

Kinesiology for Patients of a General Practice: Empirical Findings

Hans-Jürgen Schramm, M.D.

Reprinted from *Biologische Medizin* (1997 Juni): 115-21.

Keywords: Kinesiology, muscle testing, energetic resonance phenomena, acupressure, homeopathic simillimum, psychoneuroimmunology

Summary

Kinesiology is a diagnostic method that has been known in the USA for about 30 years. In Europe, however, and especially in Germany, it has taken its first hesitant steps only in the last five years.

With the help of the patient's muscle strength, varying electromagnetic potentials in the organism can be pinpointed, revealing great qualitative differences in tested muscle strength. These differences reflect disorders in the body's autonomic electromagnetic regulation of energy flow. The origin of such disorders can be determined through kinesiological muscle testing, and in addition to this basic diagnostic procedure, specific individually appropriate therapeutic substances—whether allopathic, phytotherapeutic, or homeopathic—can be ascertained by means of kinesiological resonance phenomena.

Because of its broad range of applications, kinesiology promises to become a significant diagnostic tool in the hands of physicians. However, it still needs intensive scientific work and testing.

Resumen

La kinesiólogía es un método diagnóstico conocido en los Estados Unidos desde 30 años. Pero en Europa, y específicamente en Alemania, es solamente durante los últimos cinco años que se conoce la kinesiólogía.

Con la ayuda de la fuerza de los músculos del paciente, se identifica con precisión potenciales variables electromagnéticos del organismo, revelando grandes diferencias cualitativas en el vigor de los músculos probados. Aquellas diferencias reflejan desórdenes en la regulación autonómica electromagnética del flujo energético. El origen de tales desórdenes puede determinarse a través de pruebas de músculos kinesiológicas y además de este procedimiento diagnóstico fundamental, sustancias terapéuticas individuales y específicamente apropiadas - incluyendo alopáticas, fitoterapéuticas, o homeopáticas - se averiguan por medio de fenómenos kinesiológicos de resonancia.

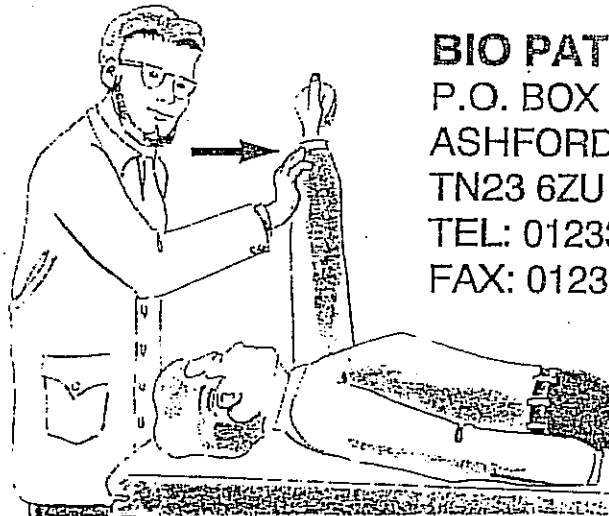
Debido a su extensión ancha de posibilidades, la kinesiólogía promete ponerse en un instrumento diagnóstico significativo en las manos de médicos. Sin embargo, la kinesiólogía

todavía necesita pruebas científicas intensivas.

What is kinesiology?

Although kinesiology is primarily a diagnostic method, effective forms of therapy can also be derived from it. Kinesiology has been in existence for only about three decades. Specifically, it dates back to observations made by the American chiropractor George Goodheart, who ascertained that his patients' muscle strength changed noticeably after chiropractic adjustments. More far-reaching aspects soon evolved from his initial observations, opening up a new area of medicine whose dimensions have yet to be fully explored.

Meanwhile, a plethora of variations with regard to both application and results have created a labyrinthine situation that significantly impedes access to this method, which is still relatively



Here the examiner is standing at the patient's head to test muscle strength. This test is more frequently performed with the examiner standing beside the patient.

