

BODY BIOFEEDBACK

For two case histories involving this, go to [Anna's Case](#) and/or [Frank's Case](#).

SUBJECTS COVERED:

- Background
- Arm Measurement-Field Measurement
- Neural Kinesiology/Autonomic Response Testing

Background

Throughout much of this site, there are numerous remedies, procedures, and techniques described. Key to using all of them is determining priority: what is the body's highest need. Also important in many situations is establishing amount, frequency, and duration. There are a variety of techniques that address these questions. Some are relatively simple, others, such as the two described here, are rather complicated requiring extensive medical knowledge.

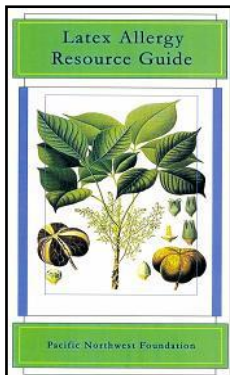
The two processes described below have played an important, sometimes critical, role in the two cases referred to above. They are not mutually exclusive. As a matter of fact, they are frequently used in a complementary fashion.

Arm Movement-Field Movement (AM-FM)

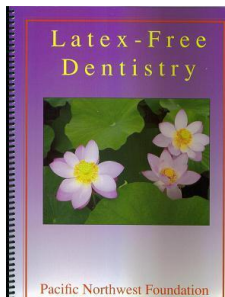
Developed by [Louisa Williams](#), M.S., D.C., N.D., this is in many instances the most sensitive testing procedure of the two. And because of this sensitivity, when a patient is unresponsive, NK/ART can be utilized.

Neural Kinesiology (NK)/Autonomic Response Testing (ART)

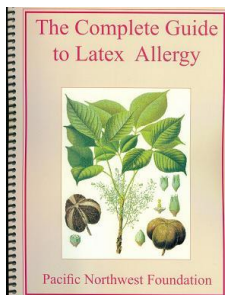
Co-developed by [Dietrich Klinghardt](#), M.D., Ph.D., and [Louisa Williams](#), M.S., D.C., N.D., this testing method is



[Latex Allergy Resource Guide](#)



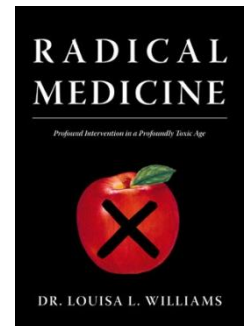
[Latex-Free Dentistry](#)



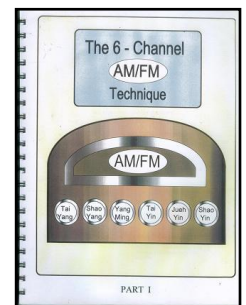
[Complete Guide to Latex Allergy](#)



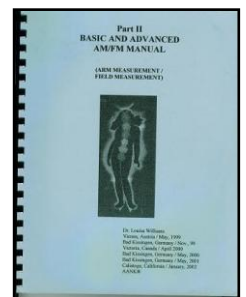
[Latex-Free First Aid Kit](#)



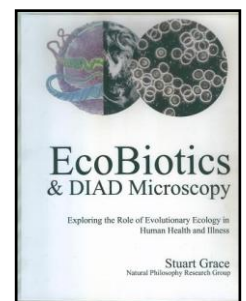
[Radical Medicine](#)



[The 6-Channel AM/FM Technique](#)



[Basic and Advanced AM/FM Manual](#)

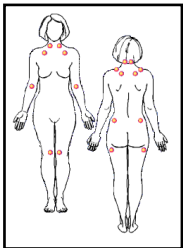


[EcoBiotics](#)

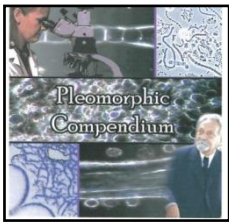
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[Chelita: A Cancer Survivor' Story](#)



[Overcoming Fibromyalgia](#)



[Pleomorphic Compendium](#)



[T-shirt](#)

second only to AM-FM in sensitivity and breadth of application. A combination of Applied Kinesiology and Clinical Kinesiology, and utilizing hand modes, NK/ART assists practitioners determine patients' priorities, even when AM-FM cannot.

REFERENCES

A brief history two processes

[Human Bio-Dynamics](#): (Clinical Kinesiology) three volumes set; the advanced work of Alan G. Beardall, D.C.; edited by Robert Shane.

