Helix House Natural Health Centre
15 Warwick Street , Oxford, OX4 1SZ, UK

Tel / Fax: (+**44) 01865 243351**
Email: **info@helixhouse.co.uk**
Website: **www.helixhouse.co.uk**

Article:

AK DEBATE

I have read with interest the various responses in recent months to my article on AK & Osteopathy (O.T. March 2002, Vol. 8.o3).

Two themes stick out to my mind. On the one hand is a robust debate about the validity of AK and role that it should or shouldn't play in osteopathy. Fair enough. However there appears to be a subtext where AK is merely the flash point that ignites a fire that burns much stronger, containing all sorts of beliefs and intense feelings that are really less to do with the above debate and are driven by more fundamental passions.

I am of course gratified to see those who write with some support for the value of AK and/or the importance of encouraging open, civil and friendly debate on ways to help patients without drugs.

I am happy to see others join the debate even though we may hold different views. I am only saddened and curious to note that the tone of the debate seems at times to slip beyond debate to hostility. No wonder occasional lay readers of O.T. may sometimes see us as a rather rum lot!

Returning from the Annual International Conference of Applied Kinesiology in Germany last month (which is why I missed your deadline for the June edition) and reading Alan Smith's letter (OT.Vol 8.05) I was struck by the contrast between the level of open exploration and curiosity shown by the academics and medical professionals in Germany and osteopath Alan Smith's contribution to the debate.

I am certainly disconcerted to think that he took my mildly robust responses to be unfair criticism or bullying. This was not my intention, rather it was to drawing on my experience of investigating the subject in question and to put the record straight, as I saw it. My apologies are freely offered to anyone who felt bullied but we also need to speak up when incorrect statements are made in our journals.

Why is it so difficult for us to discuss these issues without recourse to such intensity of feeling? Alan Smith implies that criticism he agrees with is balanced, disinterested, objective 'investigation' and that that he happens not to agree with is subjective, unscientific, financially compromised, 'unfair' or without merit.

I was saddened by Mr.Smith's suggestions that somehow my motives for opening the debate had some dubious, financial motive.

As someone involved in undergraduate and postgraduate teaching for the past twenty years let me just disabuse Mr. Smith if he thinks osteopaths do it, primarily, for the money. While we might, quite reasonably, wish to be very well compensated for our knowledge and efforts, as all of us who teach know only too well, sadly if that was the motive we would be very disappointed.

Helix House Natural Health Centre
15 Warwick Street , Oxford, OX4 1SZ, UK

Tel / Fax: (+**44) 01865 243351**
Email: **info@helixhouse.co.uk**
Website: **www.helixhouse.co.uk**

Alan Smith should know that the many osteopaths who, year after year, go to the trouble of developing courses and teaching, within the schools and to the wider profession and beyond, are driven, I suspect, more by a passion for their subject, a love of sharing ideas and a wish to give back to the profession that nurtured them, as well as develop its future, rather than any misguided delusion that teaching is the royal road to a fortune!

Alan Smith applauds those who speak out, for no personal gain and at the risk of alienating some of their colleagues, for which I thank him. However I fear from his tone he was not, for reasons unknown, including me in his applause.

What is remarkable in this little osteopathic storm in a tea cup, is the tendency for critics of AK to come from those who, it would appear, have little or no education or experience in the subject but feel inclined and justified to take the opportunity of the mention of AK to lambaste various, largely unrelated subjects, whether it be BER medicine or the Western mind itself!

I am not in a position to contribute to the debate on bio-energy-regulatory-medicine, as I have little experience of it. But I do know something about AK and am happy to put the record straight when asked.

Both Alan Smith and David Rodway ask for peer-reviewed Journal evidence of the efficacy of AK. Such ongoing debates can be a bit of a turn off for those not too interested in the foot notes, but I am happy to respond to such requests in print so, at the risk of cluttering up the pages of Osteopathy Today with the kind of small detail better placed in an academic journal, here we go.