BIO PATHICA LTD.
P.O. BOX 217
ASHFORD KENT
TN23 6ZU
TEL: 01233 636678
FAX: 01233 638380

unknown in Europe. For this reason, the lack of scientifically confirmed statements in this presentation should not come as a surprise. All of these observations must be seen as descriptive and phenomenological for the time being.

Kinesiology (from the Greek *kinein* = to move) makes use of muscle strength as an indicator of an organism's orderly or disturbed states of health. Muscle strength is the product of many different neurological and biochemical processes taking place in parallel in the autonomic and central nervous systems. These processes also have electromagnetic equivalents, which can be recognized through kinesiological muscle testing. Thus we are dealing with a biophysical method of investigation.

Muscle group testing

Although other muscles in the body possess the same energy potentials, the arm offers optimal prerequisites for implementing kinesiological muscle testing.

The arm test constitutes a muscle-group test as opposed to a single-muscle test. The examiner measures the patient's muscle strength isokinetically. Depending on the initial situation, muscular strength or weakness can be either a positive or a negative indicator (see Figure). When the examiner applies specific different finger positions or hand grips (so-called "mudras" or "hand modes") to the patient and/or touches specific areas of the patient's body, muscle potential may change, allowing specific diagnostic conclusions to be drawn. At this point, an overview of all the potential variations and application modalities is not yet possible. Using these methods, foci of infection, allergies or intolerances to inhaled or ingested environmental factors, geopathic stress, psychological stress, psychosomatic connections, and pathological changes in organs can be identified. Geopathies, heavy metal toxicities, chronic foci, allergies, and chronic psychological stress are particularly likely to lead to blockages in the autonomic regulation of energy flow. Once blocked, the organism loses its ability to react to external electromagnet-

ic fields. Optimal kinesiological diagnosis requires the elimination of such blockades, which are expressions of the fact that the organism is being damaged or exhausted on an energetic level by increasing environmental burdens. In our experience, heavy metal toxicity is the most frequent cause of such blockades.

We have been incorporating kinesiology into our family practice sporadically since 1994 and with all patients since 1995. This painless, quick, and informative method of examination soon meets with a high degree of acceptance on the part of both physician and patient.

Allergy, pseudoallergy, and intolerance

From May of 1995 through the end of 1996, we examined 276 patients in the hope of tracing certain physical symptoms to possible environmental influences. In this process, we encountered phenomena that made it possible to distinguish true allergic processes from so-called intolerances. In cases where the clinical evidence had already led us to suspect a true allergy, kinesiological findings were different than in cases of pseudoallergic symptoms (intolerances).

As expected, plant allergies predominated in spring and summer. Specific allergies were very quickly identified kinesiotically through contact with the corresponding allergens. Next most frequent after pollen allergies were specific food allergies or intolerances, especially in certain skin diseases such as urticaria or neurodermatitis, but also in intestinal complaints such as Crohn's disease, ulcerative colitis, and nontropical sprue. In addition, it was frequently possible to pinpoint allergy to house dust and dust mites as the cause of chronic rhinitis, bronchitis, and even asthma.

Contact with suspected agents triggers energetic interaction with the patient's energy field, which influences his or her muscle strength and is registered by kinesiological muscle testing. A noticeable decline in muscle strength indicates an allergic or pseudoallergic relationship, while if muscle strength is completely maintained, no such relationship exists.

In this process, amount of time required, relevance of the information gained, and personal burden on the patient are always optimally related to the therapeutic outcome.

Thus food intolerances or allergies can be identified through kinesiology. Lactose intolerance without lactase deficiency is a frequent finding. Since lactose is present in many prepared foods nowadays, it is of particular interest to note that permanent lactose tolerance can often be achieved either by means of an isopathic acupressure treatment (specific acupuncture points are stimulated by tapping rather than with needles while skin contact with the specific allergen is maintained) or by administering a homeopathic constitutional remedy that has been confirmed through kinesiology.¹⁰

Wheat allergy or intolerance is also frequently found, primarily to white flour, with whole wheat flour being tolerated. This makes it possible to give patients detailed advice. Spelt intolerance or allergy has never been noted, so this type of grain is increasingly offered as an alternative in wheat or rye allergies. Meanwhile, more and more bakeries are adapting to this.

