadian entrainment to non-24-hour light-dark cycles under naturalistic twilights than under conventional rectangular transitions (3). Rats self-select the dimmer twilight signal to maintain circadian entrainment when given the opportunity to escape daylight exposure (4). The rat retina responds to naturalistic dawn simulation with accelerated shedding of rod outer disk segments compared with sudden light onset (5). In the human laboratory, naturalistic dawn simulation prevents the delay drift of rhythms under dim light conditions (6). Bedside administration of a naturalistic dusk-to-dawn signal advances the sleep episode in demented elderly, with a tendency toward reduced sleep latency, longer duration, and decreased nocturnal activity (7).

In identifying early morning bright light exposure as more effective than later morning or evening light for patients with seasonal affective disorder (8), our attention was drawn to the early dawn interval, when melatonin wanes, core body temperature begins to rise, and the circadian timing system has the greatest propensity for light-elicited phase advances (9). In the wintertime at northerly latitudes, this is also the period when it remains dark outdoors, a putative trigger of the depression. Therefore, we set out to explore the antidepressant effects of simulated dawn illumination during the final hours of sleep (10).

Although we previously demonstrated effective treatment for winter depression by using naturalistic dawn simulation in a case series (11, 12), until now it has not been tested against control subjects given placebo or compared directly with postawakening bright light exposure. However, Avery and associates (13–15) have investigated a variant of dawn simulation in hypersomnic patients with seasonal affective disorder with a 90-minute sigmoidal illumination ramp with accelerated brief exposures and dim red exposures as controls. They found the sigmoidal simulation superior to postawakening bright light therapy (15). However, some patients experienced side effects that we had not observed with naturalistic dawns: premature awakening during the initial exposure to the rising signal, occasionally accompanied by hypomania. The sigmoidal signal contrasts with naturalistic

dawns, which begin several hours earlier in astronomical twilight and rise more gradually (Figure 1).

Negative air ionization is another environmental variable with antidepressant properties for patients with seasonal affective disorder (2, 16). Our tests of this nonphotic modality followed the use of Eastman and associates (17) of a deactivated ionizer as an inert placebo control for light therapy (1). With the activated device, we found improvement with 30-minute postawakening exposures to high-density negative air ions, whereas low-density ionization was ineffective. This comparison provided a true double blind—impossible with light—because ambient ion concentration is not perceptible.

In the present study, we examined the efficacy of high-density ion exposure and naturalistic dawn simulation, both presented toward the end of sleep. We compared both methods with low-density negative air ionization (as a placebo) and postawakening bright light (as an established effective treatment). Additionally, as a control for the gradual naturalistic dawn signal, we presented a brief sunrise pulse, matched in total illuminant dose, just before wake-up time.

Method

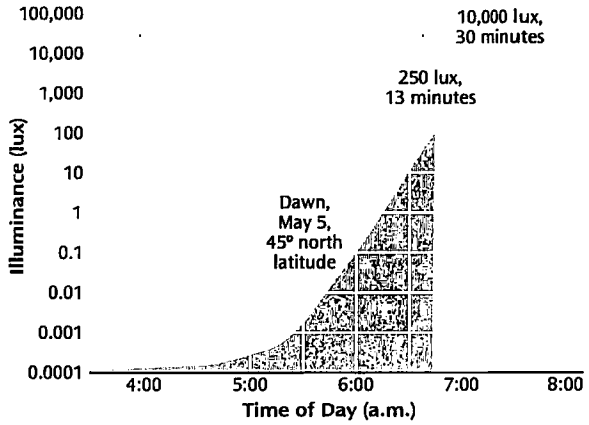
Subjects

Research volunteers (ages 18–65) were screened for symptoms of winter depression. Diagnoses were based on the Structured Clinical Interview for DSM-III-R (18) or DSM-IV (19), including major depressive disorder, recurrent, or bipolar disorder not otherwise specified (bipolar II disorder) with a seasonal pattern. The subjects also met the criteria of Rosenthal et al. for seasonal affective disorder (20), including at least 2 preceding years of depression during the winter and summer remission. The subjects scored at least 20 points on the 29-item Structured Interview Guide for the Hamilton Depression Rating Scale—Seasonal Affective Disorder Version (SIGH-SAD) (21), with a 21-item Hamilton Depression Rating Scale (HAM-D) score of 10 or more and an eight-item atypical symptom score of 5 or more. The subjects were medically healthy, as determined by a physical examination, standard blood work with a thyroid panel, and urinalysis. They were required to abstain from alcohol, psychotropic medication, and recreational drugs (verified by urine toxicology). Exclusion criteria included comorbid axis I disorders, a suicide attempt within 3 years, pregnancy, habitual sleep onset later than 0100 hours or a wake-up time later than 0900 hours, and past treatment with light or negative air ions. Written informed consent was obtained from the subjects after they had been given a full description of the study. The institutional review board of the New York State Psychiatric Institute approved the study protocol.

Protocol

Subjects were randomly assigned to one of five treatment conditions: dawn simulation, dawn pulse, bright light, or high- or low-density ionization. During the baseline phase (7–14 days), the subjects established consistent habitual sleep schedules (within a 30-minute range around the target times for sleep onset and offset) that they would maintain throughout the study. Daily treatment was taken at home for 3 weeks (dawn and ion conditions preceding habitual wake-up time, bright light within 10 minutes of awakening). Compliance was monitored by daily call-ins upon completion of the treatment session.

FIGURE 1. Duration, Intensity, and Timing of Three Lighting Conditions in a Study of Seasonal Affective Disorder: Naturalistic Dawn Simulation, Dawn Pulse, and Bright Light Therapy[a]



[a] For illustration, sunrise and wake-up time were anchored at 0700 hours, although they varied according to the individual's habitual sleep schedule. The gradual dawn signal and dawn pulse were equated for total illuminant dose in lux-minutes. The curved shape of dawn varies with latitude and day of the year (35), as determined by the solar angle, the tilt of the earth and its orbital speed, atmospheric refraction, air mass penetrated, and a set of empirical constants (36). Variations in cloud cover had negligible influence before sunrise. The fastest transitions occur at the equinoxes, and the slowest transitions at the solstices. Accuracy of the simulation has been verified against outdoor measurements (37).

The subjects rated expectations on a 5-point scale from "no improvement" (1) to "full recovery" (5) based on written descriptions of the rationale for the assigned treatment modality. Ratings were made in three sets, for 1) the dawn signal (with no distinction between dawn simulation and dawn pulse), 2) ionization (without reference to dose), and 3) bright light therapy.

Trained raters who were blind to the treatment assignments evaluated depression severity at baseline and the treatment response after 10 days (midpoint) and 21 days (endpoint). The subjects who showed remission with a SIGH-SAD score reduction to 8 points or lower were monitored for up to 3 weeks of withdrawal for ascertainment of relapse to the minimum entry score of 20. Nonresponders and partial responders did not receive a withdrawal phase. The subjects also rated potential side effects at baseline and endpoint using the Systematic Assessment for Treatment Emergent Effects (22).

Treatment Apparatus and Procedure

Naturalistic Dawn Simulation. The signal was generated by a microprocessor-based control box (SphereOne, Inc., Silver Plume, Colo.) simulating sunrise on May 5 at 45° north latitude based on our MacLite algorithm (23). Figure 1 displays the 3.5-hour curvilinear transition from a protracted starlight glow at 0.0003 lux to an attenuated sunrise level of 250 lux (428 $\mu w/cm^2$; Model J17 photometer/radiometer, Tektronix, Inc., Beaverton, Ore.), as would be experienced outdoors under tree cover.

Calibrated output of the control box powered a glass-shielded 250-watt halogen bulb (#66490 Osram GmbH., Munich) in an overhanging wedge-shaped (1.59×10^3 cm^2) indirect light diffuser (SphereOne, Inc.) mounted on a tripod beside the bed. The light projected toward the pillow from a distance of 91 cm. After the simulated sunrise, which was set for wake-up time, the signal terminated with a 90-second logarithmic-linear ramp, and the pa-

TABLE 1. Depression Scale Measures in a Study of Naturalistic Dawn Simulation and Negative Air Ionization in Individuals With Seasonal Affective Disorder[a]

Measure	Bright Light (N=19)		Dawn Simulation (N=21)	
	Mean	SD	Mean	SD
Structured Interview Guide for the Hamilton Depression Rating Scale—Seasonal Affective Disorder Version (SIGH-SAD) score				
Baseline	26.4	5.0	26.7	3.5
Midpoint (8 to 12 days)	12.8	8.7	16.8	9.0
Endpoint (19 to 23 days)	11.3	7.9	13.7	9.7
Hamilton Depression Rating Scale score				
Baseline	15.3	3.2	15.1	3.0
Midpoint	6.9	5.4	8.5	4.8
Endpoint	5.9	4.6	7.0	6.2
Atypical Symptom Scale score				
Baseline	11.2	4.0	11.6	2.7
Midpoint	5.9	4.0	8.3	5.3
Endpoint	5.4	4.3	6.7	4.5
	%	SD	%	SD
SIGH-SAD improvement	57.1	29.3	49.5	33.7
	Proportion	95% CI	Proportion	95% CI
≥50%	0.63	0.44–0.82	0.62	0.44–0.80
Score ≤8	0.42	0.23–0.61	0.33	0.16–0.50
Score <20	0.84	0.65–1.00	0.70	0.52–0.88

[a] Based on the SIGH-SAD (22).

tient was exposed to uncontrolled bedroom illumination. For late risers, the light of outdoor dawn could precede the scheduled dawn signal and penetrate the bedroom if the shades were open; however, we verified that such spontaneous light exposure did not allay the depression.

The power spectrum of the halogen signal (measured with a fiber optic spectrometer; Model USB2000, Ocean Optics, Inc., Dunedin, Fla.) varied smoothly across the visible range. Increasing irradiance from 0.25 to 250 lux reduced the relative power of short wavelengths (380–500 nm, 39% to 16%), with increases in the midrange (500–625 nm, 19% to 29%) and at long wavelengths (625–740 nm, 41% to 55%). At 250 lux, there was negligible ultraviolet radiation in the ultraviolet A (280–315 nm, 6.8 $\mu w/cm^2$) and ultraviolet B (315–380 nm, 7.6 $\mu w/cm^2$) ranges.

Dawn Pulse. As a control for naturalistic dawn simulation, we presented a trapezoidal light pulse of 250 lux (13 minutes) before wake-up time, with 90-sec logarithmic-linear onset and offset ramps, for a total duration of 16 minutes (Figure 1). The illuminant dose, 3.25×10^3 lux-minutes, equaled that of the dawn signal.

Bright Light. The light box (UpLift Technologies, Dartmouth, N.S., Canada) presented 10,000 lux (2600 $\mu w/cm^2$) white light from three Osram Dulux 40-watt, 3,000-Kelvin fluorescent bulbs mounted behind an ultraviolet-filtered acrylic smooth diffusing screen (58.5×27.9 cm Acrylite OP-3, Piedmont Plastics, Inc., Charlotte, NC; modified with sandblasted diffusion surface by Uplift, Inc.). It was positioned with a downward angle toward the head of the bed at a 31-cm distance on a table stand. The subjects sat at the light box for 30 minutes within 10 minutes of rising, without looking directly at the screen.

The fluorescent power spectrum was composed of seven distinct peaks, with negligible ultraviolet radiation (ultraviolet A, 6.6 $\mu w/cm^2$; ultraviolet B, 6.8 $\mu w/ cm^2$). The relative power at short visible wavelengths was 17% (similar to that of the halogen lamp at 250 lux) but was weighted strongly toward the midrange (54%), with a reduction at long wavelengths (29%).

Negative Air Ionization. The negative air ion generator (SphereOne, Inc.) produced ion flow rates of 4.5×10^{14} ions/second (high-density exposure) or 1.7×10^{11} ions/second (low-density exposure). The ionizer was mounted on a tripod at the subject's bedside, with the ion emitter directed toward the pillow at a distance of 61 cm. Ion flow toward the body was maximized by use of a grounded conductive bed sheet (Charleswater, Inc., Canton, Mass.) and activated by a timer for 93 minutes before wake-up time, corresponding to the dawn simulation interval above 0.001 lux.

Data Analysis

Repeated measures analysis of covariance (ANCOVA) of SIGH-SAD scores tested group differences, with age, gender, and baseline score covariates, by using Fisher's method of least significant differences for post hoc comparisons. Post hoc ANCOVAs evaluated HDRS and Atypical Symptom Scale scores and percentage improvement. Categorical measures of endpoint response and the relative frequency of residual or exacerbated symptoms were evaluated with the chi-square test or Fisher's exact test in cases of low expected frequency. Students' paired and unpaired t tests were used for various between-group comparisons. The correlation between continuous variables was expressed by Pearson's r. An alpha level of 0.05 was used throughout.

