THE FOUR HABITS OF HIGHLY EFFECTIVE DOCTORS

- Inquire with Love
- Examine with Wisdom
- Treat with Compassion
- Observe with Intuition

From The Day Society Found Her Soul - Book 11, Physician Heal Thy Patient.
APPLIED KINESIOLOGY

by

Eugene Charles D.C., DIBAK

- APPLIED KINESIOLOGY can be defined as the clinical application of the study of movement and function.

- Functional Neurology

- Diagnostic of the body’s central integrative state through the detection of direct or reflex manifestations within the structure or function of the muscular system.
These functional aberrations may pertain to the:

- Muscular
- Neurological
- Vascular
- Osseous
- Lymphatic
- Respiratory
- Digestive
- Endocrine
- Acupuncture / Meridian systems.
Therapies to induce or restore individual normal function include but are not limited to:

- Chiropractic adjustive therapy
- Cranial techniques
- Therapeutic massage modalities
- Reflex therapies
- Acupuncture techniques
- Exercises and stretches
- Nutritional supplementation
- Emotional support or modalities
- Lifestyle changes

With the aim of decreasing cumulative noxious stimuli below threshold and allowing the body to heal itself.
Applied kinesiology (AK) is a continually evolving system which provides the doctor with the skills and knowledge to purposefully, systematically and logically ascertain the optimal treatment of the patient.

AK embraces the work of all individuals and disciplines who endeavor to diminish the suffering of humanity. AK attempts to unify such diverse knowledge and techniques into a usable scientific system for one purpose:

To bring patients to a higher level of health and help them to actualize their potential.
APPLIED KINESIOLOGY IN CLINICAL PRACTICE
SESSION 8

- 1964
- George Goodheart D.C.
- “Winging” scapula
- Serratus anterior
- Origin & Insertion
- Neurological function versus muscular disability
“The best way to know something is through scientific inquiry, with the exception of the intuition.”

Aristotle
SESSION 8 OUTLINE

- Visceral Imbalances
  Food effects on pH

- Ileocecal Valve

- Valve of Houston

- General Visceral Manipulation

- Diaphragm Imbalances

- Retrograde Lymphatic
SESSION 8 OUTLINE

📅 Stomach
  - Gastric regurgitation
  - Gastric Ulceration
  - Irritable Bowel Syndrome / Cystitis

📅 Free Radicals / Bilirubin

📅 Ionization
  - Alternate Nasal Respiratory Technique

📅 Heart - Circulation
  - Pre & Post Cordial Tap
PAIN MANAGEMENT AND TREATMENT

- Melzack Wall Pain Gate Theory Review
- Nociceptor Stimulation - Acute Pain
- Gustatory / Olfactory Challenges
- Nutrition for PAIN
- Essential Fatty Acid Flowchart

PERFORMING A BASIC AK EXAMINATION
Session 8 Visceral Muscles:

- Pectoralis Major Clavicular
- Latissimus Dorsi
- Popliteus
- Quadriceps, Abdominals
- Tensor Fascia Lata
- Iliopsoas
KEYPOINTS OF MUSCLE TESTING

1. Approximate the origin and insertion.
2. Avoid bony contacts.
3. Adequately stabilize the patient.
4. Instruct the patient in which direction to push or pull.
5. Do not overpower. Initiate patient’s contraction with your test, then steadily increase your pressure for three (3) seconds. You are measuring the ability of the muscle to “lock”.

KEYPOINTS OF MUSCLE TESTING

6. Be aware of operator prejudice
7. Observe if the patient is trying to change the parameters
8. Observe if the patient is holding breath
9. Keep the patient’s hands off body
10. Coordinate timing so that doctor and patient initiate test simultaneously
Axons of Sympathetic and Parasympathetic motorneurons give off collaterals which synapse on alpha-motorneurons and go to muscles at the same segmental level.

Skeletal muscle motor neurons can be affected by stimulating afferents from the viscera.