In general, although the allergic patients we treated spontaneously became symptom-free after isopathic acupressure treatment (their immediate tolerance of previous allergens was confirmed through kinesiological muscle testing) we also tested homeopathic remedies. In our experience, the treatment with low potencies of *Galphimia glauca* that von Wiesenauer promoted in several controlled studies¹¹ was about 35% effective; i.e., this supplemental treatment offered additional relief for every third patient with acute allergy symptoms. In addition to this remedy, kinesiological muscle testing also pointed to *Allium cepa*, *Euphrasia*, and *Sabadilla* (in descending order of applicability) as organotropic remedies for acute symptoms. In our search for homeopathic constitutional remedies, iodine salts and arsenic figured prominently for purposes of stabilization, i.e., lasting desensitization.

In our experience, the increase in aller-

gic disorders that has been repeatedly confirmed is also accompanied by psychological stress, which confirms the insights of the relatively new field of psychoneuroimmunology. In this context, we have begun to speak of "psychological allergies," with phobias constituting a comparable illness on the psychological level.⁶ In such cases, the homeopathic polycrests (remedies whose pharmaceutical pictures include a very great number of known symptoms), which are exceptional in how they encompass the psychological level, come to the fore: Ignatia, Natrum muriaticum, Nux vomica, Pulsatilla, Silicea, and Sulphur. These remedies are among those most frequently eliciting a positive reaction in kinesiological muscle testing. In addition, we must not omit to mention that vitamin A and vitamin E often produce positive test results in allergy sufferers, and that magnesium also frequently elicits a strong muscle response.

The search for the simillimum

Another concern was to test these phenomena for direct applicability to therapeutic substances of all sorts. In this process, kinesiology nonetheless retains the character of an exploratory diagnostic method. On contact with therapeutic substances of allopathic, phytotherapeutic, or homeopathic provenance, muscle testing supplies information about their efficacy for the individual patient. Surprisingly, this phenomenon occurs even on contact with very high homeopathic dilutions (such as 30X or 30C) in which, as we know, "no trace of the original substance" but in all probability "only" an energy potential is still present. The "energy signature" of the tested medication is revealed, raising hopes of being able to work out a new means of proving the effectiveness of homeopathic preparations. The simillimum, as the highest concordance between a medication and an illness, leads to synchronous resonance and thus to an exceptional increase in muscle strength. Kinesiological muscle testing can make the frequently very difficult search for the appropriate homeopathic remedy considerably easier, less time consuming, and more objectively individualized. It

has been possible to confirm many of the indications in Samuel Hahnemann's *Organon*,⁵ while refuting some of them. Thus kinesiological muscle testing becomes an indispensable companion in the process of diagnosing and treating each patient. The possibility of doing without the diagnostic technology that is otherwise necessary is especially tempting.

While many naturopathic procedures work primarily on the body's "material" plane via the external application of energetic/physical potentials, homeopathy also permits a form of internal energy stimulation that reaches into the realm of quantum mechanics if high dilutions—which are still awaiting objective proof of their efficacy—are used. Kinesiological muscle testing is capable of registering such interactions, especially those encompassing the psychological levels that were of paramount importance for Hahnemann from the very beginning. Those who are not yet prepared to accept this phenomenon should first acquaint themselves more closely with corresponding discoveries in the fields of "psychoneuroimmunology"^{6,7} and sports medicine.

Empirical findings up to this point suggest that kinesiology's range of accomplishments on the level of energy also permit diagnostic statements of a new, prospective sort, as it were. For example, certain kinesiological findings can already point out organ damage or dysfunction even when serological findings or other parameters are not yet pathological. Thus it would be possible to see kinesiology as a sort of early warning system. The biophysical components of an organism's functions seem to emit the most potent signals that can be registered for diagnostic purposes. However, intensive studies are still necessary in order to gain a firm understanding of what is going on here. A therapy—which is often homeopathic but may also be phytotherapeutic or even something else—that is tested for individualized kinesiological efficacy and implemented at this early stage serves to install pre-emptive "switch points" that can lead to restoring the integrity of the organism. The greatest therapeutic efficacy is

always to be expected when the patient's pathological energy potentials are canceled in the resonance phenomenon by the energy potentials of the therapeutic agent. Not only can this physical/energetic phenomenon be replicated, but it can also be demonstrated in a double-blind experiment. Ultimately, it is an indicator of all of the secondary processes in the organism that develop out of it.