Results

During the 6 years of the study (conducted November to March), 126 subjects entered the study and 118 (93.7%) completed it. The noncompleters all withdrew before the 10-day midpoint evaluation, two for noncompliance (low-density ions, one; bright light, one), with six dropouts (low-density ions, one; high-density ions, three; bright light, one; and dawn simulation, one). Of the completers, 19 who experienced remission (16.1%) did not show relapse during the withdrawal phase; they were distributed across all five groups with no significant differences (Fisher's exact test). Because such sustained improvement cannot be distinguished from spontaneous seasonal remission, they were excluded according to protocol (2, 24) from the final data set. The results were analyzed for 99 subjects who either remained depressed at treatment endpoint or showed relapse during the withdrawal phase. The group included 77 (77.8%) women and 22 (22.2%) men,

Dawn Pulse (N=20)		High-Density Ions (N=21)		Low-Density Ions (N=18)	
Mean	SD	Mean	SD	Mean	SD
26.8	4.9	27.2	5.4	25.0	3.8
14.7	11.0	17.3	7.3	19.9	6.9
14.3	10.4	13.6	8.1	18.9	7.5
16.8	3.7	15.9	4.1	16.1	3.1
8.6	6.4	9.6	4.1	12.1	4.9
8.2	7.1	7.3	4.3	11.9	4.9
10.1	2.7	11.3	4.1	8.9	2.6
6.1	5.1	7.8	4.6	7.8	3.8
6.1	4.6	6.3	4.5	7.8	3.9
%	SD	%	SD	%	SD
42.7	46.3	47.9	33.3	22.7	30.7
Proportion	95% CI	Proportion	95% CI	Proportion	95% CI
0.50	0.31–0.69	0.52	0.34–0.70	0.17	0.02–0.32
0.35	0.16–0.54	0.28	0.10–0.46	0.17	0.02–0.32
0.60	0.41–0.79	0.67	0.49–0.85	0.33	0.18–0.48

ages 19–63 years (mean=40.4 years, SD=10.4). The distributions of age and gender were closely balanced, with no significant differences by univariate analysis of variance and Fisher's exact test, respectively. The diagnoses were major depressive disorder in 94 (94.9%) of the cases and bipolar disorder not otherwise specified or bipolar II disorder in five (5.1%) of the cases.

Rating Scale Means and Percentage Improvement

The overall mean SIGH-SAD score at baseline was 26.5 (SD=8.0), with an HAM-D mean score of 15.8 (SD=4.9) and an Atypical Symptom Scale mean score of 10.6 (SD=3.3). Univariate ANOVAs showed no significant baseline differences among the five groups (Table 1). A repeated measures ANCOVA of SIGH-SAD scores across the three assessment points, with baseline score, age, and gender as covariates, revealed the following significant effects: group ($F=2.48$, df=4, 91, $p=0.05$), time ($F=3.60$, df=2, 90, $p=0.03$), and group-by-time interaction ($F=2.51$, df=4, 91, $p=0.05$). There were no significant effects of age ($F=0.38$, df=1, 91, $p=0.94$) or gender ($F=1.02$, df=1, 91, $p=0.32$). Improvement was greatest between baseline and the 10-day midpoint, with little change between midpoint and endpoint (Table 1). Least significant difference comparisons between groups showed that the percentage improvement for the low-density ion group was significantly lower than for the four alternate groups ($p=0.001$ to $p=0.02$), and there were no significant differences among the latter groups. Posttreatment improvement was far lower for the low-density ion group (22.7%) than for the alternate groups (42.7% to 57.1%). The ANCOVA for raw scores also revealed significant effects of the baseline score covariate ($F=14.29$, df=1, 91, $p<0.001$) and the baseline score-by-time interaction ($F=13.98$, df=2, 90, $p<0.001$), which reflected greater opportunity for score reduction in more severe cases ($r=0.28$, $N=99$, $p=0.004$) (25).

ANCOVAs on the scores from the HAM-D and Atypical Symptom Scale yielded contrasting results. The HAM-D showed the following significant effects, mirroring results for the SIGH-SAD: group ($F=2.97$, df=4, 91, $p<0.03$), time ($F=4.19$, df=2, 90, $p<0.02$), group-by-time interaction ($F=2.99$, df=4, 91, $p<0.03$), baseline score covariate ($F=14.23$, df=1, 91, $p<0.001$), and baseline score-by-time interaction ($F=21.09$, df=2, 90, $p<0.001$). On the Atypical Symptom Scale, however, the only significant effects were for the baseline score covariate ($F=65.15$, df=1, 91, $p<0.001$) and the baseline score-by-time interaction ($F=15.23$, df=2, 90, $p<0.001$). Nonsignificant effects included group ($F=1.96$, df=4, 91, $p=0.11$), time ($F=1.36$, df=2, 90, $p=0.26$), and the group-by-time interaction ($F=2.02$, df=4, 91, $p=0.10$). When we used percentage improvement rather than raw scores, the Atypical Symptom Scale did show a significant group effect ($F=2.76$, df=4, 91, $p=0.03$) that isolated low-density ions as less effective treatment, also seen on the HAM-D ($F=3.16$, df=4, 91, $p=0.02$). The two scales showed similar magnitudes of improvement except under low-density ions (HAM-D: mean=29.2%, SD=39.7%; Atypical Symptom Scale: mean=3.9%, SD=56.3%) ($t=1.95$, df=34, $p=0.06$, two-tailed), which may indicate a blunted placebo response for the symptoms of hypersomnia, hyperphagia, and fatigue. Further analyses focused on the combined SIGH-SAD scale.

Categorical Measures of Treatment Response

The proportion of patients achieving 50% or greater improvement (Table 1) differed significantly between groups ($\chi^2=10.55$, df=4, $p=0.03$) and was far lower under low-density ions than under the other conditions (which did not differ significantly from each other). The proportion of

TABLE 2. Emergence or Exacerbation of Symptoms in Score on the Systematic Assessment of Treatment Emergent Effects (≥3) in a Study of Naturalistic Dawn Simulation and Negative Air Ionization in Individuals With Seasonal Affective Disorder[a]

	Bright Light (N=19)		Dawn Simulation (N=21)		Dawn Pulse (N=20)		High-Density Ions (N=21)		Low-Density Ions (N=18)	
Symptom	N	%	N	%	N	%	N	%	N	%
Depression										
Depressed mood					4[b]	20.0			5	27.8
Irritability					3	15.0			5	27.8
Fatigue					4	20.0			5	27.8
Drowsiness					4	20.0	3	14.3	3	16.7
Poor concentration					4	20.0				
Sleep										
Middle insomnia									3	16.7
Late insomnia									3	16.7
Appetite/weight										
Appetite increase							3	14.3		
Weight gain							4	19.0		
Somatic: headache					4	20.0			3	16.7

[a] Moderate to severe on the Systematic Assessment for Treatment Emergent Effects (22).
[b] Minimum of three individuals per group.

patients meeting the remission criterion of a SIGH-SAD score of 8 or lower followed a similar pattern, although the groups did not differ significantly (χ^2=3.15, df=4, p=0.53), which may reflect the higher remission rate for low-density ions (mean=0.17, SD=0.15) than in our previous parallel group study (mean=0.05, SD=0.09) (2). The proportion with posttreatment scores below the 20-point baseline entry level, however, varied significantly (χ^2=11.37, df=4, p=0.02), with the low-density ion group falling lower than the others.

Residual Symptoms, Emergence, and Exacerbation

Of 88 potential somatic and psychological side effects tabulated by the Systematic Assessment for Treatment Emergent Effects, the only ones to show posttreatment emergence or exacerbation to moderate or high severity fell into the depression cluster (Table 2). The patients reporting these symptoms were all nonresponders who showed the same symptoms at baseline; thus, none of these symptoms was emergent, and all reflected exacerbation under ineffective treatment. Accordingly, they occurred most often under low-density ions. The dawn pulse produced a profile very similar to that for low-density ions, although poor concentration was reported only by patients under the dawn pulse, and sleep disturbance was reported only under low-density ions. When residual and exacerbated symptoms were combined, a significantly higher proportion of the patients reported disturbance under the dawn pulse than under dawn simulation (mean=0.50, SD=0.19, versus mean=0.19, SD=0.14) (χ^2=4.36, df=1, p=0.04).

Because the Systematic Assessment for Treatment Emergent Effects does not assess suicidality, we analyzed baseline and endpoint ratings for the HAM-D item. There were only two cases of emergence or exacerbation, both under the dawn pulse. One patient who scored 0 points at baseline scored 2 points ("wishes he were dead or any possible thoughts of death to self") at the end of treatment, whereas the second patient moved from a score of 2 to 3 points ("suicidal ideas or gesture").

Expectations

Mean expectation ratings differed across groups by less than 1 point on the 5-point scale: bright light, 3.5 (SD=0.9); dawn signals, 3.3 (SD=0.7); and ions, 2.7 (SD=0.9) (F=8.27, df=2, 96, p<0.001). Comparisons of the least significant difference showed that both the bright light and the dawn groups had higher expectations than the ion group. Of importance, expectations were not significantly different between the dawn simulation and dawn pulse subgroups (mean=3.4, SD=0.7, versus mean=3.1, SD=0.8) or the low- and high-density ion subgroups (mean=2.8, SD=1.0, versus mean=2.5, SD=0.9). Overall, expectation ratings were significantly correlated with endpoint SIGH-SAD percentage improvement (r=0.36, N=99, p<0.001), which was also observed separately in the three light groups (r=0.28, N=60, p=0.03) and the two ion groups (r=0.37, N=39, p=0.02).

Discussion

The trial design provided for several tests of efficacy, following the hypotheses that both dawn simulation and high-density ions would produce greater antidepressant response than low-density ions and that dawn simulation would be superior to both the dawn pulse and bright light treatment. Analysis of raw depression scale scores showed that dawn simulation and high-density ions were superior to low-density ions. However, the responses to bright light therapy and dawn pulse did not differ significantly from the response to dawn simulation. Percentage improvement and categorical measures of response and remission showed similar patterns. On this basis, we concluded that 1) naturalistic dawn simulation provided no advantage (other than convenience of use) over postawakening bright light therapy and 2) the dawn pulse is an effective treatment when we consider its superiority to low-density

ions. Thus, it appears that gradual twilight is not necessary for therapeutic action during sleep. There is a partial precedent for such a dawn pulse effect in an uncontrolled trial of remitted depressed patients with residual hypersomnia (26). When the patients were briefly exposed to 500 lux incandescent light switched on by a timer 10 minutes before the desired wake-up time, they reported easier awakening and a shortened sleep duration.

Despite the superiority of the dawn pulse over low-density ions and lack of difference from the other active treatments, overall response to the pulse was undermined by a distinct group of nonresponders. The Systematic Assessment for Treatment Emergent Effects ratings showed a pattern of exacerbation of depressive symptoms under the dawn pulse similar to that under low-density ions. Furthermore, HAM-D ratings showed two cases of emergent or exacerbated suicidality (both without active intent). By contrast, dawn simulation showed no such problems. We conclude that although the dawn pulse is therapeutically active in some patients, the risk of symptom persistence and emergence and exacerbation in other patients makes it an unfavorable option.

Several potential dosing parameters of naturalistic dawn simulation—dawn pulse, bright light, and negative air ions—might change their relative efficacy. For dawn simulation, there are the choices of day of year (solstices slowest, equinoxes fastest), illuminance anchor at sunrise (unshielded sunrise provides approximately 800 lux), sunrise time anchor relative to habitual wake-up time, spectral composition of the signal, and duration of the signal after sunrise. An additional factor for the dawn pulse is its duration preceding wake-up. Apart from spectral characteristics (27), the duration and intensity of bright light therapy (24) and its timing relative to the individual's circadian rhythm phase (28) are known to affect remission rate. As for negative air ions, the effects of flow rate (resulting in proximal ion density) and timing and duration of exposure have yet to be explored.

Expectation ratings for ions in our study were slightly but significantly lower than the ratings for light, which raises the question of the adequacy of low-density ions as a placebo control. Several results mitigate this potential confound. First, the low-density ion group showed no significant correlation of expectation ratings with SIGH-SAD percentage improvement ($r=0.16$, $N=18$, $p=0.53$). Second, the ratings did not differ significantly between the low- and high-density ion groups, yet the response was far greater to the high-density ions. Third, the response to high-density ions did not differ significantly from that for the light groups.