Therefore, through specific manual muscle testing we can functionally examine and influence the Gastrointestinal System.
We can influence the somatovisceral pathways by stimulating mechanoreceptors and chemoreceptors through Cranial techniques, Acupuncture, Chiropractic Adjustive Therapy and Nutrition.

September 18, 1895 first recorded chiropractic adjustment restored hearing.
Check Salivary pH

Refer to pH chart for food correction

Question patient on foods Causing problems
1. Proteins
2. Carbohydrates
3. Fats

Test:
- PMC
- Latissimus
- Popliteus
- Quadriceps
- TFL
- PMS

1, 2, and /or 3

Vit. A, B, EFA, herbs

HCL, pepsin
Pancreatic enzymes
Bile salts
Glutamine, okra, Vit D
Acidophilus
Based on research of Harold Hawkins D.D.S.

Ideal Normal
Salivary 7.4
Urinary 6.4

<table>
<thead>
<tr>
<th>Salivary</th>
<th>Urinary</th>
<th>Action</th>
<th>Foods</th>
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<td>&gt; 6.4</td>
<td>Increase</td>
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<tr>
<td>&lt; 7.4</td>
<td>&lt; 6.4</td>
<td>Increase</td>
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<tr>
<td>&gt; 7.4</td>
<td>&lt; 6.4</td>
<td>Increase</td>
<td>Cereal, Breads, Grains</td>
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<tr>
<td>&lt; 7.4</td>
<td>&gt; 6.4</td>
<td>Increase</td>
<td>Fats &amp; oils, Cheese, Butter</td>
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</table>
Located at the junction of the ileum and cecum.

Bicuspid, sphincter valve

Controls food entering the large intestine and prevents excrement and bacteria from entering back into the small intestine.

Valve is controlled by vagus nerve, sympathetic, parasympathetic stimulation, acid / alkaline levels and predominately by mechanical forces.
Signs and Symptoms:

- Bowel changes
- Dark circles under the eyes
- Severe lumbar disc complaints (sharp sudden pain)
- Sinus problems, post nasal drip, headaches, tinnitus
- Joint pains (shoulder, wrist, elbow, knees etc.)
- Sacroiliac congestion and pain
- Skin lesions
- PMS
- Chronic inflammatory or toxicity complaints
Diagnosis:

1. *Therapy Localize* over the right lower quadrant (McBurney’s Point).

2. If inhibition, pull towards the contralateral shoulder then ipsilateral acetabulum. Look for direction that facilitates.

3. If neither direction - R/O localized lesion or pathology: appendicitis, tumor, ovary, psoas etc.
Diagnosis:

4. Any inhibition pattern related to the dysfunctioning ICV will become facilitated to Therapy Localization.

Inhibited **Iliacus** is associated with an open ICV.

Inhibited **Quadriceps** is associated with a closed ICV.

Psoas imbalance can cause ICV disorder by pulling on the mesenteric connection to the valve. As can visceral displacement (to be discussed this afternoon).

Fiber imbalances, alcohol, spices, coffee, HCL deficiency, TMJ disorders can create ICV problems.
Correction for an *open* valve:
*(static terms for simplification)*

1. Manually *and gently* manipulate the intestine towards the opposite shoulder to mechanically close the valve.

“*cross to the clavicle to close the valve*”
Correction for an *open* valve:

2. Stimulate the three Neurolymphatic receptors located below the **right ASIS**, at the **Bicipital groove**, and over the **3rd cervical lamina**.

- The **Neurovascular receptor** is stimulated during the visceral manipulation.