General observations

Kidney weakness is a frequent secondary finding in kinesiological examinations. On further questioning, the patient often reports a history of renal pelvic problems, kidney stones, or other kidney disorders. Apparently the organ has developed a "memory" on the energetic plane which is then picked up by the test.

Sinusitis consistently shows up on kinesiological tests as a weakness in the area of the maxillary sinus in question. By testing bacterial nosodes, we can learn indirectly which bacteria are involved. This is later confirmed by bacteriological tests. Even before the bacteriological results are returned, however, kinesiological test results allow us to determine the appropriate remedy and begin administering it. In staphylococcus infections, the appropriate remedy is almost always a homeopathic preparation of Hepar sulphuris. Recourse to an antibiotic—which can also be selected through kinesiological testing—is seldom necessary.

Kinesiological examinations frequently yield findings not directly related to the reason for the consultation. In such cases, either separate conclusions must be drawn or the original complaint tracked down (see Case 4).

Examples of case histories

This selection of case histories is meant to offer a glimpse into the results of our direct experience with kinesiology. In order to be able to present the full range of possible applications of kinesiology, only abbreviated histories are presented here. In each case the patient was or would be monitored by other necessary diagnostic methods, either prior to or as

a result of the kinesiological testing, in order to confirm our findings.

Case 1: Oligospermia

A 35-year-old man was suffering from oligospermia, which had made it impossible for him to fulfill his desire to have children. Kinesiological testing revealed a weakness in the genital area. His medical history revealed a childhood case of mumps and led to kinesiological testing of the nosode *Parotitis epidemica*. The patient reacted strongly to this nosode and was therefore immediately given 1mg of it in a 30C dilution.

His wife conceived eight weeks later but miscarried 10 weeks into the pregnancy. Three months later she conceived again, and subsequently the couple became the proud parents of a healthy baby boy.

Kinesiological retesting of the genital area no longer resulted in a weak reaction, and the man's sperm count showed significant improvement.

Case 2: Immunodeficiency syndrome

Initially, a 36-year-old man was unable to undergo kinesiological testing due to a total absence of muscle strength—the basic muscle tone needed for purposes of comparison was lacking. Examination by an internist was then arranged and resulted in a diagnosis of immunodeficiency syndrome. After treatment with immunostimulants, the patient's muscle tone was restored and he was soon able to undergo the basic kinesiological examination. (We have encountered similar situations in cases of extreme psychological stress.)

Case 3: Heavy metal toxicity

A 17-year-old man presented with a blockage in his autonomic regulation of energy flow. Treatment with DMPS, an antidote to heavy metal poisoning, removed the blockage. This young man did not yet have a single filling, so amalgam or other dental materials did not come into question in his case. In all probability, his heavy metal load was due to frequent consumption of deep-sea fish, as he had a great liking for canned tuna.

Case 4: Ovarian cyst

In a 50-year-old female patient com-

plaining primarily of premenopausal symptoms, the examination revealed, among other things, a high degree of weakness in the left genital area. The patient's last gynecological exam had taken place seven years earlier. A gynecological examination was scheduled immediately and revealed a tumorous growth which a subsequent operation showed to be a large ovarian cyst.

Case 5: Recurrent suppurative infections

In August of 1995 a four-year-old girl was presented by her parents because of a nasty swelling under her chin, i.e., in the area of the floor of the mouth. Examination revealed no signs of infection in the mouth itself, and the girl's tonsils also appeared unaffected. Upon kinesiological examination (muscle tests can be successfully conducted on subjects as young as four) the child tested positive for a focal infection. In the search for the bacteria in question, the nosode *Staphylococcus aureus* tested strongly positive. In order not to subject the child to an injection, a treatment was carried out in which acupressure points were tapped while the girl maintained contact with the nosode,¹¹ after which she no longer showed any muscle weakness in the test for focal infection. The painful swelling receded very slowly over the course of the next two to three weeks.

