Comparison of medically diagnosed Diabetes patients to findings from a CPK (Chiro-plus Kinesiology) screening exam with inter-examiner reliability: Pilot Study

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Carrie A. Jardine
Sally Hufstader
Gwendolyn D. Harmon
Jannell L. White

Patrick Montgomery, D.C., Advisor

Abstract

Background: Early diabetes detection increases a patient's of a better quality of life by administering treatment and encouraging lifestyle modifications. Early detection through a CPK screening procedures could delay or prevent many diabetic symptoms.

Objective: This pilot study compared ten subjects under current medical treatment for diabetes to ten subjects reporting no diabetic diagnosis using a CPK screening exam.

Setting: Logan College of Chiropractic is the setting for this research.

Participants: There were eighteen subjects between twenty and sixty years of age. Three subjects were diagnosed with Diabetes and the other fifteen were otherwise healthy.

Method: The examiners were senior students at Logan College of Chiropractic certified in the CPK technique. Subjects completed a patient survey, of which the examiners had no knowledge. The examiners then evaluated the subjects with a CPK screening exam. A comparison was done to evaluate similarities and differences of the CPK screening exam with the diabetics under an MD's care to the reported non-diabetes.

Results: Pancreas and liver dysfunction was found present among 100% of the diabetic subjects, compared to 36% pancreas dysfunction and 93% liver dysfunction in the non-diabetic subjects. The inflammation indicator and Krebs cycle dysfunction indicators were found in 100% of the diabetic subjects and 100% in the non-diabetic subjects. There was no consistent correlation among groups with spleen and thyroid organ dysfunction. Inter-examiner reliability demonstrated reasonable consistencies.

Discussion: Pancreas detection of organ dysfunction among diabetic patients was consistent using the CPK screening exam. It is concluded that a larger diabetic sample size, better trained examiners and better control of experimental variables will improve the next study results.

Introduction

Accurate and early diagnosis of diabetes is essential for effective treatment and prevention of a multitude of potentially lethal symptoms. The cost of diagnosing a patient with diabetes is not small. One of the challenges of the medical field is how to cost effectively assess, diagnose and manage a patient with Diabetes. Direct comparison of medical diagnosis to CPK findings is not possible for the following reason: a medical diagnosis is based on lab work while the CPK screening uncovers functional weaknesses in specific tissues. It is not proposed that the CPK screening replace diagnostic exams.

This screening could be used in the following two ways: as a screening for the need of further diagnostic lab work, or as a preventative screening. A CPK screening finds dysfunction before pathology is medically/clinically diagnosable.

Review of literature

The current health paradigm is based on the Newtonian model which looks at man as a complex biomechanical system. If something goes wrong, removal and replacement of the offending part takes place. This model fails to acknowledge the processes and forces operating within and around the human being, including all of nature, that are not readily discernible by gross material detection systems.[1]

A functional diagnosis of a type 2 Diabetic-like conditions would be called "reactive-hypoglycemia" or "blood sugar handling stress". "Reactive hypoglycemia is related to hyperinsulinism, insulin released in too great an amount for the body's need or its release is delayed past the optimal time." Syndrome X is another blood sugar handling stress describing insulin resistant cells requiring higher levels of insulin than the pancreas can supply for glucose to enter the cells. [2]

Whatever the case, "blood sugar handling stress is a multiple system condition that includes various aspects of the endocrine system, digestive system, and balance of the autonomic nervous system." The pancreas, liver, adrenals and heart can be dysfunctional in a patient with a blood sugar handling issue as all are involved in either blood sugar storage, regulation, secretion, or are affected by an imbalance.

According to the Meric system, a disturbed viscera relates to the vertebral level through which the spinal nerve root exits and leads to that organ. This is how the system correlates spinal nerves to their main peripheral distribution as described by D.D. Palmer. Accordingly, the spinal levels associated most with the involved organs hypothesized are T2, T5, T7 and T9.