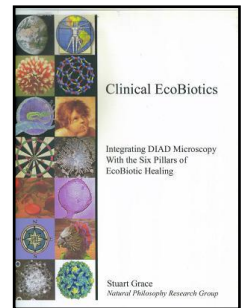
George Goodheart Jr., D. C., [Applied Kinesiology](#)

Solihin Thom, DO, DAC: [Ontological Kinesiology](#)

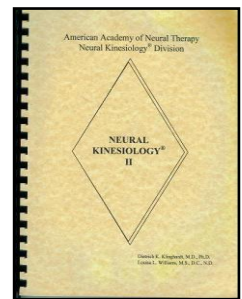
This article was originally written for the [AHMA](#) Journal (Winter of 1996). It is reprinted and edited for the purposes of this site with the permission of the author, Ann McCombs, D.O.

Neural Kinesiology (Autonomic Response Testing): The Diagnostic and Therapeutic Key to Non-Protocol Medicine

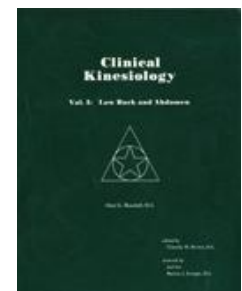
In an earlier issue of this journal, (1) I wrote an article about Non-Protocol Medicine. In that article, I discussed the distinctions between traditional allopathic and traditional and "non-traditional" holistic approaches to medicine. These distinctions were further delineated as protocol ("cookbook") and non-protocol (individualized) approaches to diagnosis and treatment. My point was that traditional allopathic and traditional holistic approaches are both "cookbook" (or protocol-oriented) philosophically and in practice, while utilizing differing methods of diagnosis and treatment; whereas holistic medicine should be a non-protocol approach, in both



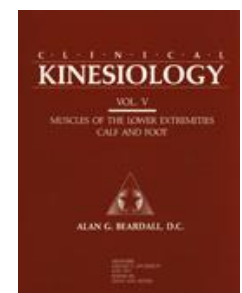
[Clinical EcoBiotics](#)



[Neural Kinesiology \(aka A.R.T.\)](#)



[Muscles of the Lower Back & Abdomen](#)



[Muscles of the Lower Extremities](#)

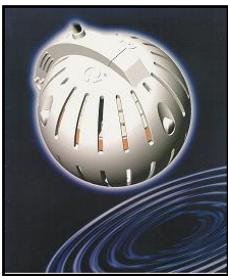
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[Coffee: To Drink, or Not to Drink?](#)



[Genetically Engineered Food](#)



[Q2 B.E.F.E.](#)



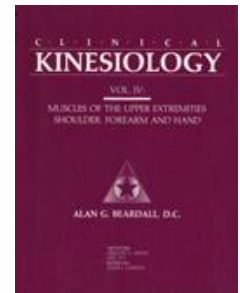
[Multiwave Oscillator](#)

philosophy and practice, e.g. “non-traditional” holistic medicine. [Non-Protocol Medicine](#), which is a state-of-the-art diagnostic and treatment approach to functional vs. crisis-oriented medicine made possible through the technique of Neural Kinesiology, is the most effective form of “non-traditional” [holistic medicine](#) I have found. In this article, I will elaborate on the technique that lies at the heart of [Non-Protocol Medicine](#): Neural Kinesiology.

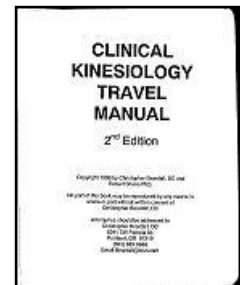
Neural Kinesiology (NK) or Autonomic Response Testing (ART) (2) is a testing method developed by [Dietrich Klinghardt](#), MD, Ph.D. and [Louisa Williams](#), MS, DC, ND to enable medical and dental practitioners to assess the functional state, as well as diagnose the most frequent functional disturbances, of the [autonomic nervous system](#) (ANS) and to steer the treatment of same. This elegant and sophisticated testing system is a combination of the best and most effective techniques from all of the kinesiological schools of thought and practice (Applied, Clinical and Educational) in conjunction with ANS research.

The ANS is the chief regulator of normal and abnormal body functions, and all general sensory and motor nerves (as well as their associated organs, tissues and cells) are primarily influenced and controlled by the ANS. NK/ART actually consists of multiple neurological tests to assess the most common “illnesses” of the ANS (ganglionic toxicity, hypofunction, hyperfunction and blocked regulation) as well as multiple, quick screening tests for generalized dysautonomia (medical history, the sustained grip test, Valsalva’s maneuver, idiopathic orthostatic hypotension, idiopathic postural orthostatic tachycardia, and the papillomotor test). The additional advantage to the NK/ART system of testing is that it is primary factor other than the practitioner and the client with the potential to create distortion in the system.