Two months later the parents appeared again with the child because a similar inflammatory process had developed near her left armpit. Once again the girl had a positive muscle test reaction to the nosode *Staphylococcus aureus*, so the earlier treatment was repeated. This time, however, the inflammation continued to progress, and after a week surgical intervention became necessary. Bacteriological examination of the large quantity of pus released confirmed the presence of staphylococci. After three weeks had elapsed, the girl was brought to our office again because the swelling was recurring at the incision site near her left armpit. Once again, surgical intervention followed after a very short time.

This provided the incentive to work out a homeopathic constitutional remedy. We happened upon *Tuberculinum* in

this search, and on 11/2/95 the girl was given one dose in a 200C dilution, which was repeated on 1/16/96 and followed on 2/26/96 by three globules of 1000C. The child recovered very quickly and has not developed any suppurative inflammations since that time. The choice of constitutional remedy was chosen on the basis of the girl's medical history and concurrent kinesiological testing.

This case history exemplifies the profound effect and the *a priori* guarantee of therapeutic effectiveness when kinesiological testing confirms the choice of medication.

Case 6: Extreme eye sensitivity

In June of 1996 a 55-year-old female patient presented with what she called excessive eye sensitivity, which had been going on for three years. She said her vision was often blurred and that the inner corners of her eyes sometimes felt plugged up. These symptoms were consistent throughout the year. Allergy and ophthalmological examinations had found nothing remarkable, so the patient's symptoms led us to investigate details of her lifestyle, including the cosmetics, soaps, and bath gels she used, and even her tapwater.

The patient showered daily because her fine, oily hair was a source of embarrassment to her. For the same reason, she had had her hair cut very short. Kinesiological examination showed a high degree of intolerance to her shampoo, although she claimed to switch brands frequently. Muscle testing also showed obvious weakness in reaction to her tapwater.

A suitable shampoo was found for the patient, and she was urged stick to that brand. In addition, she was advised not to use excessively soft water for shampooing and to give her face an extra rinse with a weak solution of table salt. In as little as 14 days, the patient was beaming as she reported complete freedom from symptoms, which has lasted to this day.

Case 7: Factitious urticaria

A 28-year-old female patient presented in July of 1995 with urticaria, which our anamnestic inquiries showed to be factitious urticaria. Her skin symptoms had

appeared as early as age 12, and she had been taking antihistamines ever since then. Periodically, the symptoms disappeared completely, but never permanently.

The genesis of urticaria is labyrinthine and can lead both physician and patient to the brink of despair. There are so many possible etiological factors that actual success in tracking down the ones involved in any given case borders on the miraculous.

Kinesiological examination revealed a high degree of psychological stress. (Having the patient touch the frontal portion of the skull with her free hand during muscle testing signals her current emotional and mental state.) The patient confirmed that she had always had strong emotional reactions when confronted with changes in her intimate social life. On further questioning, she revealed that urticaria-like skin symptoms were more likely to occur only on her face when she was on the job as physician's assistant. At home, however, these symptoms appeared exclusively on her back but never on her face. We were also able to discover that the symptoms on her back appeared consistently during sexual contact with her husband. The patient admitted that she was not able to experience sexuality as fulfilling; rather, it was always charged with tension for her. Muscle testing supplied confirmation of her admissions in the form of a clear weakness in the genital area with a concurrent mental connection, making it possible to identify a distinctly psychosomatic phenomena. In working out the appropriate homeopathic medication, we arrived at *Pulsatilla*, whose pharmaceutical picture reflected the patient's overall situation quite outstandingly. This remedy tested strongly on both the mental and genital levels and could therefore be selected as a *simillimum*. The success of therapy confirmed our choice. Meanwhile, the patient has had no recurrences for more than a year.