According to Fit for Life, by Edward A. Taub, M.D., the body is an energy system. Organs are collection of cells with identical vibrational patterns. Not only do the cells have histological similarity, they have the same energetic frequency. Homeostasis keeps it together. Energy systems function optimally with efficient fuel. Healthy, dynamic cellular equilibrium is maintained by energy intake that his equivalent to the energy output.

There are several techniques linking body dysfunction and energy frequencies to diagnosis and treatment of body disease. The medical community accepts the electrical nature of the body

when doctors monitor the body with EKG, EEG and EMG assessments. Electrical treatment is yet to be widely accepted.

In his book, An Introduction to Bio Cranial Therapy, Robert Boyd, DO, claims all visceral, musculoskeletal and any physiological disturbance results from faulty respiratory mechanism affected by the spine and the cranium. [3] Dr. Lawrence E. Newsum's Bio-Kinetic Health system centers on the body's response to cellular memories of past traumas of every type including physical, structural, organ- related, mental-emotional, environmental, food toxicities, allergies and even man-made electromagnetic frequencies. He claims these memories translate into energy frequencies that can disrupt the integrated brain-body.[3]

Neuro Physio Balancing analyzes body reflexes such as digestion, muscle function, immunity, neurology, blood pressure, heart rate, and emotions for whole body health as developed by Richard C. Freeze.[4] In her book, Cure for all Diseases, Hulda Clark, Ph.D., N.D. outlined research that led her to treat disease with certain radio frequencies.[5]

Another energy devise used for diagnosis and treatment is the Neuroscenar instrument. This has been used by the Russian government in the Russian space program to treat acute and chronic illnesses in the space capsules since 1980. The Neuroscenar acts on the theory that if the body received the needed frequency or energy it needed, it could heal itself. Billions of dollars have been used to research the Neuroscenar science and effectiveness. The FDA now recognizes the Scenar as a biofeedback device for relaxation training and muscle reeducation. Europe's FDA equivalent, the European Common Market, certified the Scenar for pain control. It is currently being used in these countries to compliment allopathic medicine.[6] Other techniques such as Aromatherapy, Acupuncture, Colour Therapy, Cranial Osteopathy, Herbal Medicine, Healing and

Reiki, Polarity therapy, Reflexology, Shiatsu and Vibrational Medicine use energy frequencies to heal the body.

The benefit of accepting and acting on the functional diagnosis is needed for whole person assessment and not just disease assessment. In Watmore and Kohli's book, Physiopathology and Treatment of Functional Disorders, it states "Functional disorders *have their origin in physiopathology or functional pathology*, instead of the more *traditional structural pathology.* Altered function is the primary or basic pathology."[1]

The scientific community of alternative medicine also recognizes the electrical nature of our universe. CPK calls this bio-electrical assessment or bio-resonant "screening test."

Applied Kinesiology provides the sensory-based technology for *functional assessments* of the neuromuscular system as well as many of the therapeutic applications for muscle reactivation. Clinical Kinesiology provides frequency based hand antenna positions. Hand modes provide frequency matching tests to identify factors associated with various body dysfunctions. Dr. Dowty has run studies to confirm that each hand mode can be converted to a specific frequency, which matches the histological resonance of tissue. Sacro-Occipital Technique provides the category system of pelvic distortion patterns and a comprehensive neurological assessment for visceral dysfunctions. Autonomic Response Testing provides an adjunctive dynamic to facilitate the doctor in recognizing the summation effects of his testing. Meridian Therapy provides a powerful therapeutic bridge for restoring the normal electrical activity that governs the coordination of all body functions.[1] CPK is organized in such a way that allows the practitioner to flow from one chiropractic method to another. Therefore, a causal chain of any condition is defined from several schools of technology providing a broad spectrum of potential causes to be corrected.[1]

Each of the individual techniques outlined above, including CPK, has documented significant clinical success. Many of these techniques have published research papers, including AK, SOT and meridian therapy.[2 6 7] To date, no research has been formally published on CPK. However, there are two student research papers on file at the Logan College of Chiropractic Library.

In addition to utilizing frequency based hand modes, most CPK practitioners incorporate an alternative muscle testing device called a resonator. The resonator allows quicker assessment and prevents patient fatigue and inaccuracies associated with manual muscle testing, thus, increasing inter-examiner reliability.