Like most non-drug or surgical based medical approaches AK, just like osteopathy, suffers from a paucity of peer-reviewed research, to date, to validate all of its intriguing findings. But this is not to say there are none. There is a constant stream of papers shared by the worldwide I.C.A.K. membership and there are a few research studies of AK in the peer-reviewed literature. Some, as yet unpublished, I have myself be part of subjecting myself to. (Watch this space!)

My objection to the studies quoted previously coincides with the views of Motyka, T. Yanuck, S. who point out in one of their papers on AK In the International Journal of Neuroscience, that their review of the literature reveals methodological problems with previous studies of AK as a form of neurological assessment. Research designs that do not reflect clinical practice and principles of AK are common in the literature. Additional study is warranted to explore the potential of AK manual muscle testing as a diagnostic tool. They go on to outline principles of AK and recommend that future research reflect more accurately the clinical practice of functional neurologic assessment and Applied Kinesiology. Schmitt & Yanuck in a further edition of the same journal expand on this.

Leisman, et al. measured the way the central nervous system is functioning when muscles test strong versus when they test weak. Clear consistent and predictable differences were identified in the brain between weak and strong muscle test outcomes. This supports the idea that manual muscle testing outcome changes reflect changes in the central nervous system.

Along with the paper mentioned by Gavin Burt in his letter (O.T. May 2002 vol. 8.5) a previous study in the same journal compends six independent studies supporting the following:

Helix House Natural Health Centre
15 Warwick Street , Oxford, OX4 1SZ, UK

Tel / Fax: (+**44) 01865 243351**
Email: **info@helixhouse.co.uk**
Website: **www.helixhouse.co.uk**

- Muscles identified as "Weak" using applied Kinesiology manual muscle testing methods are in fundamentally a different state than those identified as "strong;"

- Muscles testing "weak" kinesiologically are fundamentally different than muscles that are fatigued. The state of "weakness" identified is not attributable to fatigue;

- Applied Kinesiology muscle testing procedures can be objectively evaluated via quantifying the neurologic electrical characteristics of muscles;

- The course and effect of applied Kinesiology treatment can be plotted over time objectively.

A French study by Perot, Meldener & Gouble measured the electrical activity in muscles. It established that there was a significant difference in electrical activity in the muscle, which corresponded with the difference of strong versus weak muscle testing outcomes kinesiologically. It further established that these outcomes were not attributable to increased or decreased testing force from the doctor during the tests.

Esposito et al showed in a study using "before and after" MRI scans to show that patients with significant herniated discs in the low back could be treated successfully using non-forced cranial adjusting techniques. The outcomes from this conservative applied Kinesiology-based method were better than other conservative care methods.

Schmitt & Leisman showed a high degree of correlation between applied kinesiological procedures used to identify food allergies and serum levels if immunoglobulins for those foods. Applied Kinesiology methods in this study consisted of stimulation of taste bud receptors with various foods, and observation of changes in manual muscle testing that resulted. The patient was judged to be allergic to foods that created a disruption of muscle function. Blood drawn subsequently showed that patients had antibodies to the foods which were found to be allergenic through applied kinesiological assessment.

I could go on but you get the idea. As someone involved in research myself I know how time consuming, expensive and difficult it can be to produce decent research that will be taken seriously. But 'unproven' should not automatically be taken for 'invalid'. Much of what is done in medicine, and most in osteopathy is still unproven. We can be confident that one day some of it will prove to be more, and some less, effective than we thought. But it is vital to keep an open mind. The wildly unorthodox of one generation all too often turns up as the orthodoxy of the next.

Finally, let me just turn to Mr. Yaghmaie's recent letter (O.T.vol.8.06.) I was sorry that his acceptance of my invitation to try a day of AK with me came too late. Perhaps we can arrange something another time.

I would question his statement that AK uses 60-70% acupuncture perhaps he has not been exposed to AK but rather a lay Touch for Health source, for which I hold no brief.