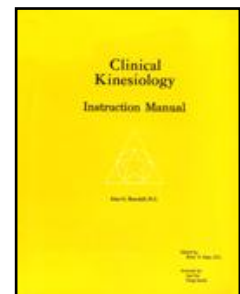
The cornerstone of NK/ART is the muscle test in which a client’s normally strong muscle (the “indicator” muscle) becomes weak when the examiner touches a hand to the skin region above an ailing area of the body. Such an approach works to assess the ANS because it has long been demonstrated that organ dysfunction, injury



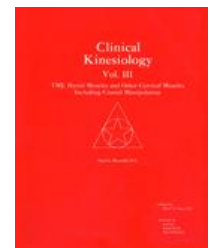
[Clinical Kinesiology: Muscles of the Upper Extremities](#)



[Clinical Kinesiology Travel Manual](#)



[Clinical Kinesiology Instruction Manual](#)



[Clinical Kinesiology TMJ & Hyoid Muscles](#)

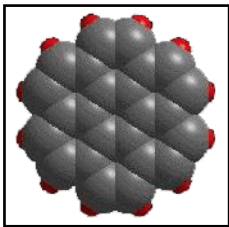
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[Biomodulator](#)



[SCENAR](#)



[Toxicity Study](#)



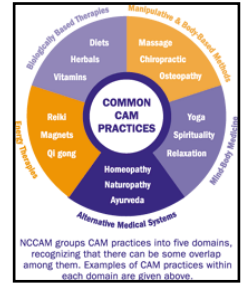
[Our Toxic Times](#)



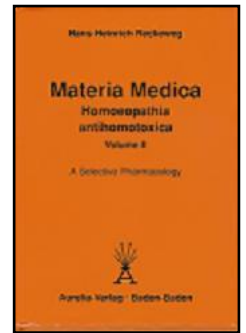
[TOXMAP](#)

and visceral disease change the electrical properties of the skin, as measured by altered skin resistance. (3), (4), (5), (6) This testing method works, based on the following principles:

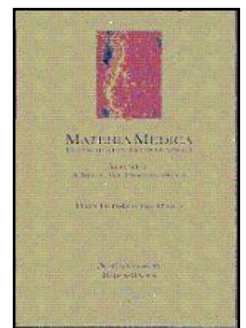
- (1) The skin's normal electrodermal activity is always measured as a negative polarity, with the skin of the palms of the hands and soles of the feet being 10- 25 millivolts more negative than the rest of the skin;
- (2) The skin over a diseased area or injury has a positive charge;
- (3) A "capacitor" is formed when simultaneous contact is made between (1) and (2), based on the physics principle of two parallel plates (hand and skin) having the ability to store an electrical charge;
- (4) The skin is the largest [ANS](#) "organ";
- (5) [Unmyelinated autonomic and sensory fibers](#) (80% of all [ANS](#) fibers) innervating the skin's surface stimulates enough electron flow to produce this microcurrent between hand and skin;
- (6) This microcurrent then excites the core regions of the [posterior horn of the spinal cord](#);
- (7) Nerve fiber connections are then formed with the [sympathetic motor region](#) of the lateral horn and the [alpha motor neurons](#) and [gamma motor neurons](#) of the anterior horn;
- (8) These sympathetic motor fibers next innervate the [intrafusal muscle spindle fibers](#), and the [alpha motor neurons](#) and [gamma motor neurons](#) innervate the [extrafusal fibers](#), which are directly connected to the [golgi tendon organs](#) (GTO's) of the muscles;
- (9) The GTO's are responsible for muscle tone, and protect a muscle from tearing;
- (10) The sympathetic innervation of the muscle spindles is responsible for an increase or decrease in "local"



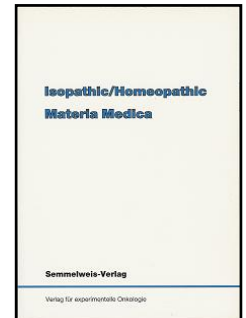
[NCCAM](#)



[Homotoxicology](#)
[Materia Medica I](#)



[Homotoxicology](#)
[Materia Medica II](#)

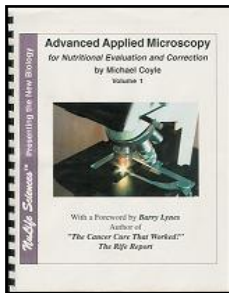


[Isopathic/](#)
[Homeopathic](#)
[Materia Medica](#)