As in our previous trials of light therapy (24) and negative air ionization (2), we used a strict criterion for data entry into the primary analysis, observation of relapse to the minimum baseline SIGH-SAD score of 20 within 3 weeks of discontinuation for the patients who showed remission during the treatment phase. Two factors support the exclusion of nonrelapsers. First, maintained improvement after treatment discontinuation during the expected period of a major depressive episode is prima facie evidence of a placebo response (29). Especially in studies with a relatively small group size, higher placebo rates can seriously reduce the power to detect significant differences. This is less of a problem in larger drug trials with hundreds of patients with seasonal affective disorder (30), which have been economically infeasible for nondrug alternatives (31). Second, within a time-limited winter episode, it is impossible to know whether maintained remission after discontinuation reflects spontaneous seasonal improvement or a response to active treatment. We have reported universal relapse after treatment early in the winter season (32). It is possible that prior light therapy trials that failed to find superiority over placebos would have concluded differently if relapse during a withdrawal phase had been ascertained and nonrelapsers excluded. To test this supposition, we conducted a post hoc analysis of SIGH-SAD improvement of 50% or greater, including all patients, regardless of relapse. Perforce, response rates increased, especially for low-density ions. Although the pattern of group contrasts was retained, it fell short of statistical significance: bright light, mean=0.67, SD=0.17; dawn simulation, mean=0.67, SD=0.17; dawn pulse, mean=0.63, SD=0.17; high-density ions, mean=0.57, SD=0.17; low-density ions, mean=0.35, SD=0.17) ($\chi^2=6.75$, $df=4$, $p=0.15$). Similarly, ANCOVAs on raw scores fell short of statistical significance.

The hypothesis that dawn simulation is superior to bright light therapy has been attractive because of the springtime pattern of illumination, which is lacking in winter (10). However, the hypothesis becomes less attractive given the similarity of response to dawn and postawakening bright light in our study. Like Avery and associates (13–15), we showed that a dawn signal presented toward the end of sleep was superior to that of placebo in comparison subjects (in their case, dim or brief light ramps with lower illuminant dose; in our case, low-density negative air ionization), also presented during sleep. Unlike Avery and associates (15), however, we did not find dawn simulation superior to postawakening bright light exposure. Furthermore, they found similar responses to bright light and the dim red control. Without the exclusion of nonrelapsers, as determined in a withdrawal phase, their high placebo response rate (approximately 65%) may have impeded detection of a group difference. Alternatively, the reduced efficacy of bright light relative to dawn simulation in their study may have resulted from confinement to hypersomnic patients with standardized wake-up and treatment at 0600 hours, which is likely not individually optimal (28). In our study, bright light was used shortly after habitual wake-up time, which ranged from 0530 hours to 0900 hours (mean=0705, SD=1.16).

Given the approximate equivalence of naturalistic dawn simulation, high-density ionization, and bright light, the choice between them may depend on convenience and

ease of compliance. In this respect, automated exposure to the dawn signal or ions during sleep has an advantage over postawakening bright light therapy. On the other hand, dawn presentation in the bedroom can disturb a sleep partner with a later wake-up time, whereas bright light therapy can be administered privately in a separate room. Negative air ionization during sleep appears to be the most innocuous alternative; thus far, we have received no reports of disturbance in bed partners. Although the antidepressant effect of negative air ionization in seasonal affective disorder recently has been independently replicated using postawakening administration (personal communication, R.K. Flory, May 23, 2006), the result for administration during sleep remains a novel observation.

For open treatment, we recommend starting patients with postawakening bright light therapy, which has seen the most extensive investigation and replication (31). If it is unsuccessful or proves impractical, given nonresponse, intractable side effects (33), scheduling inconvenience, or noncompliance, dawn simulation (whether naturalistic or sigmoidal), high-density negative air ionization, and antidepressant drugs (34) provide an armamentarium of alternate treatments.

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Supported by NIH grant RO1-MH-42931.

The authors thank Namni Goel, Ph.D., Joy Jacobs, J.D., Mariana M. Macchi, Ph.D., Jamie B. Rifkin, A.B., and Sarah Trosper, B.A., for serving as screeners and raters; Gary Regester for design of the dawn simulation light diffuser; Paul Schwartz and Steven Tricamo for design of the grounded ionizer; and UpLift Technologies, Inc., for donation of the light boxes.

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ORIGINAL ARTICLE

A Controlled Trial of Timed Bright Light and Negative Air Ionization for Treatment of Winter Depression

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Background: Artificial bright light presents a promising nonpharmacological treatment for seasonal affective disorder. Past studies, however, have lacked adequate placebo controls or sufficient power to detect group differences. The importance of time of day of treatment—specifically, morning light superiority—has remained controversial.

Methods: This study used a morning × evening light crossover design balanced by parallel-group controls, in addition to a nonphotic control, negative air ionization. Subjects with seasonal affective disorder (N = 158) were randomly assigned to 6 groups for 2 consecutive treatment periods, each 10 to 14 days. Light treatment sequences were morning-evening, evening-morning, morning-morning, and evening-evening (10 000 lux, 30 min/d). Ion density was 2.7×10^6 (high) or 1.0×10^4 (low) ions per cubic centimeter (high-high and low-low sequences, 30 min/d in the morning).

Results: Analysis of depression scale percentage change scores showed low-density ion response to be inferior to all other groups, with no other group differences. Response to evening light was reduced when preceded by treatment with morning light, the sole sequence effect. Stringent remission criteria, however, showed significantly higher response to morning than evening light, regardless of treatment sequence.

Conclusions: Bright light and high-density negative air ionization both appear to act as specific antidepressants in patients with seasonal affective disorder. Whether clinical improvement would be further enhanced by their use in combination, or as adjuvants to medication, awaits investigation.

Arch Gen Psychiatry. 1998;55:875-882

ARTIFICIAL bright-light therapy for seasonal affective disorder (SAD) alleviates the depressive and reverse neurovegetative symptoms—carbohydrate craving and weight gain, fatigue, and hypersomnolence—that typify patients in winter.[1] Although there have been many demonstrations of clinical improvement,[2,3] 3 major issues remain unresolved: the relative contribution of placebo response, optimum timing of light exposure, and the therapeutic mechanism of action of light.

Despite generally superior response to bright vs dim light and brief-exposure controls,[2,4] using standard light boxes, several recent studies—primarily using head-mounted lighting devices[5-8]—have failed to show bright-light superiority, leaving open a placebo interpretation. Using a novel placebo control for light-box treatment, Eastman and colleagues[9,10] found similar improvement with an inactive negative air ionizer, which further points to the difficulty of establishing treatment specificity.

Chronobiological explanations of pathophysiologic function and treatment, while still not definitive, have provided great impetus to this research. Lewy

See also pages 861, 863, 883, and 890

and colleagues[11] hypothesized a depressogenic effect of wintertime phase delays of the circadian timing system in individuals vulnerable to SAD, which could be counteracted by the antidepressant effect of a phase advance induced by morning light. Although a cross-center analysis suggested that morning light at 2500 lux, 2 h/d, was clinically more effective than evening or midday exposure,[2] individual studies have differed. Studies showing morning superiority used crossover designs,[11-14] while parallel-group studies found no effect of time of day.[10,15-19] In a crossover study using 10 000 lux, 30 min/d, the response to evening light worsened after morning light exposure (but not vice versa).[4] It appeared that the phase advance induced by morning light was coun-

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SUBJECTS AND METHODS

SUBJECTS

Research volunteers (aged 18 to 65 years) were recruited by poster and media announcements and physician referrals, and were screened by a questionnaire that probed for symptoms of winter depression. Candidates received a telephone interview that focused on exclusion criteria (see below). A life history questionnaire followed. Intake evaluations were based on the Structured Clinical Interview for *DSM-III-R*.[24]

Subjects met National Institute of Mental Health criteria for SAD,[1] *DSM-III-R* criteria for mood disorders (itemized below) with seasonal pattern,[25] and criteria for current major depressive episode. They received a physical examination including complete blood cell count with thyroid panel, urinalysis, electrocardiogram, and ocular examination, to verify normal medical status. They were required to abstain from psychotropic medication, alcohol, and recreational drugs. Exclusion criteria included other Axis I disorders, suicide attempt within the past 3 years, and habitual sleep onset later than 1 AM or awakening later than 9 AM.

During 6 years, 158 subjects entered the study and 145 completed it. We present data for 124 subjects who showed relapse (or remained depressed) during a final withdrawal phase. They included 99 women (79.8%) and 25 men (20.2%), aged 18 to 59 years (mean ± SD, 39.4 ± 9.8 years). Diagnoses were major depressive disorder, recurrent, *DSM-III-R* code 296.3, in 71.8% (n = 89); bipolar disorder not otherwise specified, code 296.7, in 23.4% (n = 29); and bipolar disorder, code 296.5, in 4.8% (n = 6).

APPARATUS

The light treatment apparatus (Hughes Lighting Technologies, Lake Hopatcong, NJ; DayLight Technologies Inc, Halifax, Nova Scotia) used SPX-30 triphosphor fluorescent lamps encased in a metal box (27.9 × 58.5 cm) with a translucent plastic diffusing screen. The box was mounted on a height-adjustable stand above the table surface, and tilted downward toward the head at an angle of 30°. The center of the screen was positioned about 32 cm from the eyes, providing light intensity of approximately 10 000 lux. Subjects were instructed to focus on the illuminated area beneath the light source (where they could read), not to look directly at the screen.

The negative air ionizer (16 × 7.5 × 6 cm; JoniCare Model 45; Sea-King AB, Västerås, Sweden) was set on a 100-cm tubular plastic floor stand, approximately 92 cm from the seated subject. It contained 3 wire corona ion emitters with flow rates of 4.5×10^{13} or 1.7×10^{11} ions per second. Resulting air ion densities were approximately 2.7×10^{6} *(high)* or 1.0×10^{4} *(low)* ions per cubic centimeter. The unit was placed 92 cm or more from walls, and away from electrical devices, grounded surfaces, and ventilation ducts. Windows and doors were closed during treatment sessions.

PROCEDURE

The protocol included 6 groups with 2 consecutive treatment periods, each 10 to 14 days long (**Table**). Morning light (M) and evening light (E) were compared in a balanced design with 2 crossover and 2 parallel groups, for detection of potential sequence effects.[20,22] Two parallel groups received morning treatment with high (H)- or low (L)-density negative ions. The habitual sleep pattern, estimated by 1-week averages from daily logs, was the basis for specifying a sleep schedule that accommodated 30-minute treatment sessions in the morning (within 10 minutes of awakening; average, starting about 7 AM) or evening (2 to 3 hours before bedtime; average, starting about 9 PM). Subjects were asked to maintain this schedule throughout the experiment. Napping was discouraged, but permitted if it occurred earlier than 5 ½ hours before bedtime.

teracted by the subsequent phase delay induced by evening light, with consequent blocking of the antidepressant effect.[20,21] Pooled data from 4 centers, using 2500-lux treatment, showed similar results.[20]

The present study compared response to morning and evening light with response to negative air ions. Morning × evening light crossover groups were balanced by parallel groups.[22] The design provided 3 controls for morning light response: a parallel group given evening light, crossovers to and from evening light, and groups given dose-regulated negative air ions (low or high density) in the morning. Previous literature suggests that sustained exposure to negative air ionization might have a mood-elevating effect,[23] but we did not anticipate a clinically significant response given the brief, 30-minute sessions used to match the duration of light exposure.

RESULTS

Figure 1 shows individual rating scale scores across all conditions. The range of baseline scores was 20 to 43; posttreatment scores, 0 to 48. Most data fall below the major diagonal (solid line), indicating general improvement relative to baseline. However, a cluster of data fall on or above the diagonal for crossover subjects who received evening light after morning light (Figure 1, F), indicative of nonresponse or mild worsening. Similarly, there was a preponderance of nonresponders to low-density ions in both treatment periods. At least half of the subjects undergoing light or high-density ion treatment in period 1 improved by 50% or more (points on or below the dashed lines in Figure 1): morning light, 71.7% (33 of 46 subjects); evening light, 66.7% (26 of 39); and high-density ions, 50% (10 of 20). Low-density ions yielded a distinctly lower proportion, 26.3% (5 of 19). Far fewer subjects met the clinical remission criterion of a posttreatment SIGH-SAD score of 8 or less (points below the dotted lines in Figure 1). Within period 1, the remission rate for morning light was 54.3% (25 of 46 subjects); evening light, 33.3% (13 of 39); high-density ions, 20% (4 of 20); and low-density ions, 10.5% (2 of 19).

RATING SCALE MEANS

The Table shows mean depression ratings for all conditions. The SIGH-SAD baseline scores ranged between 27.0 and 29.4 points and were not significantly different across the 6 groups ($F_{5,118} = 0.53$, $P = .80$). While the low-

At the beginning of a 2-week baseline phase, subjects read a description of the rationale for bright-light and negative ion therapies. After both apparatuses were demonstrated, subjects rated expectations for each of 4 potential treatment conditions: morning light, evening light, morning ions, and evening ions (the latter included to balance the questionnaire). Ratings were on a 5-point scale, from no improvement (rating of 1) to full recovery back to normal (rating of 5). Subjects then signed an informed consent, which further described randomization into high- and low-density ion conditions.