The resonator concept was developed from observations made by a chiropractor and subsequent research by a NASA engineer in the 1960's. The data compiled from this research was later confirmed by the US Navy. The research established that a specific electrical frequency is emitted by nerves of distressed tissue. The resonator was the device that was developed to detect the specific electrical frequency. Dr. Dowty's resonator is not the original device developed in the 1960's, but is based on the principles established from this research.[8]

Altered function can include every system of the body. The immune system, for example, may be unable to fight infection or resolve allergic responses. The gastrointestinal system may have dysfunction resulting in poor digestion causing malabsorption resulting in nutritional deficiencies or poor enzyme utilization. Chiropractic philosophy recognizes improper control of body function influenced by the efferent nervous system. Applied Kinesiology functional evaluation correlates dysfunctional patterns resulting from improper stimulation of exteroreceptors and interoreceptors. The employment of these techniques seek to balance the body as a whole.[2]

Material and methods

The bioenergetic technique of CPK discovers the causal chain of any condition which exhibits potential causes of dysfunction, identifies the priority need and the therapeutic procedure to best correct it. This pilot study compares allopathic diagnosis of diabetes to the functional diagnosis of the CPK screening exam. The CPK screening procedure is outlined and explained in Appendix A. Inter-examiner reliability is also addressed.

The three examiners in the study were senior students from Logan College of Chiropractic. All three had completed the five weekend course in CPK and were certified. Two of the examiners had four months of clinical experience, while the third examiner had one year of clinical experience and an additional two complete cycles through the CPK course work.

The subjects completed a patient survey and a symptom survey sheet. The CPK examiners had no knowledge of the information on these forms. The CPK examiners then evaluated the subjects with a CPK 35-point screening exam where reflex points on the subject were touched which correspond to the tissue being assessed.

Results

Seventeen participants were scanned, three of which had Type 2 diabetes and fourteen of which were non-diabetic. The diabetic subjects had been diagnosed by a medical doctor with appropriate medical testing. The characteristics of the participants are summarized in Table 1.

It is hypothesized that a correlation exists between organ dysfunctions in the thyroid, pancreas, spleen, and liver and the inflammation and Krebs cycle indicators among the diabetic population with the CPK exam. It was found that pancreas organ dysfunction was present among

100% of the diabetic subjects while pancreas organ dysfunction occurred in 5 out of the 14 (36%) of the non-diabetic subjects. Liver organ dysfunction, the inflammation indicator and the Krebs cycle indicator were found to be present 100% in both the diabetic subjects and in the non-diabetic subjects except for liver, which was present in 13 out of 14 (93%) of the subjects. There was no consistent correlation among groups with spleen and thyroid organ dysfunction.

Diabetic versus non-diabetic levels of segmental involvement were also compared. Diabetics demonstrated correlations among each other in the transitional segments which include C1, C7 & T1, T12 & L1. Note that the L5 level was present among 100% of the diabetic group and 93% of the non-diabetic group. This may have shown a more significant comparison if the sample size had been larger for diabetics in the study.

Inter-examiner reliability could have been improved during this study, but there were many unpredicted variables. Despite this, the results are as follows:

Organ dysfunction assessment

- 43% was in 100% agreement among the examiners.
- 57% was in 67% agreement.

Spinal disc dysfunction assessment

- 52% was in 100% agreement among the examiners.
- 48% was in 67% agreement.

Bone displacement assessment

- 41% was in 100% agreement among the examiners.
- 59% was in 67% agreement.

Spinal fixation assessment

- 37% was in 100% agreement among the examiners.

- 63% was in 67% agreement.

In summary, 100% agreement among the three examiners ranged from 37% to 52%.

