APPLIED KINESIOLOGY

By *Dr. Patricia Cohen*

Applied Kinesiology (AK) is a system of natural health care which evaluates our structural, biochemical and mental aspects. It employs muscle testing with other standard methods of diagnosis. Nutrition, manipulation, diet, acupressure, exercise and education are used therapeutically to help restore balance and maintain well being throughout life. And, professionals from all disciplines, including chiropractors, M.D.s, osteopaths, dentists, and other doctors are now using it.

Most people are familiar with many alternative health care methods: meridian therapy (acupuncture), chiropractic, reflexology, traditional osteopathy, even diet and nutrition are thrown into these conservative therapies. And probably everyone has experienced or knows someone who has obtained good results from an acupuncturist, chiropractor or nutritionist. The November 4, 1991 issue of Time Magazine reported on alternative health care techniques as a cover story. After years of being ignored in the U.S. (they've been around for centuries), alternative health care can finally be discussed at the dinner table. Not only that, this so-called "alternative medicine" is now a $27 billion a year growth industry. What Time Magazine and others have told the public is that some of these techniques are useful for some people. But what they didn't say is how all these conservative methods can be used to their fullest. But, can anyone know what technique will be most effective for which patient? Can one doctor know how to use all these methods?

The answer is yes. Perhaps the most promising development in the natural health care movement is the growing unification of many alternative methods under the "umbrella" of applied kinesiology. It's not the goal of alternative health care and applied kinesiology to replace standard medical care, rather, complement it, as each has its place in our society.

Standard medicine has its emphasis on crisis intervention rather than on health maintenance. This involves early detection of disease, usually followed by invasive medical treatment. The techniques used have evolved from the victorious, decades-old battle against infectious diseases, which today are no longer the threat they once were. But as average lifespans have increased, we have confronted a whole new category of lifestyle and stress related diseases, including heart disease, diabetes and cancer. Diseases which, once past the threshold where detection is possible, may already be too far advanced for full recovery. Diseases which can sap the quality of life from the extra years that have been gained.

There is a revolution underway in health care today. More people are shifting their focus towards health rather than sickness, prevention rather than crisis intervention, and towards improving the quality of life throughout a full lifespan rather than merely lengthening existence. It is a revolution of dedicated professionals in fields often too new and under-researched for the medical mainstream to embrace. Yet millions of people seek and obtain relief from the chiropractor, osteopath and acupuncturist, obtaining it through diet, nutrition, education and lifestyle changes.

Applied Kinesiology utilizes muscle testing in addition to other standard diagnostic routines, such as blood pressure, blood and urine tests, etc., to gather information about the individual's internal systems and to search for early changes that, in the long term, lead to the onset of disease. The doctor is then able to administer therapies from among several allied disciplines to delay declines in health and maintain a high quality of life right up to the biological limit of aging. In other words, the promise of this unification of allied therapies is robust health throughout the duration of a full lifespan.

Today we are confronting a new picket line of "degenerative" disease rather than the infectious varieties which plagued earlier generations. Cancer, heart disease and diabetes have taken the place of tuberculosis, pneumonia, and typhoid as the killers of our time; killers which are manifestations of many years of degenerative decline. Breakthroughs against these new enemies have been few and far between.

Nevertheless, ever more specialized and technology intensive efforts are underway - at a staggering cost to the economic, ethical and social fabric of the society - to artificially prolong life, without due regard for the quality of that life. The bottom line is, while we are living longer, we are not living healthier. Adding what are often unhealthy years to the end of a lifespan is a dubious achievement.

The onset of serious disease is often the culmination of years of small declines in organ vitality. Several studies have shown that an individual's ability to resist disease consists of the reserve capacity of one's organs and tissues. Healthy actions taken today can have a major impact on the outcomes of tomorrow. Common complaints like headache, insomnia, intestinal upset, mild depression, anxiety and backache - which people often ignore or self-medicate - are subtle symptoms of a universal degenerative process along a spectrum of health. These symptoms are signposts along the road to disease.