At the end of the baseline phase, subjects who met rating scale entry criteria (total score ≥20, Hamilton score ≥10, and atypical symptom score ≥5; see "Depression Ratings," below) were randomly assigned to the treatment groups and were given apparatuses to take home until the end of period 2. They were told that the time of day for treatment might remain the same or change at the start of period 2. Those using ionizers were informed that the density level was not detectable, but a red light signaled when the unit was active. Treatment compliance was monitored by log-in telephone messages.

A 1- to 3-week withdrawal phase followed period 2 treatment to ascertain that clinical improvement was not associated with the expected end-of-season spontaneous remission.[26] Criteria for relapse during withdrawal were the same as for entry at baseline.

The study was conducted between November and March. Within the randomization, there was approximately 1 additional assignment per year to the morning-to-evening light group to increase sample size for a concurrent study with overnight melatonin sampling.

DEPRESSION RATINGS

Symptom severity was assessed by raters blinded to the treatment. We used the Structured Interview Guide for the Hamilton Depression Rating Scale–Seasonal Affective Disorder Version (SIGH-SAD),[27] which includes the 21-item Hamilton scale and 8 additional atypical symptoms. Subjects also completed a self-rating version of the SIGH-SAD. If any self-rated item differed from that of the interview by 2 or more points, raters further questioned the subject before determining the final score.

Interrater reliability on the SIGH-SAD was established for 39 patients from previous studies who received 2 independent, same-day, live interviews over the course of 318 consecutive evaluations. Fifteen raters participated. Intraclass correlation coefficients were as follows: SIGH-SAD, $r = 0.95$; Hamilton scale, $r = 0.91$; atypical symptom scale, $r = 0.94$.

STATISTICAL ANALYSIS

Rating scale scores were analyzed in terms of the percentage change from baseline. Analyses of variance (ANOVA) and covariance (ANCOVA) were used to detect group and period effects, group × period interactions, and the influence of baseline regressors.

For categorical response criteria, the difference between proportions in independent groups was evaluated by the Fisher exact probability test and the likelihood ratio χ^2, and for changes within groups by the binomial test. Effect size of proportions was expressed as h; effect size of means, d.[28]

Linear regression, and the correlation coefficient, r, were used to measure the relationship between continuous variables. For all statistical tests, an α level of .05 was set as the criterion for significant differences.

In an exploratory signal detection analysis,[29] a scaled stringency factor was applied to posttreatment and percentage improvement scores to identify ranges with maximal between-group difference. Results were evaluated with the Mann-Whitney U test.[30]

density ion group showed score reductions of about 6 points in both treatment periods, improvement in the other groups ranged between 12.8 points (E2 of M1E2) and 18.1 points (M1 of M1M2). There was a small but significant correlation between baseline and posttreatment scores that accounted for 3.2% of the variance and yielded a difference of 6.4 points (11.9 to 18.3) in expected posttreatment score between the lowest and highest baseline score ($r = 0.18$, $P = .05$, $y = 0.28x + 6.25$).

Group differences were assessed by means of a repeated-measures ANCOVA of SIGH-SAD percentage change scores (Table), including 4 baseline regressors that might influence treatment response: (1) SIGH-SAD score, (2) atypical balance ratio (8-item atypical symptom score divided by total 28-item SIGH-SAD score), (3) time of awakening, and (4) age. Atypical balance has been shown to be a strong predictor of light treatment response in patients with SAD.[31] The main group effect was significant ($F_{5,114} = 7.15$, $P < .001$), with no significant period effect ($F_{1,114} = 0.69$, $P = .41$), but a trend toward a group × period interaction ($F_{5,114} = 2.02$, $P = .08$). Atypical balance was a significant factor ($F_{1,114} = 8.44$, $P = .004$), while the other regressors were not (baseline severity, $P = .11$; time of awakening, $P = .50$; age, $P = .50$). None of the covariates showed a significant interaction with SIGH-SAD percentage change (baseline severity, $P = .82$; atypical balance, $P = .13$; time of awakening, $P = .84$; age, $P = .94$). Although percentage change increased with the atypical balance ratio ($r = 0.28$, $P < .001$), accounting for 7.8% of the variance, there were no significant between-group differences in the ratio (range, 0.42 ± 0.10 to 0.47 ± 0.10; $F_{5,118} = 0.59$, $P = .70$).

A Dunnett post hoc comparison[32] showed that the putative placebo control group (L1L2) improved significantly less than all 5 active treatment groups ($P < .03$). Furthermore, the 5 groups did not differ between each other ($F_{4,96} = 0.90$, $P = .47$). When compared with placebo in period 1, morning light (pool of M1 from M1M2 and M1E2) showed an advantage (by subtraction) of 39.7%, with a large effect size ($d = 1.35$); evening light (pool of E1 from E1E2 and E1M2) showed an advantage of 35.0% ($d = 1.26$); and high-density ions showed an advantage of 22.0%, with a medium effect size ($d = 0.67$). By the end of period 2, the advantage of high-density ions approximately matched that of light (34.6%, $d = 0.95$).

Our a priori hypothesis, based on earlier research,[4,20] was of a selective decrease in response to evening light

Depression Ratings and Posttreatment Change

	Time of Light Treatment				Negative Ion Dose*	
Period 1 Period 2	Morning (M1) Morning (M2)	Evening (E1) Evening (E2)	Morning (M1) Evening (E2)	Evening (E1) Morning (M2)	High Density (H1) High Density (H2)	Low Density (L1) Low Density (L2)
Sample size	19	19	27	20	20	19
Raw score†						
Baseline	28.6 ± 4.3	29.4 ± 6.4	29.2 ± 5.4	27.0 ± 4.2	29.3 ± 6.6	28.3 ± 6.2
Period 1	10.5 ± 7.6	14.1 ± 7.8	12.0 ± 9.1	10.7 ± 6.4	15.8 ± 8.8	22.3 ± 9.2
Period 2	12.6 ± 6.4	12.0 ± 9.1	16.4 ± 11.5	8.9 ± 9.0	13.7 ± 9.6	22.7 ± 9.1
Change, %						
Period 1	63.4 ± 26.1	50.9 ± 28.8	57.8 ± 30.5	59.8 ± 23.0	42.4 ± 34.6	20.4 ± 31.0
Period 2	55.8 ± 32.4	58.9 ± 29.5	44.0 ± 37.6	68.1 ± 26.0	50.3 ± 37.3	15.7 ± 35.5
Remission rate‡						
Period 1	52.6 ± 19.2	31.6 ± 17.4	55.6 ± 15.9	35.0 ± 17.9	20.0 ± 15.0	10.5 ± 11.9
Period 2	47.4 ± 19.2	36.8 ± 18.1	25.9 ± 14.1	65.0 ± 17.9	40.0 ± 18.4	5.3 ± 8.8

**Morning treatment.*

†On the 29-item Structured Interview Guide for the Hamilton Depression Rating Scale–Seasonal Affective Disorder Version (mean ± SD), which includes the 21-item Hamilton Depression Rating Scale plus 8-item atypical symptom scale.

‡Percentage of cases (±95% confidence interval) with posttreatment score ≤8. Subjects who met this response criterion showed 83.0% ± 9.7% improvement (range, 66.7%-100.0%).

after morning light treatment. Indeed, ANCOVA for the 4 light treatment groups showed a significant group × period interaction ($F_{3,77} = 2.79$, $P = .05$) located to the M1E2 sequence in the balanced comparison (M1E2 vs E1E2; $F_{1,40} = 6.01$, $P = .02$). By contrast, the opposite sequence showed no such interaction (E1M2 vs M1M2; $F_{1,33} = 1.26$, $P = .27$), and the direct crossover showed only a trend (M1E2 vs E1M2; $F_{1,41} = 3.50$, $P = .07$).

CATEGORICAL REMISSION RATE

Examination of the morning × evening crossover by means of a strict, discrete remission criterion—posttreatment SIGH-SAD score of 8 or less—leads to a contrasting conclusion. In **Figure 2**, a scatterplot of posttreatment scores for the crossover groups indicates that 68.1% (32/47) of subjects responded to light at one or both times of day. Only 31.3% (10 of 32 subjects) responded nondifferentially. Among differential responders, there was a ratio of 4.5:1 in favor of morning light (81.8% [18 of 22]; evening light, 18.2% [4 of 22]; $P = .002$, binomial test).

The 4-group summary in **Figure 3** shows that morning light maintained a consistently superior effect (47.4% to 65.0% remissions) to evening light (25.9% to 36.8% remissions) regardless of sequence within parallel and crossover groups. When groups that received the same treatment in period 1 were pooled, the remission rate for morning light was 54.3% (25 of 46 subjects), while the rate for evening light was 33.3% (13 of 39; $P = .04$, Fisher exact test), which yields a morning light advantage of 21.0% ($h = 0.43$, medium effect). Furthermore, in both crossover sequences, morning light was superior to evening light (M1E2, 29.7% advantage; E1M2, 30.0% advantage; likelihood ratio $\chi^2_1 = 9.49$, $P = .002$).

The groups showed greater differentiation by categorical criteria than they did by percentage change. In period 1, the advantage of morning light over placebo was 43.8% ($n = 46$, $h = 1.0$, large effect); evening light, 22.8% ($n = 39$, $h = 0.57$, medium effect); and high-density ions, 9.5% ($n = 20$, $h = 0.27$, small effect). By the end of period 2, the remission rate for high-density ions increased from 20.0% to 40.0% (Fisher exact test, $P = .01$), yielding a relative advantage of 34.7% relative to placebo ($h = 0.91$, large effect).

CLINICAL RESPONSE CRITERIA AND DETECTABILITY OF THE MORNING-EVENING DIFFERENCE

In this section, we introduce a signal detection analysis that reconciles the discrepancy between the ANCOVA of change scores and categorical identification of remissions. Estimation of remission rate varies with stringency of the criterion, eg, posttreatment SIGH-SAD score of 8 or less *(stringent)*[33] or 14 or less *(lax)*.[20] The signal detection method consecutively scales the range of posttreatment scores and percentage change to specify relative response rates across all possible criteria.

Figure 4 compares the results for morning and evening light groups (period 1, $n = 85$). The major diagonal, with slope = 1.0, describes the line for nondifferential response ("chance"). When a series of points systematically deviates from the diagonal—rising gradually from it, reaching a maximum, then converging back on it—the curve as a whole may differ from chance. The area under the curve is compared with the area under the diagonal by a Mann-Whitney *U* test of scores falling within the curve's range.

Using the dependent measures of posttreatment SIGH-SAD score and percentage change adjusted for the baseline regressor, the signal detection plots closely superimpose such that we can map one variable onto the other (eg, posttreatment scores ≤14 coincided with change ≥50%). Over the entire data set, there was no significant morning-evening difference, in agreement with the ANCOVA for change scores. However, there are distinct ranges (posttreatment score, 4-17 [54 of 85 cases]; change, 40%-85% [52 of 85 cases]) in which the curves systematically deviate above the major diagonal, indicating morning light

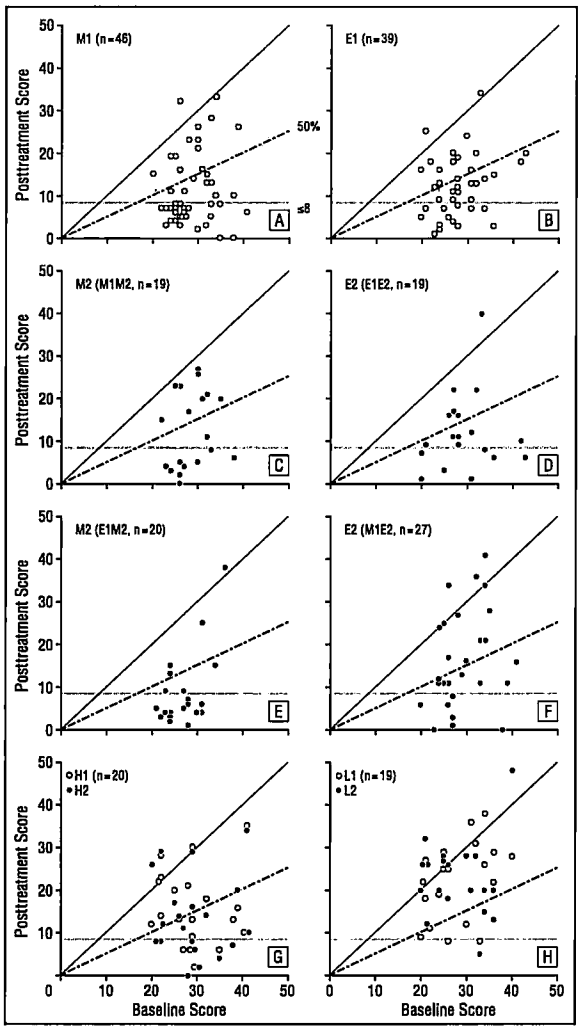

Figure 1. *Scatterplots of individual subjects' depression scale (Structured Interview Guide for the Hamilton Depression Rating Scale–Seasonal Affective Disorder Version) scores at baseline and after 2 consecutive treatment periods (open circles, period 1; closed circles, period 2). Overlapping data are displaced by 0.5 point (baseline score). Solid line (major diagonal) indicates absence of pretreatment to posttreatment change; dashed line, 50% improvement relative to baseline; area below dotted line, posttreatment score of 8 or less (a criterion for clinical remission). Light treatment groups are pooled in period 1 (M1 [morning] or E1 [evening], A and B). For period 2, the groups are separated according to parallel (C and D) or crossover (E and F) sequences. High (H)- and low (L)-density ion data are superimposed across parallel-group sequences (H1H2 and L1L2, G and H).*