Case 8: Chronic bronchial asthma

We had been treating this male patient, now 62, for chronic bronchial asthma since 1981. Through kinesiology, we were able to bring about a lasting

improvement in his state of health. Kinesiology enabled us to test for specific allergens (none of which had ever shown up as positive on epidermal tests), identify certain allopathic medications harmful to the patient, and discover that he tolerated theophylline and magnesium extremely well. As a result, he was gradually able to give up using cortisone-based and beta-sympathomimetic inhalants.

However, only the discovery of his constitutional remedy—*Natrum sulphuricum*—through kinesiological muscle testing brought about a positive reversal on all levels where he had previously tested weak, including the mental, bronchial, and allergic levels. The asthma attacks that used to be weekly occurrences are now a thing of the past. The patient's vital capacity has increased and his overall health is good.

Case 9: Neurodermatitis

A three-year-old girl was presented by her mother because of neurodermatitis that had persisted since the first year of her life. In most respects this little girl's medical history was similar to that of a whole series of other children, especially with regard to her ever-recurring skin symptoms and the suppressive treatment measures prescribed by her dermatologist. In the case of this little patient, all that was needed was an acupuncture treatment for sensitivity to house dust; dust mites, detergents, garden dirt, sheep's wool, white flour, and lactose. External treatments were limited to bathing in salt water and washing her clothing and bedding in white vinegar instead of detergent. For her dry skin, only vitamin E oil or olive oil was used. Because of the child's age, all tests had to be performed using her mother as a surrogate (the muscle test is performed on another person who maintains skin contact with the child during the testing), as did the tests to discover the appropriate homeopathic medications. Among these were *Calcium phosphoricum* 30C to begin with, and later the nosode *Psorinum*, which was administered first as 30C, then as 200C, and later still in the form of LM18.

The initially very satisfactory results worsened abruptly with the beginning of

the damp season. In the meantime, the child had had her fourth birthday, so it was possible for us to test her directly. It became apparent that she had relapsed into wheat intolerance again, so the acupuncture treatment was repeated. She tested very positively to spelt, so that grain was used exclusively from that point on. The fact that she liked to drink her salted bath water suggested the use of *Natrum muriaticum*, which also produced an exceptionally strong reaction on the mental level. After administering this medication as an LM6 dilution, the child's skin symptoms disappeared completely. Her mother reports that she has become significantly more self-confident and even somewhat aggressive in their relationship.

Case 10: Dyshidrotic eczema

A 38-year-old woman presented in August of 1996 with skin problems on her hands (especially the fingers), which had persisted for four years and led to a series of consultations with dermatologists. The tests that had been performed did not indicate any particular allergies. All the ointments she had used, including antifungal creams and cortisone, had had essentially no effect. These findings are typical of dyshidrotic eczema.

During kinesiological examination, some stress or weakness in the thyroid area was noted. At that point the patient reported that she had been taking L-thyroxine-100 for years, ever since a radiological examination had revealed two small nodules. We also noted slight psychological stress; in conjunction with the slight nervousness the patient described, this led us to suspect mild hyperthyroidism that might also be influencing her dermatological symptoms. After kinesiological muscle testing showed L-thyroxine to be not only ineffective but also weakening for this patient, we tested *Jodum* (iodine) 6X, which elicited a strong reaction. After treatment the patient's dermatological symptoms disappeared completely within six weeks and have not returned.

Case 11: Classic migraine

A 47-year-old male patient presented with classic migraines that had persisted since adolescence. These chronic symp-

toms are among those considered most difficult to treat, not only allopathically but especially with homeopathic or other medications whose effect is regulatory. Here, too, kinesiology helped us quickly discover specific underlying factors, some external and some internal in character.

This Englishman, who had been married and living in Germany for eight years, showed a significant degree of weakness on the psychological level during kinesiological testing. In addition, his blood pressure was significantly elevated. All of the medications he had taken previously were tested kinesiotically and subsequently rejected. However, the patient reacted extremely well to one beta-blocker. In addition, by using kinesiology we were able to track down and confirm Pulsatilla as a suitable homeopathic remedy. Within eight weeks, the migraine attacks that had formerly been twice-weekly occurrences were no longer happening, and the patient's blood pressure had returned to normal. In addition, we were able to advise the patient that he was intolerant of white wine, Irish beer, chocolate, and coffee so that he could avoid these triggers.