Discussion

The results of this pilot study are promising for the future, in regards to detection of organ dysfunction of the pancreas among diabetic patients. It is predicted a larger diabetic sample size would have positively affected this study's results. Additionally, several variables were discovered that probably impacted the overall results of the study as well as inter-examiner reliability. These variables were not previously anticipated prior to the performance of the study. They are as follows:

- Inconsistencies sequencing of formatting of the screening between examiners
- Inconsistencies between examiners with placement of fingers of each hand mode
- Subjects moving around between exams
- Uniformity of the organ reflex points touched on subjects
- Hand positioning for body scanning of vertebral levels
- Examiners performing the exam from different sides of the subjects
- No confirmatory palpation performed after scan of vertebral levels

It was further discovered that examiner "clearing" performed prior to the subject examination increased consistency among the examiners. This was done on day two and day three of testing.

The clinical experience and skill level of the CPK techniques may have influenced the variables previously listed. One research study comparing inter-examiner reliability in locating spinal levels by palpation between students and clinicians, found that clinician results were more

reproducible than student results.[9] Further research is needed with clinically experienced chiropractors efficient in the CPK technique to explore whether reproducibility can be improved.

Pancreas and liver dysfunction was present in 100% of the diabetic population studied. Three of the indicators hypothesized, including the liver, inflammation, and Krebs cycle, were present in 100% of both the diabetic and non-diabetic populations studied.

One possible explanation of these results is the various functions of the liver. The liver assists in storage of glucose and performs many other functions as well, including detoxification and cholesterol synthesis. There are many other potential causes of liver dysfunction.

The CPK indicators for inflammation and Krebs cycle were formatted for general presence and not for specific organs. Inflammation can result from several factors, some minute and some severe. Inflammation can be present in Diabetics or non-diabetics. CPK is sensitive to inflammation no matter what the cause unless formatted for a specific cause. The Krebs cycle indicator can detect sugar handling imbalances. This can also exist in Diabetics or non-Diabetics.

Conclusion

Pancreas dysfunction was consistent as hypothesized with the CPK scan within the diabetic population. It is concluded that pancreas dysfunction can be detected through CPK. Additional organ dysfunction found with the CPK scan was not conclusive among the diabetic population studied. It is recommended this study be repeated by CPK doctor examiners with more control of variables, as well as with a larger population size. The CPK 35-point assessment is promising as a screening tool for diabetes and for other diseases producing significant organ

dysfunction. Future studies may show CPK as a tool for predicting the necessity of further diagnostic testing.

Endnotes

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Appendix A

35-Point Inspection Procedure

1. **Master Point Clearing (MP)**

   Clear MP by using Local/Endpoint98/Local hand modes.

   We proceed to the next step if clear. If signal is heard, hold Local at MP for 5-10 seconds. Retest and treat until clear. The first examiner will clear MP, but subsequent examiners won't need to.

2. **High Gain Installation**

   Clear High Gain by using High Gain/Endpoint98/High Gain hand modes.

   If clear, proceed to the next step. If signal is heard, hold High Gain at MP for 5-10 seconds. Retest and treat until clear.

3. **Cross Talk Clearing**

   Clear Cross Talk by using Cross Talk/Endpoint98/Cross Talk hand modes.

   If clear, proceed to the next step. If signal is heard, hold Cross Talk at MP for 5-10 seconds. Retest and treat until clear.

4. **The practitioner will format High Gain/Pause Lock to begin the procedure.**

5. **Visceral reflexes are scanned using the following format:**

   Local/Organ/Time/POP/Pause Lock/Touch or Challenge each reflex. The scribe will record when an organ reflex causes a signal to be heard. There are 31 organ reflexes to be challenged in the following order:

   (1) Pineal
   (2) Pituitary
   (3) Hypothalamus
   (4) Right and Left Parathyroid
   (5) Thyroid
   (6) Trachea
   (7) Right and Left Lung
   (8) Thymus
   (9) Heart
   (10) Right and Left Lung
   (11) Esophagus
   (12) Gallbladder
   (13) Spleen
   (14) Diaphragm
   (15) Liver
   (16) Stomach
   (17) Pancreas
   (18) Ascending Colon