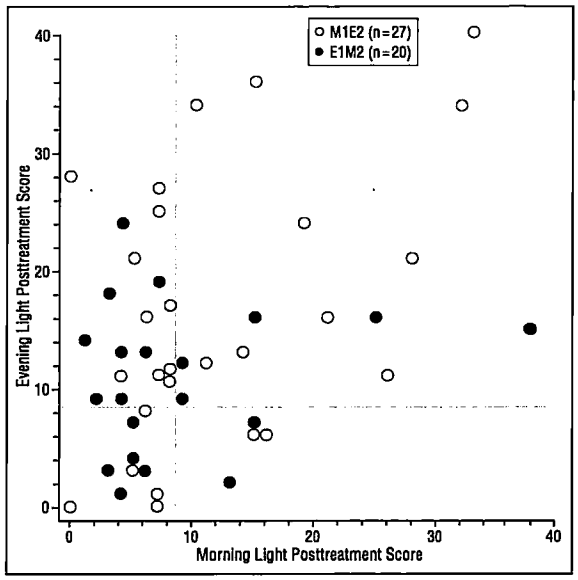

Figure 2. *Scatterplot of posttreatment depression scale scores for subjects who received morning light (M) and evening light (E) treatment in crossover groups (M1E2, E1M2). Overlapping data are displaced by 0.5 point. Dashed lines divide the Structured Interview Guide for the Hamilton Depression Rating Scale–Seasonal Affective Disorder Version score ranges of 8 or less (responders) and greater than 8 (nonresponders). Data points falling into the lower left quadrant are from subjects who responded to both morning and evening light; upper right quadrant, nonresponders to both. Upper left quadrant includes exclusive responders to morning light; lower right quandrant, evening light.*

superiority (posttreatment score, $P = .02$; change, $P = .03$; Mann-Whitney U tests). The groups were maximally differentiated for posttreatment scores in the range of 7 to 12, or 60% to 75% change. Given extremely stringent response criteria (≤4 points, ≥85%; n≤14), the groups did not differ. Given extremely lenient criteria (≥17 points, ≤40%; n≤20), the negative deviation from the diagonal indicates that evening-light subjects predominated among nonresponders.

EXPECTATIONS AND BIAS

An ANOVA was performed to determine whether expectations for period 1 treatment success differed between those who received morning or evening light, or low- or high-density ions. Although ratings were higher for light than for ions (M1, 3.85 ± 0.90; E1, 3.75 ± 0.85; H1, 2.90 ± 0.97; L1, 2.84 ± 1.17; $F_{3,120} = 8.88$, $P < .001$), the difference was only about 1 point on the 5-point scale, in the range of moderate (3) to major (4) improvement.

Expectation ratings within groups were not significantly correlated with treatment response. There was, however, a positive trend when results were pooled across all treatment conditions ($r = 0.15$, n = 124, $P = .09$), which can be attributed to lack of response in subjects given low-density ions. Interestingly, the correlation within the low-density ion group was nearly zero ($r = 0.01$, n = 19, $P = .97$), which indicates that variation in response to placebo was not influenced by expectations.

Although mean expectations for morning and evening light did not differ, individual subjects might show a bias toward either time of day, which could influence their response. We calculated within-subject bias scores by subtracting the expectation rating for evening light from that for morning light. An ANCOVA on posttreatment percentage change scores, with bias score as the regressor, showed no significant morning-evening group ($F_{1,70} = 0.79$, $P = .38$) or bias ($F_{1,70} = 2.14$, $P = .15$) effect.

Such within-subject bias might have greater influence on the response to high-density ions, since, on average, expectations were higher for light. Indeed, 65% (13) of 20 subjects who received high-density ions showed a bias toward morning light, while only 5% (1 of 20) showed a bias toward ions. Nevertheless, there was no significant correlation between bias score and high-

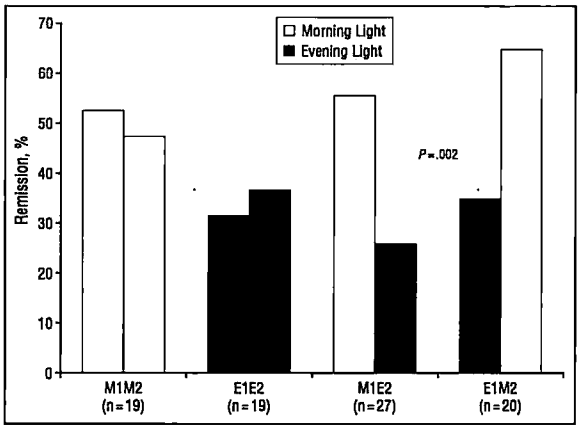

Figure 3. *Remission rates (posttreatment Structured Interview Guide for the Hamilton Depression Rating Scale–Seasonal Affective Disorder Version score ≤8) for the 4 light treatment groups (morning [M] or evening [E]) across periods 1 and 2. The symmetrical crossover interaction was confirmed by a likelihood ratio χ^2 test.*

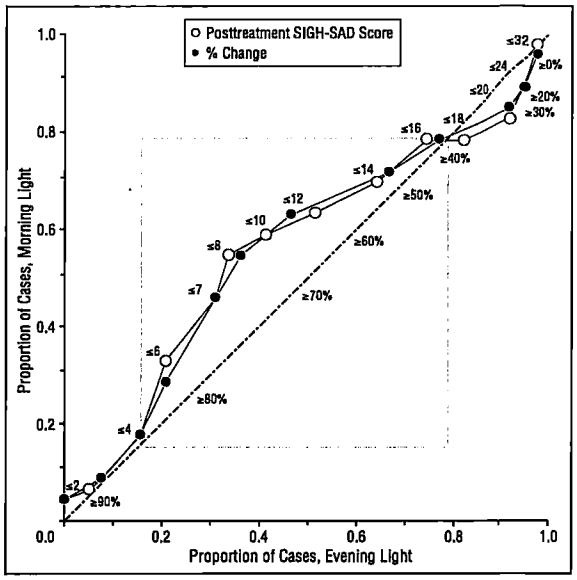

Figure 4. *Signal detection plot of proportion of subjects reaching successively stringent response criteria under morning (M) or evening (E) light in period 1 (M1, n=46; E1, n=39). The major diagonal defines a "chance line" along which response proportions are equal. Dotted lines enclose a region of positive deviation from the diagonal, indicating morning light superiority. SIGH-SAD indicates Structured Interview Guide for the Hamilton Depression Rating Scale–Seasonal Affective Disorder Version.*

density ion response in either treatment period (both $r = 0.09$, $n = 20$, $P = .70$).

TIMING OF SLEEP

At baseline, there were no significant differences among the 6 groups in the times of sleep onset (mean ± SD, 23.66 ± 0.90 hours), awakening (7.32 ± 0.97 hours), nocturnal sleep duration (7.52 ± 0.78 hours), or total duration, including naps (7.70 ± 0.78 hours). We compared sleep patterns in period 1 by pooling data for morning light (n = 39), evening light (n = 37), and negative ions (n = 36; high- and low-density results did not differ). An ANOVA of sleep measures showed that the only effect of treatment was on wake-up time. Subjects given morning light awakened 0.62 ± 0.62 hours earlier than at baseline; negative ions, 0.41 ± 0.37 hours earlier; and evening light, 0.09 ± 0.58 hours earlier ($F_{2,109} = 9.09$, $P < .001$). Post hoc tests showed no significant difference between morning light and ion groups, but both awakened significantly earlier than under evening light (morning light, $F_{1,74} = 14.39$, $P = .003$; ions, $F_{1,71} = 7.61$, $P = .007$). The mean advance in wake-up time closely matched the 0.5-hour session duration.

COMMENT

This study provides evidence of the specific efficacy of bright light and high-density negative air ionization. Although we did not use an inert placebo, low-density ions were ineffective in comparison with 3 putative active conditions, bright light in the morning or evening and high-density negative ions. Each of these treatments attained approximately a 30% advantage over low-density ions—as gauged by the difference in percentage improvement—and provided clinically significant relief, with greater than a 50% reduction in depressive symptoms. Remission rate for high-density ions increased with an additional 10 to 14 days of treatment after period 1; no corresponding changes were found for the parallel light groups, which contrasts with studies showing improvement over 3 to 4 weeks.[33,34] The superiority of morning over evening light was most evident, according to signal detection analysis, given remission criteria in the range of 60% to 75% improvement, or posttreatment SIGH-SAD score of 7 to 12. Nonetheless, some subjects responded preferentially to evening light, and the group average result should not disguise a need to determine optimum timing for individual patients.

Our study expands on previous morning × evening crossover comparisons by the addition of balanced parallel groups, thus enabling interpretation of sequence effects with controls for previous treatment. The SIGH-SAD scores decreased when evening light followed morning light, while the opposite sequence showed no significant change, confirming our earlier studies[4,20] and our analysis[21] of early data of Lewy and Sack. When we applied a stringent categorical remission criterion, however, morning light produced higher response rates in both crossovers, a result that supports recent data of Lewy and colleagues.[35] Nonetheless, since evening light produced a response superior to the low-density ion placebo, we cannot conclude that evening light is inactive.

The superiority of morning light is plausibly explained by chronobiological effects that vary with time of day.[11,14,35] In the present study, remission rate was highest after the evening-to-morning transition (65.0%; Table) and lowest after the morning-to-evening transition (25.9%). Indeed, in a subset of the subjects whose melatonin was sampled, we found that the largest phase advances also occurred after the evening-to-morning transition, and the largest delays after the morning-to-evening transition.[36,37] Circadian phase (melatonin onset), wake-up time, and depression rating scale measures appear to be interrelated. Multivariate ANOVA of morn-

ing × evening light crossover groups showed a significant group × period interaction ($F_{1,28} = 16.09$, Wilks $\lambda = 0.64$, $P = .004$), which implies that the 3 variables respond in concert.

Expectations within the light groups were similar, which strengthens the conclusion that morning light was differentially active. Likewise, expectations within the ion groups were similar, which strengthens the conclusion that the higher dose was differentially active. Although expectation ratings were not significantly correlated with clinical response, ratings for ions were generally lower than for light. Most likely, this reflects subjects' greater familiarity with claims about light therapy. Cross-modality contrasts of efficacy (light vs ions), and sufficiency of low-density ions as a placebo control for light, are thus complicated by unequal expectation ratings.

