

EDITORIAL

APPLIED KINESIOLOGY, TOUCH FOR HEALTH AND NST

D. S. Nambudripad, M.D., Ph.D., D.C., L.Ac.

The *I Ching* is the essence of Chinese philosophy supposed to have started around 3322 BC (some 5330 years ago) by a legendary sage, Fu Xi. It is definitely a great work of Oriental metaphysics. *I Ching* is one very ancient and authentic way of understanding the patterns of the universe as they relate to human beings at a particular time and place. In the medical arena, by performing *I Ching*, the physician or practitioner of any medical healing art, can access a deeper level of knowledge about his/her patient's health. This level of knowledge is not necessarily rational but it can be called as an intuitive level of knowledge.

Applied kinesiology is a diversion of medical *I Ching*. Applied kinesiology was developed in USA in 1960's by George Goddheart, a Detroit Chiropractor. Initially, this technique was used by chiropractors only as a medical screening procedure² to enhance the effectiveness of the doctor's examination skills that he/she has learned in the school of chiropractic. Now several different health care professionals use applied kinesiological muscle testing procedure very effectively in their daily practices to peek into their health problems before they administer various investigational procedures and therapies. According to the American Chiropractic Association, Applied Kinesiology is the 10th most frequently used chiropractic techniques in the United States, with 37.6% of chiropractors employing this method³ and 12.9% of patients being treated with it.

Applied kinesiology should not be confused with Kinesiology. Applied kinesiology is different from

"Kinesiology." Kinesiology is the study of human movement. In American higher education, the term is used to describe a multifaceted field of study in which movement or physical activity is the intellectual focus. Physical activity includes exercise for improvement of health and physical fitness, activities of daily living, work, sport, dance, and play. Kinesiology is a common name for college and university academic departments that include many specialized areas of study in which the causes and consequences of physical activity are examined from different perspectives. These include exercise and sport biomechanics, history, philosophy, physiology, biochemistry and molecular/cellular physiology, psychology, and sociology; motor behavior; measurement; physical fitness; and sports medicine. Many colleges and universities around the world have schools of kinesiology. These studies are 4 - 7 year courses leading to BS, MA and Ph.D. degrees⁴. A kinesiologist is a person who has completed one of these programs graduating with one of these degrees.

Applied kinesiology is best described as a tool using muscle testing as a diagnostic instrument to augment the examination skills that a health care professional has learned.

The findings from applied kinesiological testing will allow the practitioner to form a sensible approach in conducting further standard diagnostic studies⁵ as well as plan future treatments and therapies appropriate for the condition⁴. Muscle response testing is used to monitor the response of a previously tested and determined strength of any single muscle in the patient's body to

a physical, chemical, nutritional or mental stimulus. The observed response is correlated with the patient's clinical history, physical examination findings and other standard diagnostic test results such as laboratory or radiological reports. The practice of applied kinesiology requires that it be used in conjunction with other standard diagnostic methods by professionals trained in clinical diagnosis. As such, the use of applied kinesiology or its component assessment procedures is appropriate only to individuals licensed to perform those procedures. Applied kinesiology procedures are not intended to be used as a single method of diagnosis. Applied kinesiology examination should augment standard diagnosis, not replace it.

Even though both techniques, NST and applied kinesiology use muscle response testing, the theory of NST (Neuromuscular sensitivity testing) is slightly different from the theory of applied kinesiology. While doing NST, it is crucial to balance the overall energy of the patient before performing NST to achieve good results with NST testing. Applied kinesiology does not require to balance the energies of the body before performing muscle testing. In NST, after confirming the state of balance of the energies of the body, a suspected allergen is brought closer to the body or have the patient hold the suspected allergen and test the previously tested strong muscle. If the item in the free hand is an allergen the arm will go weak. If it is not an allergen, then the arm will remain strong. If the weak muscle is strong in the presence of an allergen, NST will view that as not performing the testing right or the patient is not balanced. Whereas in applied kinesiology the practitioner is looking for any change while holding a substance. The change may be observed as the previously determined strong muscle becomes weak or a weak muscle becomes strong while doing muscle response testing; either one is considered a change.

In either case, the findings from applied kinesiological testing will allow the practitioner to form a sensible approach in conducting further standard diagnostic studies as well as plan future treatments and therapies appropriate for the condition.

References:

1. Miki Shima, *The Medical I Ching*, Oracle of the healer Within, Blue Poppy Press, Boulder, CO, 1992
2. David S. Walther DC; *Applied Kinesiology - The Advanced Approach to Chiropractic*"; private publication; copyright 1976.
3. Armstrong D, Armstrong SM. The body electric: future shocks. In: *The Great American Medicine Show*, New York, NY: Prentice Hall; 1991.
4. Spitz H. *Nonconscious Movements: From Mystical Messages to Facilitated Communication*, Manwah, NJ: Lawrence Erlbaum; 1997.
5. Dr. David E. Bresler, Director of the U.C.L.A. "*Free Yourself from Pain*"; Pain Control Unit; published by Simon & Schuster; copyright 1979.

Request Reprint:

NAR Foundation
6714 Beach Blvd.
Buena Park, CA 90621
narfoundation@yahoo.com