(19) Transverse Colon
(20) Descending Colon
(21) Right and Left Kidney
(22) Right and Left Adrenal
(23) Umbilicus
(24) Small Intestines
(25) Ileocecal Valve
(26)Valve of Houston
(27) Right and Left Gonads
(28) Bladder
(30) Prostate/Uterus
(31) Urethra

6. **Four scans**, including disc inflammation, bone displacement, spinal fixation and total body fixations, will be performed. Each scan will include an estimated number of related tissues that are in distress. The procedure is as follows:

a. Challenge MP using the format **Disc Inflammation**/Time/POP/Disc Inflammation/Pause Lock/Calculate/Pause Lock/Count. The scribe records the number and levels of Disc Inflammations.

b. Challenge MP using the format Spine/**Bone Displacement**/ Time/ POP/Bone Displacement/Pause Lock/ Calculate/Pause Lock/Count. The scribe records the number and levels of Spinal Bone Displacements.

c. Challenge MP using the format **Spine/Fixation** Time/POP/ Fixation/ Pause Lock/Calculate/Pause Lock/Count. The scribe records the number and levels of Spinal Fixations.

d. Challenge MP using the format **Fixation**/Time/POP/Fixation/Pause Lock/Calculate/Pause Lock/Count. The scribe records the number of Total Body Fixations.

The 35-Point Inspection Procedure is complete. The next examiner will begin his/her assessment at step 2, High Gain.

Appendix B

CPK Explanations and Procedures

The Chiropractic Plus Kinesiology (CPK) technique combines several chiropractic Techniques. As noted, there has been no formal research published on CPK, however, doctors who utilize CPK have promising results. The goal of Dr. Milton Dowty, the originator, was to develop a "no more excuses" practice. CPK is the vehicle which drove this integration of principles of AK (Applied Kinesiology), CK(Clinical Kinesiology), SOT (Sacro-Occipital Technique), Autonomic Response Testing, and Electronic Meridian therapy or Acupuncture.

. The resonator is a biofeedback device made up of a brass ring with a lexan membrane which concentrates microwave frequencies, as developed by NASA. The resonator follows the model of the rubbing plates used by alternative practitioners for centuries; practitioners rub their fingers on the smooth surface looking for a change in surface friction indicating a resonant match. This is referred to as psauscopy, defined as a method of physical examination done by passing the ball of the index finger back and forth lightly over an area of abnormal nerve or electrical activity. When the examiner is over an area of dysfunction, the finger encounters increased friction.

The original hand modes came from Alan Beardall who first observed hand modes in 1978 treating patients using AK muscle testing. Hand positions make it possible to differentiate bone from muscle, chemical deficiency from chemical toxicity and emotional distress from an acupuncture need. Dr. Dowty merged these techniques into a filing system used in diagnosis and treatment. The acronym SCOPE identifies file that organize tissue modes that cause body dysfunctions. The groupings of Structural, Chemical, Organ/Viscero-somatic, Psyche/Stress, and Electrical Dysfunctions make it simple to assess. The brain and nervous system respond well to this "computer-like" filing system. The key to accurate diagnosis and treatment lie in the power of the question asked.

Table 1
Characterics of Subjects

Patient Number	Diabetic	Family History of Diabetes	Sedentary Lifestyle	High Cholesterol	Hypertension	Alcohol Within 24 Hours	Insulin Dependent
1	Non	No	No	No	No	Yes	
2	Non	No	No	No	No	No	
3	Non	No	No	No	Yes	No	
4	Non	No	Yes	Yes	Yes	No	
5	Non	Yes	No	No	No	No	
6	Non	Yes	Yes	No	No	No	
7	Non	No	No	No	No	Yes	
8	Non	Yes	No	No	No	Yes	
9	Non	No	No	No	No	No	
10	Non	Yes	No	No	No	No	
11	Non	No	No	No	No	Yes	
12	Non	Yes	No	Yes	Yes	NA	
13	Non	No	No	No	No	No	
14	Non	No	Yes	Yes	Yes	No	
15	Yes	Unknown	Yes	yes	No	No	No
16	Yes	Yes	Yes	No	Yes	Yes	No
17	Yes	Yes	No	Yes	Yes	No	Yes