Case history: John saw the company doctor for his annual check-up. His blood pressure was taken along with tests for urine and blood. The doctor did a complete physical exam and also took a chest x-ray. About a week later John went back to see the doctor for the results. The doctor said "everything is great, there's nothing wrong!" But John wanted to know why he had back pain, sinus headaches and was very fatigued.

What John didn't realize was that his doctor only ruled out disease. What his doctor should have said was "you don't have any disease, so you probably have a functional problem. Functional illnesses are problems which are not the result of disease, but "things not working just right." These functional problems may be early changes that ultimately end in disease. These early changes in the body are detectable and treatable within the alternative health care disciplines using applied kinesiology. The focus of the applied kinesiologist is to use some or all these disciplines to develop an interactive functional assessment of a person's biologic system, and administer individualized treatment. The goal of this type of treatment is to slow the universal degenerative process, thereby delaying the onset of the diseases that are the end stage manifestations of this process, like cancer, heart disease, diabetes, arthritis, and others.

By delaying this universal degenerative process, an individual need not expect a life of slow declines and failing capacities. Instead, robust health can be maintained into old age, right up until the final confrontation with the maximum biological limit of aging.

The philosophy is not new. Persius, the, Roman scholar, said "it is far better to cure at the beginning, than at the end." More recently, Walter Bortz, M.D., in his book *We Live Too Short and Die Too Long* states, "Have we altered the aging process in any fundamental way - or have we merely (stopped) premature death? Medicine is preoccupied with these reparative efforts and has gaudy credentials of its results, worthy of high theater. Yet, the results are all foreground. They don't affect the basic problem of aging, and they need to be separated there from." Even Johnny Carson has something to say about this issue: "The AMA announced recently that the average lifespan has increased to 75 and 1/2 years ... unfortunately, you get the extra 1/2 year at the end!"

It's actually quite sad. Most people can look forward to a decade or more of dysfunction at the end of their life. It's apparent that we now have the ability to change that picture. How long it will take to be consolidated into the present health care system is yet to be seen. What is lacking most is research with the intention of moving proven alternative therapies into mainstream health care, while abandoning marginal ones. These techniques of early intervention will generate substantial savings in direct cost of care, health insurance premiums, medication, chronic care, and in many other ways. Old age would be more productive, more enjoyable and less apt to be plagued by health-induced family income crises. People of all ages and incomes could expect effective, individualized, and relatively noninvasive and unintimidating state-of-the-art care.

Applied Kinesiology: The Short History of Age-Old Therapies.

Applied kinesiology had its beginning, in 1964, when Dr. George 1. Goodheart made a discovery that was fundamental to the manipulative practice of the healing arts. He observed in a young man with a severe "winging" of the shoulder blade (scapula) a dysfunction of the serratus anticus muscle. Goodheart palpated very tender "nodules" on the insertion of this muscle, and, after only a few seconds of deep pressure, improved the function of the muscle, eliminating the patient's problem. He found that some muscles could be effectively treated in the same way to improve posture.

Initially, the innovative development of applied kinesiology was directed toward correcting, postural imbalances caused by poorly functioning, or "weak," muscles. Previous to this, the majority of practitioners directed their attention toward the tight, or hypertonic, muscle. Goodheart found that by treating the weak muscle, changes in body posture could be observed almost immediately. Originally, the main objective in restoring, normal function to the weak muscle was to relieve the opposite tightness, improve posture, and help support the spine, pelvis and other joints.

Although Goodheart was trained as a chiropractor, his proficiency also included many other conservative treatment procedures such as meridian therapy (acupuncture), osteopathic cranial technique, nutrition, with diet and lifestyle changes part of the holistic approach. More important was his detailed knowledge of human anatomy, physiology and biochemistry, as these formed a strong basis for which the application of existing techniques could be employed with more logic.