Helix House Natural Health Centre
15 Warwick Street , Oxford, OX4 1SZ, UK

Tel / Fax: (+**44) 01865 243351**
Email: **info@helixhouse.co.uk**
Website: **www.helixhouse.co.uk**

I rather object to him assuming he knows what I may, or may not, say to my patients. His implication that some perceived 'Trendy' quality of acupuncture or need to impress the patient may be the driver for some concepts being introduced into AK from Traditional Chinese Medicine is both incorrect and to use Alan Smith's phrase, "frankly appalling".

He need have no fear that those who practicing AK, who may or may not have other training in TCM, do anything to suggest knowledge of that subject over and above the relatively small amount that has been incorporated AK in its 38 years.

AK is by its very nature, an interdisciplinary approach. It draws on its practitioner's experiences in their core competencies of osteopathy, chiropractic, orthodontics, TCM, homeopathic and allopathic medicine. Part of its very appeal is as a breading ground for fusion and synergy. This should, however in no way do anything other than enhance the standing and status of the core competencies that feed into the community of those clinicians using the additional advantages that AK can offer, if one wishes to use them.

The most thorough exploration of the interface between AK and TCM is at present, unfortunately, only available in German, where medical doctors who are AK diplomats combine forces with acupuncturists who have learned AK, to explore the subject in depth.

Surely we should all be open and willing to take from any source of sound understanding of the extraordinary complexity of the workings of the human body/mind and learn what we can to advance understanding and benefit those whoa are suffering.

It sounds as if Mr. Yaghmaie has experienced some poor, very mechanistic approaches, which is easily done; there is a lot of it about.

Reading between the lines I have some sympathy with Massih Yaghmaie. I myself have lived and worked in Japan, have a more than passing experience of, and interest in, Zen Buddhism and am familiar with how important it is to aspire, in all our actions, not least with our patients, to that empty mind and heart, to which he refers. However, having practiced Za Zen so poorly myself for many years I am humbled by how difficult it is to achieve. There is, I would totally agree, a need to find a fusion of the yin and yang in all things.

I disagree with him, however, on two points.

1. First, enormous though my respect for TCM and all the ancient non-western medial traditions is, I do not see osteopathy as entirely a mechanistic approach. For sure this was the 19th century model into which it was born but if one looks into the writing of such as Still and Sutherland, to name only two, there is much that transcends the purely mechanistic and places aspects of osteopathic practice beyond this rather simplistic yin/yang dichotomy. As Oschman points out, the concepts of tensegrity and plasticity provide a link between structural systems and the energy/informational systems so well explored in many non-western medical models. Further, much of what we deal with in osteopathy is involved with those two overriding but invisible energy forces exerting their never-ending influence on the body, namely gravity and the mind.

Helix House Natural Health Centre
15 Warwick Street , Oxford, OX4 1SZ, UK

Tel / Fax: (+**44) 01865 243351**
Email: **info@helixhouse.co.uk**
Website: **www.helixhouse.co.uk**

2. Secondly, I do not see those "subtlety of mind" or "quick fix" mentalities he refers to, as solely the province of east or western traditions. Nor that AK is some kind of a 'mish-mush' (sic) approach that has little to offer once the true power to acupuncture is recognised. My own experience is that there is something here of value that adds to the sum of our knowledge without taking away or being disrespectful of anything else, least of all, acupuncture.

Finally, when all is said and done, I personally, am less interested in what is "TRUE" than what is useful!

The truth is often a slippery concept to grapple with, is not always clearly discernable, and can often be co-opted by various powerful and not always benign forces such as the dictates of the state or the interests of multi national companies.

What we can do, while we remain alert to the bogus or the fraudulent, is to conduct our own affairs within the tiny pond of osteopathy, with respect, mutual trust and kindness.

Source : Osteopathy Today, July 2002
Supplied by : Clive Lindley-Jones
Link : *Not supplied*