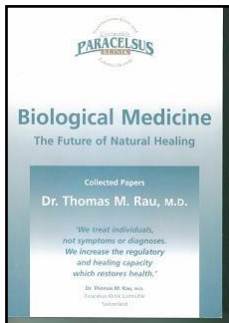
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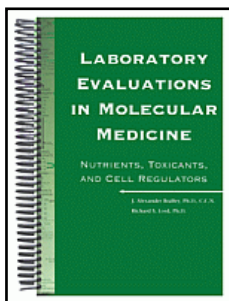
[My AminoPlex](#)



[Advanced Applied Microscopy](#)



[Biological Medicine](#)



[Laboratory Evaluations in Molecular Medicine](#)

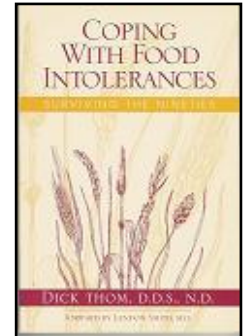
muscle tone, as well as remote muscle weakness over a number of spinal cord segments (7) (i.e. a weakness over the kidney area can trigger a weakness in the [psoas major muscle](#) of the leg);

(11) Impulses which reach the spinal cord within milliseconds communicate with [central nervous system](#) centers as well (e.g. the [reticular activating system](#) and [cerebral cortex](#)), causing weakness of the “indicator” muscle via descending inhibitory nerve pathways to the [motor neurons of the anterior and lateral horn](#), a result which can be missed completely if the pressure used in muscle testing is too light;

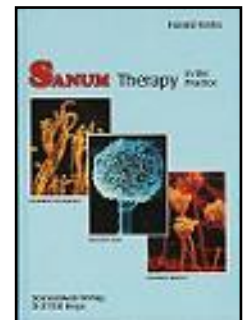
(12) If a previously strong “indicator” muscle becomes weak, a functional ANS disturbance is said to be present, also known as an “interference field” or area of “therapy localization”, and

(13) The appropriateness, priority and proper sequencing of the treatment phase of [Non-Protocol Medicine](#) is determined via the NK/ART principle of “two-pointing,” i.e. the strength of the “indicator” muscle changes polarities again (e.g. from weak to strong) when the substance which will correct the ANS disturbance is introduced into the client’s energy field.

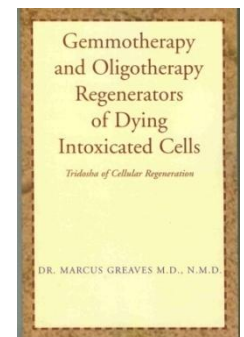
Muscle testing can be done in a variety of ways. Techniques using a straight arm or leg, a short reflex (relaxed) arm or two fingers (O-ring technique) all work equally well, and each one has its own unique applications. No matter which technique is utilized, however, the principles delineated above still apply and strict adherence to the following guidelines will insure valid and effective results and treatment outcomes: (1) sufficient force must be used during muscle testing; (2) sufficiently strong tissue pressure must be generated when “therapy localizing”; (3) test as precisely and objectively as possible, with no attachment to the outcome of the muscle testing; (4) diagnosing and treating using the principles of priority and sequence yield the most profound results in the shortest amount of time and with the least number of side effects; and (5) trust the findings of your “left brain” (intellectual side)



[Coping with Food Intolerances](#)



[Sanum Therapy](#)



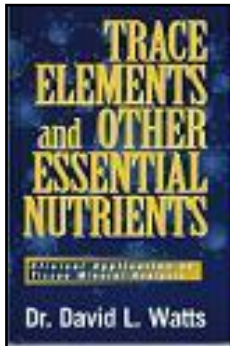
[Gemmotherapy and Oligotherapy Regenerators of Dying Intoxicated Cells](#)

equally with the findings of your “right brain” (intuitive side), striving for as much resonance as possible between the two.

Footnotes

1. McCombs, A.B., Non-Protocol Diagnosis and Treatment: The Future of Medicine is Arriving Holistic Medicine, Summer 1996, p 21.
2. Klinghardt, D. K. and Williams, L., Neural Kinesiology I and Autonomic Response Testing Manuals. American Academy of Neural Therapy, 1994-1996.
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6. Korr, I. M. The Collected Paper of Irvin M. Korr. American Academy of Osteopathy, Newark, OH, 1979, p. 17-89.
7. Klinghardt, D. K. and Williams, L. “The Targeted Use of Homeopathic/Isopathic Medications with the Aid of “Neural Kinesiology”. Explore! Vol. 7, No. 3, p. 122-125, 1996

The information contained herein has been obtained from a variety of sources. This document is presented to increase awareness of the topic and educate the general public. It is not intended to be an extensive discussion of this subject, or to provide specific treatment guidelines.



[Trace Elements and
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[PharmFacts for Nurses](#)