Goodheart also studied the findings of other investigators, ultimately showing, an interrelationship within not only the body's structure, but the chemical and mental components as well.

He found, for example, that other researchers observed various reflex points on the body that were related to specific organs and glands. Goodheart observed that these also correlated with specific weak muscles. If the sartorius muscle was weak and the reflex point on the abdomen for the adrenal gland was stimulated, improved function of the sartorius muscle would often follow. Through basic diagnostic tests, such as postural blood pressure evaluation, and other clinical signs and symptoms, improved adrenal function was presumed. These and other findings demonstrated a unique relationship between muscles, and organs and glands not seen before. Subsequent investigation into the work of others added more to the knowledge of AK. Eventually, nutrition and meridian therapy, with it's acupuncture points treated by digital stimulation, were correlated with muscle weakness. The hypothesis that muscles were related to other areas of the body gave the AK doctor another important diagnostic tool. Correlated with this massive collection of information were other diagnostic procedures, including blood and urine tests, x-ray, ECG, blood pressure, etc.

While most patient complaints usually don't stem from any discerning disease, these individuals are not in robust health. These so-called gray area problems were seen as functional disturbances. Evaluating, them required more than the standard blood test and x-ray. What was now developing was a method to diagnose functional illness.

The addition of proper muscle testing, as an aid in diagnosis became a great asset in helping the doctor evaluate the functional status of the whole patient. More importantly, its use in determining which specific therapies - spinal adjusting, cranial technique, acupressure and other therapeutic reflex points, nutrition, etc. - are best for a given patient has proved successful in clinical practice. Equipped with all this information, the AK doctor now had a "toolbox" of diagnostic and therapeutic devices from which he may carefully choose to apply to a given patient.

The muscle testing, procedures used in AK, derived from standard text books, serve to isolate specific muscles. Through these diagnostic testing procedures, the function of a patient can be evaluated, rather than merely checking the power that the muscle can produce. This is now

referred to as "muscle testing as functional neurology." Improving their function usually means finding the source of the problem rather than just working on the muscle itself.

As more doctors became interested in AK, the group officially established itself in the summer of 1974 as the *International College of Applied Kinesiology* (LC.A.K.). John Thie, D.C., who encouraged Goodheart to develop a more formal organization, became the first chairman. Dr. Goodheart was to be the first research chairman, a position he retains today.

Because of his clinical expertise, Dr. Goodheart was chosen to become a member of the United States Sports Medicine Committee of the U.S. Olympic Team during, the 1980 winter games in Lake Placid, NY. He was the first non-medical practitioner to hold such a position. Since then, various LC.A.K. members have established unique methods of treating athletic problems, associating this with established exercise protocol.

Throughout the world today, there are thousands of doctors in all professions - osteopathy, medicine, dentistry and podiatry - from many countries practicing AK. The I.C.A.K. has chapters in the U.S., Australia, Europe, and Canada, with hundreds of seminars being taught by certified teachers.

Since the organization of the I.C.A.K., there have been over 2,000 clinical research papers published by, and for, it's membership. These serve as a means of communication within the profession, and range from single page clinical observations to extensive, well documented procedures of examination and treatment. The regular conferences keep members up to date with the latest information including, Goodheart's most recent research. Other clinicians in the field of dentistry, nutrition, psychology and medicine have also done studies on, or are using, applied kinesiology. These procedures have found new applications for diagnosing and treating patients with many varied conditions.

The I.C.A.K. has a long, history of support for basic and clinical science research, with hundreds of thousands of dollars being, spent through various colleges, universities and clinics. Among the published studies is the Spring 1989 issue of *The International Journal of Neuroscience,* showing the changes which take place in the brain during, muscle testing. The I.C.A.K.- U.S.A. has now established a non-profit research foundation. *The Foundation of Allied Conservative Therapies Research* (F ACTR) will add to the process of quality research in applied kinesiology.

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