3. Treat the Luo point for the kidney and bladder: **K 5 , Bl 58**.

4. Check head and hand **stress receptors**.
5. Challenge and adjust L1 and C5.
6. Correct Zygomatic sutures, if needed.

7. NUTRITION: Chlorophyll, okra-pepsin, digestive enzymes, spanish black radish, bentonite clays.

Correction for an *closed* valve:
(*static terms for simplification*)

1. Manually *and gently* manipulate the intestine towards the ipsilateral acetabulum to mechanically open the valve.

- NOTE: patients with a closed ICV will tend to feel worse upon arising and improve with activity.
Correction for an closed valve:

2. Stimulate the Small Intestine Neurolymphatic receptors located below the right ribcage border, T8 - 11 lamina and the medial thigh.

♀ The Neurovascular receptor is stimulated during the visceral manipulation.

3. Treat the Luo points for the bladder: Bl 58. (bilateral)

4. Check head and hand stress receptors.
5. Challenge and adjust L3 and C3.

7. NUTRITION: calcium, Vitamin D, okra-pepsin, digestive enzymes.

VALVE OF HOUSTON

- Represents a flexure more than a true valve
- Keeps stool in the sigmoid colon until a bowel movement occurs.
- Located in the left lower quadrant and is slightly lower and more midline than the ICV.
- Everything that applies to correcting an ICV applies to the Sigmoid Flexure. It is just performed on the left side.
Signs and Symptoms:

- Poor bowel evacuation
- Flatulence
- Severe lumbar disc complaints
- Abdominal pain
- Ovarian Complaints
- Sacroiliac congestion and pain
- Skin lesions
- PMS
- Chronic inflammatory or toxicity complaints
ICV and Valve of Houston have a reciprocal relationship and one may mask the other.

After correcting one, check for the other.

Acute symptoms: cold water (not ice) in a towel over the area for 20 minutes.

Colonics can cause valve disturbances. Enemas usually do not.
Viscera are held in position by mesentary and the abdominal musculature.

Viscera can become displaced, usually inferior.

The organ related muscle will become inhibited if the organ is further displaced.

An inhibited muscle may be facilitated by manipulating its related organ.
1. Test related muscle. I.e. TFL for colon.

2. Have patient hold organ in direction of suspected displacement - usually inferior.

3. If inhibition occurs, hold viscera in opposite direction as patient coughs several times.


- Hernias, Bladder pressure and frequency, Uterus, Common in runners, postpartum.
The Sternal part of the diaphragm arises from the xiphoid process. (This is what we *Therapy localize*).

The Costal part arises from the cartilages of the last six ribs.

The Lumbar part arises from the crura that are attached to the lumbar vertebrae.
Increases the volume and decreases the pressure within the thoracic cavity.

Allow the lungs to fill with air due to this pressure gradient difference.

Helps to pump venous blood, lymphatic fluid and acupuncture energy.
Signs and Symptoms:

- Decreased Vital Capacity
- Decreased breath holding time
- Decreased rib excursion (< 4cm)
- Decreased rib motion unilaterally (If psoas is hypertonic)
- Fatigue

- Chronic, reoccurring acupuncture problems. Suspect when 3 or more pulse points are active.
DIAGNOSIS:

- Therapy Localize under the xiphoid process. Have patient breathe in and out 3 times. Test any muscle for inhibition.

TREATMENT:

1. Balance the psoas muscles. Use leg turn in, along with muscle testing to find hypertonicity or inhibition.

2. Spindle cell manipulation on the hypertonic psoas. Correct the inhibited using indicated techniques.

3. Remove any subluxations affecting the Phrenic nerve at C3, C4, C5.
TREATMENT:


5. Check the Quadratus Lumborum for inhibition. This is an important muscle in the stabilization of the respiratory movement of the ribcage.