One recent study that matched pretreatment expectations in groups receiving bright light and an inert placebo (inactive negative ion generator) found morning light superior to placebo, but only when a strict remission criterion was used.[33] However, no morning-evening or evening-placebo differences were detected. Another recent trial of morning and evening light, without a placebo, showed better response to morning light, but the remission rate was low.[35] Although expectation ratings were not significantly correlated with clinical response, they were significantly higher for morning light. A parallel group study, with matched expectation ratings but without a placebo, found no significant morning-evening difference.[17] The authors attributed the lack of effect to high severity of depression, based on a cross-center analysis that found morning light superiority only in milder cases.[2] However, severity in that study and in ours was similar; the main distinction was in the atypical balance ratio (theirs, 0.29 ± 0.10; ours, 0.44 ± 0.10; $P<.001$, 2-tailed t test). We have suggested that the specific efficacy of light is more likely to be detectable in patients with high atypical balance.[31]

A potential confound in our study was the minor advance in wake-up time—approximately equal to the 30-minute session duration—when subjects received morning treatments. It appears that most subjects adjusted their wake-up time to accommodate the morning treatment session. The advance in wake-up time was observed in morning light and ion groups alike, including the low-density ion placebo group, which showed minimal improvement. Thus, it is unlikely that wake-up time per se was responsible for group differences in clinical response. Furthermore, since sleep duration did not change significantly, we cannot attribute improvement to sleep deprivation.[38,39]

Our finding of clinical improvement under high-density negative ion treatment was unexpected, although there have been numerous anecdotal reports of mood enhancement with increased negative ion concentration.[40] We have monitored potential side effects of negative air ionization, using a comprehensive checklist,[41] and found no emergent symptoms or differences between low- and high-density groups. The effective range and optimum dose remain uncertain. High ion flow rate may be needed to override uncontrolled modulating environmental factors, such as relative humidity, room size, and the proximity of grounded objects. The mechanism of action of negative air ionization is unknown. It is even unclear how the charge could be biologically transduced. The active agent may be a by-product such as the direct-current electrical field or oxidative gases (eg, nitric oxide). Early animal and human studies implicated serotonergic mechanisms—as reflected, for example, by changes in 5-hydroxyindoleacetic acid excretion—but results were inconclusive and faulted for lack of controls.[23]

We conclude that light therapy acts as a specific antidepressant in SAD, and morning treatment is most effective. High-density negative air ionization also appears to have a specific antidepressant effect. If the latter result is sustained in replications, the method may serve as an alternative or adjunct to light therapy and medications.

Accepted for publication May 7, 1998.

This study was supported by grants MH42931 and MH30906 from the National Institute of Mental Health, Bethesda, Md.

Preliminary results were presented at the annual meeting of the Society for Light Treatment and Biological Rhythms, Bethesda, Md, June 3, 1996. Preliminary results of the ionization experiment were published previously (J Altern Complement Med. *1995;1:87-92).*

We wish to acknowledge the contributions of research assistants Leora Amira, PhD; Sean Doherty; Deborah Guest; Brian Rafferty; and Shelley Weiss, MS; and Sea-King AB, Västerås, Sweden, for design and donation of ionizers.

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EXHIBIT D

Home F.A.Q

Himalayan Salt Benefits Resources

What are "negative ions"?

Negative ions are oxygen atoms with an extra electron. Ions are charged particles that are formed by nature when enough energy acts upon a molecule. An electron is ejected leaving a positively charged ion. The displaced electron attaches itself to a nearby molecule, which then becomes a negatively charged ion. [redacted] negative ions per cubic centimeter. By contrast, it is common to find that the number of negative ions in major cities at rush hour is less than 100.

What are the effects of negative ions?

They cause harmful microscopic -particles (particulates) in the air to clump together then weigh them down to the floor. Particulates include all forms of air pollution (smoke, chemical odors, carbon monoxide, bacteria, viruses, mold, etc.) Negative ions in the environment create a powerful antidote for many environmentally induced health problems such as allergies, respiratory ailments, headaches, and infections.

What causes negative ion depletion?

Many factors contribute to the depletion of negative ions. Any high concentration of polluted, static, or hot/dry air causes this. Examples of specific culprits include:

1. fluorescent lighting
2. high concentration of electronic equipment
3. static producing fibers
4. air conditioners
5. electric heaters and other heating systems
6. many plastics
7. older TVs and monitors (CRTs)
8. airflow from furnace ducts and HVAC systems.

What size should an Ionic Salt Crystal Lamp be to give the best results?

Chat

A rough rule of thumb is 1 pound for every 10 square feet. Here is what is recommended:

Room Size	Lamp Size
Cubicle/office	4-6 lbs.
10' x 10'	7-11 lbs.
10' x 15'	12-15 lbs.
10' x 20'	16-23 lbs.

For optimal results in large rooms, several lamps should be strategically placed throughout the room.

What therapeutic uses of crystal salt are there?

Speleotherapy is a therapy that is unique to caves and mines for treating respiratory illnesses. It was originated in Poland in the 1950's when it was noticed that salt miners rarely suffered from tuberculosis. It is a common treatment in eastern and central Europe, but almost unknown elsewhere.

The most well-known hub for speleotherapy treatment is the Ukrainian Allergologic Hospital in Solotvyno. The hospital is located nearly 1,000 feet below the earth's surface in a former salt mine. Its staff reports a 90% effective rate in reducing asthma symptoms for up to three years.

Where can I use Salt Crystal Lamps?

You can use them anywhere you like. Some ideal applications include:

1. Office/cubicle
2. Children's rooms
3. Convalescents
4. Bedrooms
5. Restaurants
6. Hospital rooms
7. Hotel rooms and lobby
8. Environments with pets, high pollen counts, smoking, or other atmospheric inhibitors.

How can I care for my Himalayan Ionic Salt Crystal lamp?

Read all instructions before using this Himalayan Ionic Salt Crystal Lamp.
When using a Himalayan Ionic Salt Crystal Lamp, basic precautions should always be followed.
DANGER: Cleaning your lamp without unplugging it from the electrical outlet can cause electric shock. Always unplug from the electrical outlet before cleaning.
WARNING: To reduce the risk of burns, fire, electric shock, or injury to persons:

1. Unplug from outlet before putting on or taking off parts.
2. Close supervision is necessary when this Himalayan Ionic Salt Crystal Lamp is used by or is placed near children and disabled persons.
3. Use this Himalayan Ionic Salt Crystal Lamp only for its intended use as described in this manual. Do not use

attachments not recommended

4. Never operate this Himalayan Ionic Salt Crystal Lamp if it has a damaged cord or plug, if it is not working properly or if it has been dropped into water. Return the Himalayan Ionic Salt Crystal Lamp to a service center for examination and repair.
5. Keep the cord away from heated surfaces.
6. Never operate the Himalayan Ionic Salt Crystal Lamp with the air openings blocked. Keep the air openings free of lint, hair, and the like.
7. Never drop or insert any object into any opening.
8. Do not use outdoors.
9. Do not operate where aerosol (spray) products are being used, or where oxygen is being administered.
10. To disconnect, turn all controls to the off position, then remove the plug from outlet.
11. Always keep Himalayan Salt Crystal Products on a placemat or coaster. Salt sweats with use and could cause damage to finished furniture.
12. Breakable – handle with care
13. Keep out of reach of children
14. Keep away from direct sunlight
15. Keep away from water

Can I get the operating instructions once more?

To reduce the risk of electric shock, this Himalayan Ionic Salt Crystal Lamp has a polarized plug (one blade is wider than the other). This plug will fit in a polarized outlet only one way. If the plug does not fit fully in the outlet, reverse the plug. If it still does not fit, contact a qualified electrician to install the proper outlet. Do not change the plug in any way.

How can I change the bulb?

Lay down the salt lamp.
Gently press down and push back the clip.
Pull bulb assembly gently out.
Simply squeeze the spring loaded clamp.
Remove the bulb assembly.
Fix the bulb into assembly.
Gently insert the bulb assembly into salt lamp.
Place the bulb assembly into desire location/position.
Pull the clip forward and fix into the screw.
Place the salt lamp in natural position.

Himalaya Salt Lamps, Salt Lamps, Natural Salt Lamps

What kind of bulbs should be used?

A small night light bulb fits and looks best in smaller lamps and a large chandelier bulb fits best in larger lamps.

Watts should be used as follows:

15 watts for small and medium lamps (between 3-11 lb)
15-25 watts for a medium lamp (between 7-25 lb)
40 watts for a large lamp (between 25-50 lb)

40-60 watts for an X-large lamps over 55 lb

How can I clean my lamp?

Wipe the lamp with a slightly damp towel or sponge to remove dust. Dry the lamp with a paper towel or turn on the lamp for a while

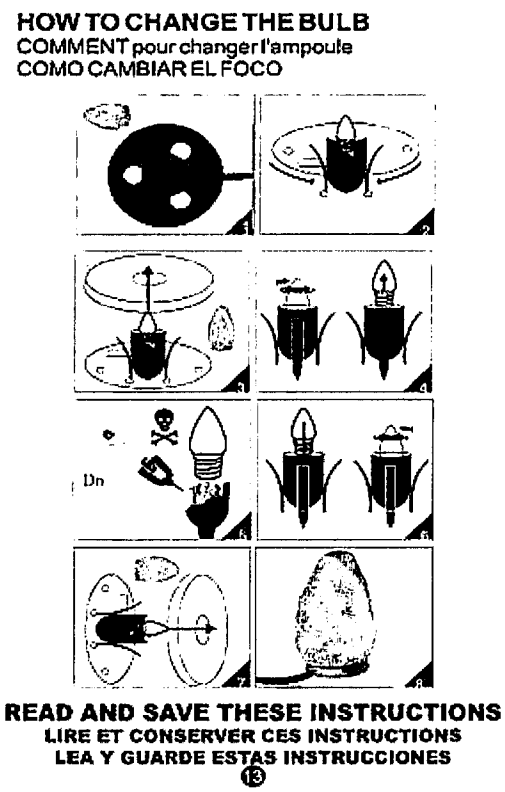
What precautions are necessary in moist/humid climates?

Himalayan Salt Crystal has hygroscopic properties (absorbs moisture from the air). As a result you should not store or use Himalayan Salt Crystal Products in excessively moist rooms (e.g. bathrooms with showers) or outside. If the Himalayan Salt Crystal Product gets wet, use as normal allowing the heat to dry it out. If you live in an exceptionally humid area, be sure to use your product for longer periods daily to help keep it as dry as possible.

How long should the lamp be used daily?

The Ionic Salt Crystal Lamp is only effective as an air purifier when it is hot. Use at your discretion. If you plan not to use the lamp for long periods of time (several weeks or more), just put a plastic bag over the lamp to protect it from humidity.

How to change the Blub



Laydown the lamp and look at the bottom.
Pull bulb assembly gently out as indicated with arrow.
Press the two hands of Springs and Pull the holder out.
twist the blub in anti clock wise and pull the blub in the direction or arrow.
Do not insert nay insturement in the holder.
Take the new blub , insert in the holder and twist it in the clock wise till it stop twisting further.
Press both hands of the spring to insert the bulb assembly inside the lamp.
Put the lamp in Upright Position

What precautions are necessary in moist/humid climates?
Himalayan Salt Crystal has hygroscopic properties (absorbs moisture from the air). As a result you should not store or use Himalayan Salt Crystal Products in excessively moist rooms (e.g. bathrooms with showers) or outside. If the Himalayan Salt Crystal Product gets wet, use as normal allowing the heat to dry it out. If you live in an exceptionally humid area, be sure to use your product for longer periods daily to help keep it as dry as possible.

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The Ionic Salt Crystal Lamp is only effective as an air purifier when it is hot. Use at your discretion. If you plan not to use the lamp for long periods of time (several weeks or more), just put a plastic bag over the lamp to protect it from humidity.

How can I clean my lamp?
Wipe the lamp with a slightly damp towel or sponge to remove dust. Dry the lamp with a paper towel or turn on the lamp for a while

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How to change /replace the fuse from Plug?

Grasp plug and remove the receptacle or other outlet device. Do not unplug by pulling on cord.Open the fuse cover

Slide opens the fuse access cover on top of attachment plug toward blades.
Remove fuse carefully
Push the fuse on other side or turn fuse holder over the remove fuse. Risk of fire replace fuse only with 5 AMP, 125Volt fuse. Close the cover; slide closed the fuse access cover on top of attachment plug.
Make sure that fuse replace accurately and cover in latch (Closed) properly before you plug into the outlet device

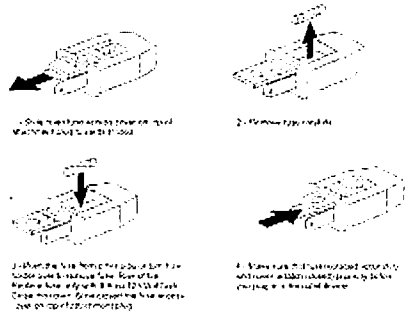
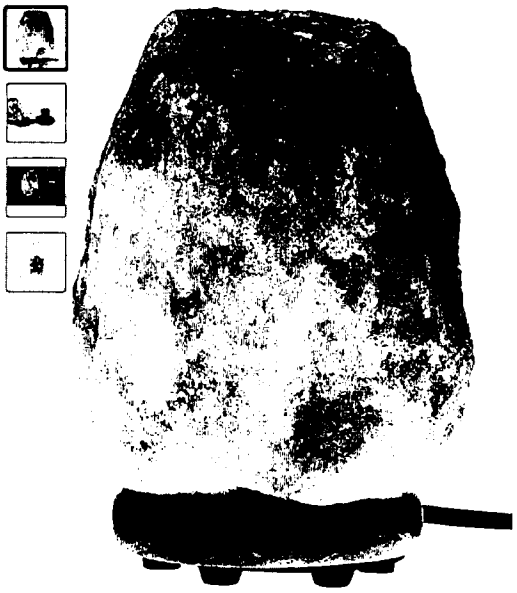


EXHIBIT E



Roll over image to zoom in

WBM Himalayan Glow Hand Carved Natural Crystal Himalayan Salt Lamp with Genuine Neem Wood Base, Bulb and Dimmer Control, 8-to-9-Inch, 8-to-11-Pounds

by WBM LLC

11,331 customer reviews | 829 answered questions

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Price: $34.09 & **FREE Shipping** on orders over $49. Details

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Order now and we'll deliver when available. We'll e-mail you with an estimated delivery date as soon as we have more information. Your account will only be charged when we ship the item.