Case 12: Headaches

A 36-year-old woman came to our office in September of 1996. For the past three years she had been suffering from piercing headaches that affected her entire skull. These headaches occurred primarily in spring and fall; in summer she was totally symptom-free. The time was rapidly approaching when she would again experience the first signs of headache. No reason had been found for either the seasonal peaks or the time of onset three years ago. Extensive medical evaluations had revealed no particular pathological findings; EEG and NMR imaging of the skull had been normal. All that had been done for her was to prescribe acetaminophen, a muscle relaxant (tetrazepam) and a neuroleptic (amitriptyline). An ophthalmological examination also revealed nothing. Neural therapy treatments had been administered without noticeable effect. The patient had been smoking since she was 14 and still smoked approximately 15 cigarettes a day. There was no history

of headaches in her family. Four weeks earlier she had been hospitalized for an acute abdominal condition; an ileus was found and surgery followed immediately. An intestinal resection had not been necessary. These acute intestinal symptoms had been traced back to massive consumption of peanuts a short time earlier.

Examination of the patient revealed very pale skin coloring, a high degree of lower lid edema, normal blood pressure, and no further clinical findings.

Kinesiological muscle testing revealed a high degree of geopathic stress, intolerance to chamomile tea, black tea, and sweeteners, and only slight weakness in response to tobacco. The ensuing geopathic examination of her apartment by two different dowsers confirmed the presence of geopathic stress, especially in the bedroom. An immediate change in the placement of the bed and a warning to avoid chamomile tea, black tea, and sweeteners has kept this patient symptom-free so far. Meanwhile, kinesiological testing no longer indicates geopathic stress, her lower lid edema has disappeared, and she reports feeling much better.

Any critical analysis of whether merely abstaining from chamomile and black teas could have made the decisive difference in this case is irrelevant, in our opinion, in comparison to the much stronger influence of geopathic zones. Our other recommendation—that she stop consuming nicotine—was too much to ask of the patient at that point.

Case 13: Suicide risk

An 11-year-old boy was presented by his very concerned parents because he had once again threatened to commit suicide, as he had done many times before. This instance involved an actual event that had made him feel humiliated: His sister had hit him in the face with a soccer ball, after which he locked himself in his room and threatened to kill himself. Because of the boy's general tendency toward hypochondria, he was experiencing pain from an appendectomy scar, and his parents used this as an excuse for an office visit, while their real intention was to get him under the care of a physician for his repeated psychological derail-

ments and threats of suicide.

With this somatic ailment as an excuse, it was not difficult to get the boy to come in for an examination. We concentrated on his appendectomy scar, which actually did result in an obvious degree of muscle weakness during kinesiological testing. At the same time, however, a high degree of weakness was present on the psychological level, giving us the opportunity to check on the interaction between the psychological level and the scar. This produced a reversal effect—i.e., a testing arm that is weak when the psychological factor is tested becomes strong again when a symptomatic area (such as the appendectomy scar in this case) is touched at the same time. This confirms the psychosomatic connection between the two. We next took care of the painful scar symptoms by means of an injection of lidocaine. Having gained the boy's confidence in this way made it possible to have a detailed conversation with him about his psychological state, up to and including his tendency to want to abandon this life. It was not difficult to distinguish behind this a high degree of aggression toward both his older brother and his younger sister. Nux vomica was the only remedy that led to an immediate strong reaction, especially on the psychological level. The boy was given this remedy in a 30C dilution to begin with and in a 1000C dilution six weeks later. By now six months have elapsed; his parents report that his state of mind could not be better and that he is suddenly also doing outstanding work at school.

Concluding remarks

Kinesiology can provide practitioners with a greater degree of certainty, not only in diagnosis but especially in therapy. Like acupuncture, it points to an area of medical practice that has been neglected until now, namely the realm of biophysical phenomena.