6. Treat the Neurolymphatic and Neurovascular reflexes for the Diaphragm.

NL - over the entire surface of the Sternum.
NV - Bregma, Lambda, 1 inch superior to Lambda
The following motions occur on inspiration:

- Abdominal wall relaxes
- Diaphragm drops
- Ili move laterally
- ASIS move lateral and inferior
- Sacral apex moves posterior to anterior
- Ribs widen and ascend
- Clavicles widen and ascend
- Mandible widens and descends
- Maxilla widens and ascends
DIAGNOSIS:

- Have patient breathe into a bag for five respirations and immediately test any muscle for inhibition. (positive CO2 challenge)

CORRECTION:

1. Induce inferior and lateral motion on the pubic bones and a lateral motion on the ASISs.
2. Induce superior and lateral motion on the lower costal angles.
3. Induce superior and lateral motion on the clavicles.
4. Spread the Mandible.
5. Spread the Maxilla.

RECHALLENGE with 10 respirations.
CORRECTION: (on inspiration)

1. Induce inferior and lateral motion on the pubic bones and a lateral motion on the ASIS’s.
2. Induce superior and lateral motion on the lower costal angles.
3. Induce superior and lateral motion on the clavicles.
4. Spread the Mandible.
5. Spread the Maxilla.
- The thoracic duct drains the major lymphatic vessels into the venous system via the left Subclavian & Internal Jugular veins.

- Duct drains the entire body except for the right side of the head and neck.

- Lymphatic system acts as a retrieval system for proteins, minerals, fats and vitamins.

- Hypertonic Pectoralis Minor can impede drainage.
1. Test normal muscle - I.e. TFL.

2. Place patient in a retrograde position with head lower than the feet and pelvis.

3. If inhibition occurs, have patient raise arms over their heads thereby stretching the pectorals and retest.
4. If muscle(s) become facilitated, perform fascial release technique on indicated pectorals. (Stretch inhibition)

5. Stimulate Neurolymphatic at the junction of the Xiphoid and the Manubrium.

NUTRITION: Low dose Vitamin A or Iron.

Teach patient about proper posture and how to do Door Stretches at home. Midback exercises.
- Regurgitation of stomach acid into the lower reaches of the esophagus.

- May be diagnosed as a Hiatal Hernia or Reflux Esophagitis or GERD.

- Most Hiatal hernias are of the sliding variation instead of the paraesophageal or congenital type.

- Syndrome is known as “The great mimicker.” Often mistaken for angina, heart attack, ulcer or gall bladder problems.
SYMPTOMS:

- Abdominal, back or neck pain
- Indigestion after meals or at night
- SOB or difficulty breathing
- Burning feeling in the chest
- Throat discomfort or chronic voice disturbances
- Heartburn
Etiology:
- Poor posture - excessive kyphosis
- Working in a hunched over position
- Excessive coughing
- Pregnancy
- Space occupying lesion
- Improper or excessive abdominal exercises
- Obesity
- Overeating then lying down (Homer Simpson Syndrome)
- Gymnastics (I.e. Handstand pushups)
GASTRIC REGURGITATION
Applied kinesiological approach

DIAGNOSIS:
Have patient apply superior pressure against the diaphragm on the left side of the Xiphoid.
Test the Pectoralis Major Clavicular for inhibition.

CORRECTION:
1. Correct any psoas or Diaphragm imbalances.

2. Contact under the Xiphoid with a posterior, inferior pressure.
CORRECTION:

3. Hold for five respirations then apply a sharp but gentle thrust inferiorly on expiration.

NUTRITION: Digestive aids, Gastrex, zinc, organically bound minerals such as potassium and magnesium if patient is Sympathetic dominant.

Patient Instructions: No water with meals. Eat smaller meals and do not lie down for several hours after eating. Limit starches with proteins.
1960 American Journal of Gastroenterology described the efficacy of treating ulcers with carbamide.

Urea - urease enzyme system and the carbon dioxide carbonic acid anhydrase system balance stomach pH and maintain integrity of the mucosa.