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Size: **8-9 Inch**

4-5 Inch $24.95	6 -7 Inch --	8-9 Inch $34.09
10 - 11 Inch from $70.99	11 - 12 Inch from $210.00	

- Made and hand carved in Pakistan
- The base is made of Neem wood, known for its durable and termite free properties
- Heating the salt with the included 25 Watt bulb releases negative ions into the air, creating an effect similar to an ionizer, purifying the surrounding air
- Once lit the lamp will emit a calming amber color
- Lamp and cord assembly are UL approved

› See more product details

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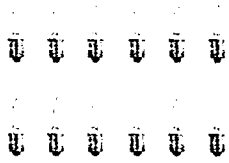
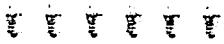


TGS Gems 25 Watt Himalayan Salt Lamp Light Bulbs Incandescent Bulbs E12 Socket-12Pack

GoodBulb Himalayan Salt Lamp Bulbs 25-Watt (6 pack)

21

Body Scrub Himalayan Salt - 100% Natural Deep Cleansing Exfoliator With Sweet Almond Oil And...



25 Watt tubular bulbs for Himalayan Salt Lamps (Package of 6 bulbs) - fits E12 Socket

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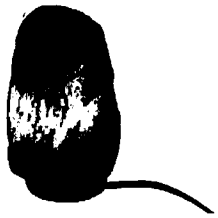
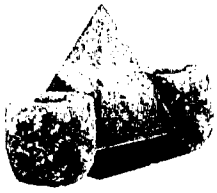
Page 1 of 7



Natural Himalayan Pink Salt Lamp. Hand Carved With Elegant Wood Base. Includes Bulb, 5 To 7...

10

$26.95



Crystal Allies Gallery: CA SLS-PYR-12cm-COMBO Natural Himalayan Pyramid Salt Lamp and...

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Technical Details

Size: **8-9 Inch**

natural ionizer, organic, therapeutic,natural salt-lamp,red-salt-lamp,natural-lamp, Himalayan-lamp,salt-rock,salt-candle,crystal-lamp gift, Christmas-gift, Hanukkah-gift, birthday-gift,buy-salt-lamp

Compare to Similar Items

	 **This item** WBM Himalayan Glow Hand Carved Natural Crystal Himalayan Salt Lamp with Genuine Neem Wood Base, Bulb and Dimmer Control, 8-to-9-Inch, 8-to-11-Pounds #1 Best Seller in Home Improvement	 Set of 2 Natural Himalayan Pink Salt Lamp Hand Carved With Elegant Wood Base. Includes Bulbs, 5-7 Inches, 4-7 lbs (each) #1 New Release in Home Improvement	 Natural Himalayan Pink Salt Lamp. Hand Carved With Elegant Wood Base. Includes Bulb, 5 To 7 Inches, 4 To 7 Pounds	 Crystal Decor Natural Himalayan Salt Lamp in Star Design Metal Basket with Dimmable Cord
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Color	Orange	Amber	Amber	Star
Material Type	Crystal, Wood	Rock Salt, Wood	Rock Salt, Wood	Metal
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Product Description

Size:**8-9 Inch**

Product Description

- Unique salt lamp is made from Natural Himalayan salt crystals hand mined in the Himalayan Mountains
- Once lit the lamp will emit a calming Amber color
- Heating the salt with the included 25 watt bulb releases negative ions into the air, creating an effect similar to an ionizer, purifying the surrounding air
- Due to the natural variation in Himalayan Crystal salt, weight, size, color and shape may vary
- Includes:6 ft Power Cord, 25 watt Light Bulb, Rotary dimmer switch
- Material: 100% Himalayan Crystal Salt .
- Base is made of genuine neem wood. The neem tree is one of the most versatile of India's plants. Valued for centuries throughout tropical Asia for its multitude of medicinal and other uses, it has recently attracted attention in the United States as an effective botanical insecticide. Neem wood is now becoming a popular option for furniture manufacturers. The advantage of using this is that it is a strong wood making it durable and giving your furniture a long life. Secondly, due to the pest repelling aromatic properties of the wood; it is termite free.
- Finish: Natural

100% Himalayan Crystal salt, 100% neem wood

Amazon.com

Brighten your room with the WBM Himalayan Natural Crystal Salt Lamp. The warm amber light from this lamp complements any space, while also activating the salt crystal to purify the air. The lamp sits on a round neem base and takes a 15-watt bulb (included). Each hand-carved lamp has a slightly different shape and weight.

Natural Salt Lamps for Natural Life

Emits a warm amber glow and helps clean the air of pollutants.

Hand-Carved Lamp Provides a Soft Glow
The lamp is made from salt crystals from the Himalayan Mountains. Unlit, the crystal's rough-hewn, irregular surface looks pink. When lit with the included 15-watt bulb, it gives a warm amber glow. You can even change the color of the bulb to give a different hue to the lighting area.
Use the lamp as a gentle nightlight, or to create a romantic mood. Whether in a child's room, near the television or computer, or in your office, the lamp, sitting on its round neem base, provides a natural touch.

Salt Crystal is a Natural Air Purifier
The Himalayan Natural Crystal Salt Lamp also works as an air purifier. When lit, the lamp emits negative ions that fight against positively charged particles that cause you to feel stuffy and sluggish. The lit salt crystal clears the air naturally of allergens like smoke, pet dander, pollens, and other air pollutants. It dilutes odors so that you can breathe easier. People with asthma often find it helpful in reducing their symptoms. You can keep the lamp lit for as long as you like to maintain this purifying effect.

WBM International
Manufacture, Exporter & Importer

Himalayan Natural Crystal Salt Lamp At a Glance:

- Made of natural salt crystal from the Himalayan Mountains
- Gives a warm, soft amber glow to any room
- Purifies by emitting negative ions to clear air of smoke, dander, pollen, and other pollutants
- Each lamp is hand-carved and features a different size and weight
- Sits on a wooden neem base

Care and Sizing Information
This lamp is very easy to clean--just wipe the outside surface with a damp sponge and dry with a paper towel. Because each crystal is natural, dimensions and weight vary.

What's in the Box
Lamp, base, 15-watt bulb, and UL-approved electric cord.

Product Information

Size:8-9 Inch

Technical Details

Part Number	1002
Item Weight	9.5 pounds
Product Dimensions	5 x 5 x 9 inches
Item model number	1002
Size	8-9 Inch
Color	Orange
Style	Natural
Material	Crystal, Wood
Power Source	corded-electric
Voltage	120 volts
Wattage	15.00
Item Package Quantity	1
Type of Bulb	Bulb
Special Features	natural ionizer, organic, therapeutic, natural, salt-lamp, red-salt-lamp, natural-lamp, birthday-gift, buy-salt-lamp
Included Components	Wbm 1002 Hand Carved Himalayan Natural Crystal Lamp, 6 Ft Power Cord, 15 Watt Light Bulb, Rotary Dimmer Switch

Additional Information

ASIN	B001892AX2
Customer Reviews	11,331 customer reviews 4.3 out of 5 stars
Best Sellers Rank	#1 in Home Improvements (See top 100) #1 in Home Improvement > Lamps & Light Fixtures > Novelty Lighting > Salt Lamps
Shipping Weight	10.3 pounds (View shipping rates and policies)
Domestic Shipping	Item can be shipped within U.S.
International Shipping	This item is not eligible for international shipping. Learn More
Date First Available	May 25, 2008

Warranty & Support

Product Warranty: For warranty information about this product, please click here [PDF]

Batteries Included?	No
Batteries Required?	No
Warranty Description	WBM LLC. Warrants its products to be free of defects in material and workmanship for 30 days from the shipment date unless otherwise noted. WBM LLC. Will replace any item returned to us within the parameters of this policy and found to be defective. All returned warranty-issue merchandise must be properly packed for a safe return shipment and in original purchase condition with the original packaging, the original receipt/invoice/packing slip and an explanation of the item's problem. WBM LLC. Will not refund, credit or cover shipping expenses for warranty item returns or warranty item replacements under any circumstances. WBM LLC. Is not liable for misuse of its products. This warranty does not cover damage due to abuse, neglect, alteration, failure to follow instructions, shipping damage or damaged packaging. WBM LLC. Expressly disclaims all express warranties not stated herein and all implied warranties, including the implied warranties of merchantability and fitness for a particular purpose.

Technical Specification

Warranty [pdf]

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Natural Himalayan Pink Salt Lamp. Hand Carved With Elegant Wood Base. Includes Bulb, 5 To 7...

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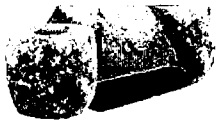

Crystal Allies Gallery: CA SLS-PYR-12cm-COMBO Natural Himalayan Pyramid Salt Lamp and...

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Franz Collection Papillon Butterfly Tea Light Holder

1

$153.00

Glass and Floral Tea Light Holder

$12.41

Goeco Sea S Himalayan Na Crystal Salt L Bulb and Dim

$41.98

Customer Questions & Answers

Have a question? Search for answers

	Question:	Does it eliminate odors
60 votes	**Answer:**	My response seems contradictory here. My husband says I can smell a flea fart in the next county. I put 2 of these in our media room, AKA land of kitty "annointments" and it did do wonders for the smell. Now, to be fair, I DID clean (of course!) but there was a lingering, shall we say, aroma. I leave my lamps on esse... see more By Domaru on September 21, 2014
		See more answers (17)
	Question:	Can I change the bulb when it burns out?
39 votes	**Answer:**	Yes and you can buy them here on Amazon.. they are called: 15 Watt Tubular Light Bulb for Himalayan Salt Lamps - Fits E12 Socket (Candelabra Base) -Pack of 6 Bulbs By megan forsyth on September 11, 2014
		See more answers (6)
	Question:	is it pink or orange
21 votes	**Answer:**	I ordered 2 of these lamps -- each one is truly unique, so you won't really know what color it will be until it arrives. We received one that is more white/crystal-like, the other is a deep orange. I like both of them! :) By Jennifer on July 1, 2014
		See more answers (18)
	Question:	How dim can the light be?
12	**Answer:**	There is obvious light when set on it's dimmest setting, not obtrusive but still more than a night light. If you need absolute darkness to

WBM Himalayan Glow Hand Carved Natural Crystal Himalayan Salt Lamp with Genuine Neem Wood Base, Bulb and ...

$34.09 & **FREE Shipping** on orders over $49. Details Temporarily out of stock. Order now and we'll deliver when availabl...

See all buying options

See more answered questions (825)

Customer Reviews

11,331

4.3 out of 5 stars

5 star		71%
4 star		12%
3 star		6%
2 star		4%
1 star		7%

Share your thoughts with other customers

Write a customer review

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Top Customer Reviews

Absolutely love this lamp!

By KatyKatIL TOP 500 REVIEWER on March 22, 2011

Size: 8-9 Inch **Verified Purchase**

I've been wanting one of these lamps for a long time. I promised myself as soon as the price got within my range, it would be mine. So many people had good things to say about the WBM brand as well, I kept looking at those lamp options. I am SO glad that I bought it.

It arrived today. The box had a tear in the lid. The lamp had a chunk broken off of it as well. (A fairly substantial piece, yet I did not feel it mattered enough to return the lamp. See photos.) The lamp is MUCH heavier than I had expected, so that was a surprise. You would definitely not want to place this where it could be knocked off or tipped over easily, or over a glass shelf. In our case, we have curious cats, so its final place will need to be where the cats cannot rub on it and tip it over or knock it off onto something else.

The base is very sturdy and looks nice. Mine is a medium brown tone and would fit in about any décor.
I love the natural look of the lamp. (I have photos of the lamp both on and off - please check the additional photos in the item description.) I really look forward to seeing how it looks at night in a dark room. Some of the things in the tiny print in the usage manual include not using it outside, and to always use a placemat or coaster due to the salt "sweating" and possibly damaging furniture. Right now, mine is on a surface that won't matter, but it is worth mentioning, in case you might have plans to place it on a good end table or bookcase.
In my case, this is going to be in my bedroom, and I already have an orange bedspread, so it fits right in.
However, I would love this no matter what colors I had in my room.