Therefore it is important to discover the entire scope of this exploratory method through intensive further observation and study, especially with regard to the method's scientific foundation and its economic dimension (especially the possibility of reducing the cost of diag-

nosis and especially of pharmaceutical therapy). Additionally, kinesiology needs to be protected against charlatanism, false conclusions, and misuse.

References

- (1) Klinghardt D, Williams L. *Seminarkript Neurokinesiologie*. Band I-III. Freiburg: Verlag Angewandte Kinesiologie. 1994-96.
- (2) Niedersächsische Akademie für Homöopathie und Naturheilverfahren. *Seminarkriptum Kinesiologie*. 1996.
- (3) Gerz W. *Lehrbuch der Applied Kinesiology in der Naturheilkundlichen Praxis*. München: Angewandte Kinesiologie Selbstverlag. 1996.

- (4) Klinghardt D. *Lehrbuch der Psychokinesiologie*. 1. Auflage. Freiburg: Bauer. 1996.
- (5) Hahnemann S. *Organon der Heilkunst*. 6. Auflage. Leipzig: Schwab. 1921.
- (6) Diamond J. *Die heilende Kraft der Emotionen*. 7. Auflage. Freiburg: Verlag Angewandte Kinesiologie. 1993.
- (7) Schramm HJ. *Psychosomatik und Homöopathie*. 1. Auflage. Stuttgart: Hippokrates. 1994.
- (8) Kohler G. *Lehrbuch der Homöopathie*. Band II. Stuttgart: Hippokrates. 1994.
- (9) Schmid F, Rimpler M, Wemmer U. *Antihomotoxische Medizin*. Band I: Grundlagen, Klinik, Praxis. 1. Auflage. Baden-Baden: Aurelia. 1996.

- (10) Scott J, Goss K. *Allergie und der Weg, sich in wenigen Minuten davon zu befreien*. 4. Auflage. Freiburg: Verlag Angewandte Kinesiologie. 1995.
- (11) Wiesenauer M, Gaus W, Haussler S. *Behandlung der Pollinosis mit Galphimia glauca – eine Doppelblindstudie unter Praxisbedingungen*. *Allergologie* 1990. (13):359-63.

Address of the author:

Hans-Jürgen Schramm, M.D.
Hollenheide 2, OT Büren
D-31535 Neustadt
Germany

America's Leading Homeopathic Resource Center*

Books * Tapes * Software * CDROMs

Correspondence Courses

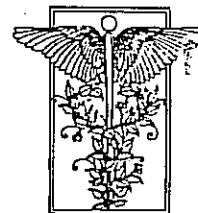
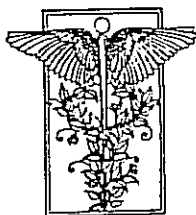
Ask for our FREE catalogue!

Homeopathic Educational Services

2124R Kittredge St., Berkeley, CA. 94704; (510)649-0294 * Fax: (510)649-1955

Email: mail@homeopathic.com Website: http://www.homeopathic.com

*Everything you wanted to know about homeopathy but didn't know where to go to get it!



☯ BLENDING THE BEST OF EAST AND WEST ☯

THE ROSS REPORT

by Gary S. Ross, M.D.

evaluation, testing, diagnosis, treatment

Each 7+ page report covers a chronic health problem using in-depth complimentary protocols. For 20 years in primary care practice, Dr. Ross uses natural and preventive approaches. Learn how you can design customized plans of action for specific health problems according to your patients' needs.

Subscribe to THE ROSS REPORT and receive 20 issues, necessary information you can rely on now and into the future. YOUR 20 ISSUE \$102.00 SUBSCRIPTION INCLUDES A FREE AUDIO TAPE (YOUR CHOICE: CONSTIPATION OR CFIDS by Dr. Ross) SAMPLE ISSUE \$8.50 (SLEEP APNEA OR ADD)

Order with VISA or MC
1-800-767-7870
or send check to →

Creative Health Works
P.O. Box 2889
SAN FRANCISCO, CA 94126 USA
PHONE 800-767-7870