Paradoxically some ulcers may be due to HCL deficiencies rather than excess. The pyruvic acid (which the mucosa is ill equipped to handle) from the fermenting, undigested food due to the lack of hydrochloric acid is the culprit of the hyperacidity.
Therapy Localize over the gastric region and test the Pectoralis Major Clavicular for inhibition. (if it is not inhibited in the clear)

Gustatorily challenge for:

A. carbamide
B. essential fatty acids (especially black currant seed)
C. chlorophyll, okra, licorice
D. zinc
E. digestive enzymes (HCL, pepsin, pancreatin)
F. bioflavinoids, Gastrex

FYI - cayenne (capsium annuum ) can stop bleeding
Often a consequence of functional hypoadrenia or a potassium deficiency.

Procedure:

1. Test for inhibition to olfactory receptor stimulation to ammonia. If inhibition occurs - gustatorily challenge for facilitation to potassium.

2. Test for inhibition to olfactory receptor stimulation to Chlorox ®. If inhibition occurs treat the LI - 4 acupuncture point or gustatorily challenge for antioxidants to counter the apparent excess oxidation condition.

Emotional factor nearly always a major contributor.
Schmitt has described a functional screening test of sniffing Clorox to determine if there is an excess of free radicals. Clorox is a powerful oxidizer; bilirubin is the greatest free radical quencher.

Perform an olfactory challenge with Chlorox ®. If inhibition:

Therapy localize LI - 4 for negation. Treat point for 2 minutes to apparently stimulate bilirubin production.

NOTE: it will be exquisitely tender.

Olfactory challenge with Chlorox ® should now be negative. If not, gustatorily challenge with anti-oxidants: Vitamin A,C,E, superoxide dismutase (SOD), glutathione, OPC Synergy ™ etc.
The main reason for nasal inhalation is that the nose:

1. Filters
2. Humidifies the air entering the lungs.
3. Ionizes

Left nostril ionizes the air with negative ions, which make us feel more positive.

Right nostril ionizes the air with positive ions, which make us feel more negative.
Electrical appliances such as televisions, computers, and air conditioners produce positive ions. This leads to an excessive release of Serotonin and complaints such as fatigue and irritability.

People sensitive to ions (Santa Ana, Lunar periods) should limit exposure to the above and invest in an ion machine. The mist off of running water or waves is an excellent source of negative ions. So are lightning storms.
1. Have patient inspire through the left then the right nostril and test any muscle for inhibition.

2. Have patient perform a right brain function (Hum the William Tell Overture) and a left brain function (count by 3). Observe which activity negates the nasal induced inhibition.

3. Gustatorily challenge the nasal induced inhibition against B complex tonifiers (vasoconstrictors higher in thiamine) and B complex relaxors (vasodilators higher in riboflavin).
4. If left nasal inspiration induced inhibition: tap the right front of the rib cage and left rear of the rib cage on the brain activity that facilitated the patient.

Give appropriate B vitamins for 1 month and retest Vital Capacity and appropriate breathing response.
THERAPY:

4. If right nasal inspiration induced inhibition: tap the left front of the rib cage and right rear of the rib cage on the brain activity that facilitated the patient.

- Give appropriate B vitamins for 1 month and retest Vital Capacity and proper breathing response.
Hemodynamically the heart is not large enough to simply push blood through the approximately 60,000 miles of blood vessels.

It is the electrical charge present on every red blood cell that causes the cells to repulse each other and propagate their flow through the vessels whose endothelial layer is also negatively charged.

When this charge is insufficient there will be Rouleau formations and what is called “thick blood.”

Hypothesis that the heart functions like a brain and we can affect its ability to properly charge the RBC’s by tapping the thorax while the patient performs a specific brain function.
PROCEDURE:

1. Place a sphygmomanometer amount around each calf and observe how much pressure the patient can withstand before complaining of discomfort.
   
   Normal is 200mm.