The height and size varies naturally, so no two lamps will be alike. Read more ›

16 Comments 2,165 people found this helpful. Was this review helpful to you? Yes No

Report abuse

I have found that they do work!

By Charles S. Snyder on November 10, 2013

Size: 9 -10 Inch **Verified Purchase**

My wife and I are amazed by the beauty of these lights as they are very soothing to look at. Ours looks like a large glowing ember and creates a feeling of warmth about it. But it is how these lights work that blew us away. The claim that these lights can help sinus sufferers seems to have some truth to it. What really clinched it was when we placed one near my wife's father who is 98 years old, else has changed in regards to his care-giving and he was completely unaware of the lamp and it's effects (he could not see it as it was behind him and out of his sight). The people we hire to care-give during the day are equally amazed by his improved breathing. When we finally told him about the lamp he just couldn't believe a light could help him with his breathing. The claim that these lights purify the air also seems based on fact. Since we care-give 24/7 to my wife's father and currently live with him, our house hasn't been lived in for going on 6 years now (except for rare times we can get away over night to sleep there). The house developed a musty smell due to a lack of activity and so I decided to buy a lamp for the house. Within a few days the house had a much fresher smell-no fragrance just a fresh smell, with no funky odors. People who visit us are struck by the beauty of these lights. We

Customer Images

See all customer images

Most Recent Customer Reviews

Awesome

I love my lamp I have it on all of the time and I can already tell the difference 😀

Published 17 minutes ago by Jeremy scully

salt lamp

After some researching, I decided to bite the bullet and go with WBM because of their strong customer rating. Read more

Published 23 minutes ago by Summer C.

piece of crap..

Ugly....piece of crap.....so, disappointed.....it's now sitting in a corner of the shed.

Published 34 minutes ago by Amazon Customer

BAD SWITCH

BAD SWITCH
("Wbm Himalayan Glow Hand Carved Natural Crystal Himalayan Salt Lamp With Genuine Neem Wood Base, multicolor LED Bulb and USB Plug")

Tested bulb... Read more

Published 43 minutes ago by Brandon Parsons

... to receive it in the mail only to be disappointed when I received...

Was excited to receive it in the mail only to be disappointed when I received it and it has a big chunk that looks like it is missing off the top. Read more

Published 57 minutes ago by Chris

Very cool

This light is awesome. It was so neat that we ended up buying a second one! It's gorgeous. Unique. A great addition to our home. Thank you!

Published 1 hour ago by Anastasia beverhousen

great reviews but when I opened it, the dimmer switch was broken and the lamp does not work.

Published 1 hour ago by D. Pappas

I'm pleased with the lamp

I'm pleased with the lamp, however it had a broken bulb when it arrived. There was no packing shroud over the bulb to protect it during shipping. Read more

Published 2 hours ago by Amazon Customer

have 3 at my father-in-laws residence and one at our home. When we tell them about the added benefit of how these lights can help with breathing problems and eliminate odors they ask me to get them one too! Read more ›

32 Comments 2,032 people found this helpful. Was this review helpful to you? Yes No
Report abuse

Restful & Pleasing to Me!

By Arcturus70 on May 14, 2010

Size: 6 -7 Inch **Verified Purchase**

The first time I encountered a salt lamp was in a local day spa that features therapeutic massages. The warm, glowing product captured my interest and curiosity. That particular salt lamp at the spa was big, though,--a sphere kind of like something from a Harry Potter movie--LOL! The salt sphere was costing over $100, so it was beyond my budget at the time. My curiosity led to me Amazon to see if I could find a smaller, more affordable one. To my joy, I found that Amazon had various opportunities for a product like this, but to my worry, there seemed to be some negativity / problems about certain groups of products. I read all the mixed reviews from various products, including the horror stories where people had received defective, damaged lamps and beat up boxes. After landing on this product's page and mulling it over for a day or two, I decided to try the product...for better or worse. I clicked checkout, and I didn't set my expectations too high. So, the day came, and the product arrived in a nice, clean sturdy outer box with plastic air bags as internal cushions. The product was heavy, but its personal box inside the shipping box was in pristine condition—no bangs, dents, scraps, etc. My heart lifted! So, I carefully opened that outer box and encountered a white innerbox, then at last, the product in carefully arranged, secure bubble wrap. It was quite obviously new—not some display product that had been in someone's shop and stuffed in a box at the last minute for shipping. I did NOT see any broken pieces, shards, dust, or broken bulb! (The bulb was included; some reviewers had stated they had received the product with no bulb.) Also, one of the best things for me: no upfront assembly was required! :) Once the lamp was free from packing materials, it was ready to go! Read more ›



53 Comments 1,927 people found this helpful. Was this review helpful to you? Yes No
Report abuse

See all verified purchase reviews (newest first)

Write a customer review

Salt lamp

Arrived quickly and in good shape. It looks pretty but haven't noticed a difference that deserves comment.

Published 2 hours ago by s knutson

Five Stars

Excellent...love it

Published 2 hours ago by Amazon Customer

Search Customer Reviews

Search

Frequently Bought Together


Total price: $44.08

Add both to Cart

Add both to List

These items are shipped from and sold by different sellers. Show details

☑ **This item:** WBM Himalayan Glow Hand Carved Natural Crystal Himalayan Salt Lamp with Genuine Neem Wood Base, Bulb... $34.09

WBM Himalayan Glow Hand Carved Natural Crystal Himalayan Salt Lamp with Genuine Neem Wood Base, Bulb and ...

$34.09 & **FREE Shipping** on orders over $49. Details Temporarily out of stock. Order now and we'll deliver when availabl...

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CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS
ALEXANDR TSVETTSIKH

(b) County of Residence of First Listed Plaintiff Kings
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*
C.K. Lee, Esq., Lee Litigation Group, PLLC
30 East 39th Street, Second Floor, New York, NY 10016
Tel.: (212) 465-1188

DEFENDANTS
WBM LLC d/b/a WBM INTERNATIONAL

County of Residence of First Listed Defendant Hunterdon
(IN U.S. PLAINTIFF CASES ONLY)
NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys *(If Known)*

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question *(U.S. Government Not a Party)*
- ☐ 2 U.S. Government Defendant
- ☒ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☒ 1	☐ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☒ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

CONTRACT
- ☐ 110 Insurance
- ☐ 120 Marine
- ☐ 130 Miller Act
- ☐ 140 Negotiable Instrument
- ☐ 150 Recovery of Overpayment & Enforcement of Judgment
- ☐ 151 Medicare Act
- ☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)
- ☐ 153 Recovery of Overpayment of Veteran's Benefits
- ☐ 160 Stockholders' Suits
- ☐ 190 Other Contract
- ☐ 195 Contract Product Liability
- ☐ 196 Franchise

REAL PROPERTY
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- ☐ 220 Foreclosure
- ☐ 230 Rent Lease & Ejectment
- ☐ 240 Torts to Land
- ☐ 245 Tort Product Liability
- ☐ 290 All Other Real Property

TORTS

PERSONAL INJURY
- ☐ 310 Airplane
- ☐ 315 Airplane Product Liability
- ☐ 320 Assault, Libel & Slander
- ☐ 330 Federal Employers' Liability
- ☐ 340 Marine
- ☐ 345 Marine Product Liability
- ☐ 350 Motor Vehicle
- ☐ 355 Motor Vehicle Product Liability
- ☐ 360 Other Personal Injury
- ☐ 362 Personal Injury - Medical Malpractice

PERSONAL INJURY
- ☐ 365 Personal Injury - Product Liability
- ☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability
- ☐ 368 Asbestos Personal Injury Product Liability

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- ☐ 371 Truth in Lending
- ☐ 380 Other Personal Property Damage
- ☐ 385 Property Damage Product Liability

CIVIL RIGHTS
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- ☐ 441 Voting
- ☐ 442 Employment
- ☐ 443 Housing/ Accommodations
- ☐ 445 Amer. w/Disabilities - Employment
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- ☐ 510 Motions to Vacate Sentence
- ☐ 530 General
- ☐ 535 Death Penalty

Other:
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- ☐ 550 Civil Rights
- ☐ 555 Prison Condition
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- ☐ 840 Trademark

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- ☐ 862 Black Lung (923)
- ☐ 863 DIWC/DIWW (405(g))
- ☐ 864 SSID Title XVI
- ☐ 865 RSI (405(g))

FEDERAL TAX SUITS
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- ☐ 871 IRS—Third Party 26 USC 7609

OTHER STATUTES
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- ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 480 Consumer Credit
- ☐ 490 Cable/Sat TV
- ☐ 850 Securities/Commodities/ Exchange
- ☐ 890 Other Statutory Actions
- ☐ 891 Agricultural Acts
- ☐ 893 Environmental Matters
- ☐ 895 Freedom of Information Act
- ☐ 896 Arbitration
- ☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- ☐ 950 Constitutionality of State Statutes

V. ORIGIN *(Place an "X" in One Box Only)*

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District *(specify)* ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION
Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:
28 U.S.C. 1322(d)
Brief description of cause:
Deceptive and Unfair Trade Practices

VII. REQUESTED IN COMPLAINT:
☒ CHECK IF THIS IS A **CLASS ACTION** UNDER RULE 23, F.R.Cv.P.
DEMAND $
CHECK YES only if demanded in complaint:
JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY *(See instructions)*:
JUDGE _____ DOCKET NUMBER _____

DATE 2/22/17
SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

CERTIFICATION OF ARBITRATION ELIGIBILITY

Local Arbitration Rule 83.10 provides that with certain exceptions, actions seeking money damages only in an amount not in excess of $150,000, exclusive of interest and costs, are eligible for compulsory arbitration. The amount of damages is presumed to be below the threshold amount unless a certification to the contrary is filed.

I, C.K. Lee, counsel for Plaintiffs, do hereby certify that the above captioned civil action is ineligible for compulsory arbitration for the following reason(s):

☒ monetary damages sought are in excess of $150,000, exclusive of interest and costs,

☒ the complaint seeks injunctive relief,

☐ the matter is otherwise ineligible for the following reason

DISCLOSURE STATEMENT - FEDERAL RULES CIVIL PROCEDURE 7.1

Identify any parent corporation and any publicly held corporation that owns 10% or more or its stocks:

RELATED CASE STATEMENT (Section VIII on the Front of this Form)

Please list all cases that are arguably related pursuant to Division of Business Rule 50.3.1 in Section VIII on the front of this form. Rule 50.3.1 (a) provides that "A civil case is "related" to another civil case for purposes of this guideline when, because of the similarity of facts and legal issues or because the cases arise from the same transactions or events, a substantial saving of judicial resources is likely to result from assigning both cases to the same judge and magistrate judge." Rule 50.3.1 (b) provides that " A civil case shall not be deemed "related" to another civil case merely because the civil case: (A) involves identical legal issues, or (B) involves the same parties." Rule 50.3.1 (c) further provides that "Presumptively, and subject to the power of a judge to determine otherwise pursuant to paragraph (d), civil cases shall not be deemed to be "related" unless both cases are still pending before the court."

NY-E DIVISION OF BUSINESS RULE 50.1(d)(2)

1.) Is the civil action being filed in the Eastern District removed from a New York State Court located in Nassau or Suffolk County: No

2.) If you answered "no" above:
a) Did the events or omissions giving rise to the claim or claims, or a substantial part thereof, occur in Nassau or Suffolk County? No

b) Did the events or omissions giving rise to the claim or claims, or a substantial part thereof, occur in the Eastern District? Yes

If your answer to question 2 (b) is "No," does the defendant (or a majority of the defendants, if there is more than one) reside in Nassau or Suffolk County, or, in an interpleader action, does the claimant (or a majority of the claimants, if there is more than one) reside in Nassau or Suffolk County?

(Note: A corporation shall be considered a resident of the County in which it has the most significant contacts).

BAR ADMISSION

I am currently admitted in the Eastern District of New York and currently a member in good standing of the bar of this court.

☒ Yes ☐ No

Are you currently the subject of any disciplinary action (s) in this or any other state or federal court?

☐ Yes (If yes, please explain) ☒ No

I certify the accuracy of all information provided above.

Signature:

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of New York

ALEXANDR TSVETTSIKH	)	
Plaintiff(s)	)	
v.	)	Civil Action No.
WBM LLC d/b/a WBM INTERNATIONAL	)	
Defendant(s)	)	

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* WBM LLC
54 Highway 12
Flemington, NJ 08822

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: C.K. Lee, Esq.
Lee Litigation Group, PLLC
30 East 39th Street, Second Floor
New York, NY 10016
Tel.: (212) 465-1188

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DOUGLAS C. PALMER
CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk