

Editorial

Kinesiology

Patients are sometimes confused by conflicting advice given to them by different practitioners of nutrient therapy. The other day a woman came to me for this reason. She had had her cancerous breast removed two years ago, followed by radiation. Fortunately she had started to take large doses of Vitamin C and soon after her surgery was referred to me. She then followed my program. Her skin after radiation healed so well she was advised she could have plastic reconstruction.

About one month before her latest visit to me she had gone to a chiropractor who treated her and also recommended changes in the nutrient program she had followed faithfully for two years. All her recent examinations for recurrence were negative and she was declared well by the cancer group who examined her.

The chiropractor, using kinesiology, diagnosed: (1) she was allergic to beef, (2) she required methionine supplementation. No laboratory tests were done. These decisions were based entirely on a pendulum swing. Because my patient had confidence in the chiropractor as a chiropractor, and in me as an Orthomolecular therapist, she did not follow his advice. I recommended that unless she found out by an elimination diet that she was allergic to beef, she not eliminate it entirely. She had greatly reduced her consumption of beef anyway. I also advised her that as far as I knew, no one had published any clinical data to prove that kinesiology could diagnose a need for any

nutrient. My final advice was based upon my philosophy that when anyone is on a program on which they are well, they should not monkey around with it.

This is a rather lengthy background to the point of this editorial. Does anyone know of any clinical studies which demonstrate that kinesiology is effective in diagnosing any nutrient deficiency, or in diagnosing the need for any nutrient in above-normal doses? To establish such a relationship one would need to show: (1) that a number of kinesiologists would, independently of each other, pinpoint exactly the same nutrient deficiencies and needs on the same patient tested during an interval when one would expect little change in nutritional status; this would be a test of the reliability of the procedure — one expects such a test for all psychological and laboratory tests. (2) that the nutrients pinpointed are, in fact, the correct ones as determined by the response to these nutrients; this would be a test of the validity of the test.

Until these experiments are conducted and published, I think it would be prudent to depend upon less esoteric and more mundane methods such as a good clinical and nutritional history and the laboratory tests now available for a few nutrients.

I will consider for publication papers which describe these types of experiments, provided that in these studies these two principles are followed.

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