   - Both legs 140 - 180 = Vitamin E, Calcium
   - One leg < 180, One leg > 180 = Category I
   - Both legs < 140 Pre - Post Cordial Tap (PPCT)

2. Determine which brain activity creates a systemic somatic inhibition.
CIRCULATION
Pre - Post Cordial Tap
PROCEDURE:

3. If a right brain activity (humming) causes inhibition:

- Tap over the right side of the thorax anterior and posterior while the patient performs a left brain function. I.e. count by three.
PROCEDURE:

3. If a left brain activity (counting) causes inhibition:

- Tap over the left side of the thorax anterior and posterior while the patient performs a right brain function. I.e. humming.
THERAPY:

4. Again have patient perform brain function. There should now be no somatic inhibition. Measure blood pressure cuff tolerance. There should be an increase close to 200 mm.

5. If response is poor, gustatorily challenge for electron poising factors, niacinamide, or EPA -DHA.

Give appropriate nutrients for 4 months (life span of a blood cell - 120 days) and retest BP cuff tolerance and appropriate somatic response to brain function.
1965 Professors Ronald Melzack and Patrick Wall proposed that painful stimulation traveling up the spinal column are modulated by a gate mechanism.

Activation of the T cell transmits pain up the spinal column.

Cells in the Substantia Gelatinosa can inhibit and block the transmission of the T cell (acting as the gate).

Stimulating large A-beta fibers by vibration (tapping) inhibits the transmission of pain to the brain.
Melzack & Wall Gate Control Theory (Review)

- Stimulating large A-beta fibers by vibration (tapping) inhibits the transmission of pain to the brain.

- It was discovered that stimulation of acupuncture Tonification points appear to exhibit an inhibitory reaction at the Substantia Gelatinosa and helps to control pain.
ALARM POINTS
Illustrated

- Lung
- Circulation Sex
- Heart
- Liver
- Gall Bladder
- Stomach
- Large intestine
- Triple Warmer
- Small Intestine
- Bladder
- Kidney
- Spleen
TONIFICATION and SEDATION POINTS Illustrated

- Lung 5
- Lung 9
- Circulation Sex 7
- Heart 7
- Triple Warmer 10
- Large Intestine 11
- Small Intestine 8
- Triple Warmer 3
- Small Intestine 3
- Heart 9
- Circulation Sex 9
- Large Intestine 2

Illustration of acupressure points on the arms and hands.
AK Acupuncture Procedures utilizing Tonification Points

- One positive meridian on Pulse points
- Muscle facilitates to its Tonification point

TAP TONIFICATION point & Associated point for 2 minutes

- Test for pain reduction. If not at least 50% less,
  1. change rate of tapping
  2. Challenge with nutrition for Endorphin production (Amino Acids)
  3. Auricular points
1. Have patient touch painful area and test for somatic inhibition.

2. Have patient touch area and simultaneously Therapy Localize to the head points for negation of the positive response

IF POSITIVE:

3. Tap acupuncture point while patient stimulates the painful area.
After 2 minutes palpate for pain reduction. If not at least 50% less,

1. change rate of tapping
2. Challenge with nutrition for Endorphin production (Amino Acids)
3. Auricular points
Based on clinical findings of Dr. Walter Schmitt & Dr. George Goodheart.

Schmitt correlated the exacerbation of a patient’s symptoms with the inhalation of Clorox fumes.

Clor - basically stands for sodium hypochlorite
- ox: it is a powerful oxidizer.

It was discovered that the sniffing of clorox caused a systemic somatic inhibition, which was negated by the insalivation of specific anti-oxidants.

This was the start of olfactory *challenging* and validates how important it is to address all noxious stimuli.
## Gustatory/Olfactory Challenges

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<tr>
<th>CONDITION</th>
<th>TEST PROCEDURE</th>
<th>NUTRITION</th>
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<tbody>
<tr>
<td>High Urine pH Hypokalemia</td>
<td>Ammonia Sniff inhibits</td>
<td>Organic Minerals Potassium</td>
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<tr>
<td>Inflammation</td>
<td>Clorox Sniff inhibits</td>
<td>LI - 4 technique, SOD, OPC Vitamin A,C, E, Glutathione</td>
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<td>Excess free radicals</td>
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<td></td>
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<tr>
<td>Histamine response (Allergies)</td>
<td>Histadine or Histamine inhibits</td>
<td>Yakriton, Glutathione Natural Antihistamines</td>
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<tr>
<td>Inflammation Prostaglandin Imbalance</td>
<td>Aspirin fascilitates or inhibits</td>
<td>EFA’s, B6, Zinc, Magnesium, Niacin Low dose Vit.E, Vit. C</td>
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<td>CONDITION</td>
<td>TEST PROCEDURE</td>
<td>NUTRITION</td>
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<td>Kinin mediated response</td>
<td>Cholecystokinin or Kinin inhibits</td>
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<td>Muscle fatigue</td>
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<td>Muscle fatigue</td>
<td>Carbon Dioxide inhibits</td>
<td>Manganese</td>
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<td>Lactic Acid</td>
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GUSTATORY / OLFATORY CHALLENGES
Localized - itis or 1 organ

Prostaglandin imbalance
Test for cofactor deficiency

B6 → scalenes, finger flexion
Niacin → SCM
Magnesium → Subclavius
Zinc – Taste test, Pectoralis minor

Segmental, Dermatome, Myotome

Antioxidants A, C, E, OPC
SOD, Glutathione
Palpate painful area. Chew and Test for reduction in pain & positive muscle response.

Omega 3
EPA DHA

Omega 6
GLA

Challenge caffeine, nicotine, alcohol for negation

Severe inflammation test
tumeric, feverfew, ginger

Challenge for cofactors to metabolize oils
NUTRITION FOR PAIN

General
(over all - allergic type)

Palpate body areas for pain

General muscular

Dimethlglycine Beet extract

Chew DMG or Choline for pain reduction

Trigger points

Glycine Folic Acid

Chew B12, Folate for pain reduction
Applied kinesiology provides an enormous array of therapeutic options.

Do not develop paralysis from overanalysis.

Have purity of motive and a scientific foundation and your intuition will usually guide you in making the right decision on behalf of your patient.

Always start in your history taking with a remembrance of The Triad Of Health.

Once you have an idea of what is dysfunctioning, forget it as you perform your objective exam.
Observe the movements of the patient and figure out what isn’t working. Then figure out why.

Rule out pathology via standard orthopedic, neurological and radiographic testing.

Start with the four diagnostic criteria you learned here:
1. Postural Analysis
2. Temporal Sphenoidal (TS) Line
3. Gait Analysis
4. Acupuncture Pulse Point Analysis

Along with a thorough history and standard examination procedures

Deviations or active points may be due to specific muscular imbalances.

Muscular dysfunction may be due to specific meridian, nutritional or emotional imbalances along with 5 factors.

Give an idea of where to start.
FIVE FACTORS OF INHIBITION IN APPLIED KINESIOLOGY
Correct all imbalances within your level of expertise.

Master techniques before adding new ones to your repertoire. (Be a King or Queen, not a Jack)

Evaluate nutrition using accepted protocols and as indicated signs, symptoms and neuromuscular imbalances (I.e. inhibited Levator Scapula, cramps, insomnia = possible need for calcium)

Recommend the nutrient that facilitates the muscle and decreases pain via GUSTATORY CHALLENGING IN THE MOUTH!
Therapy localize the Emotional Neurovascular Receptors. Do they facilitate any inhibited muscles or inhibit any normally functioning muscles?

Does patient have a Psychological Reversal condition or Neurological Disorganization phenomenon present. Correcting can be life changing and life saving.

Use the examination forms presented or make up your own.

Be focused and thorough. Most importantly don’t fix what you think is wrong, correct what is wrong.
“A tree is known by its fruit”

Luck is when opportunity meets preparation.

Study everyday, listen and expect magic.

MAGIC IS SCIENCE PROPERLY APPLIED