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Applied Kinesiology management of acute abdominal pain

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Objective: To describe the application of Applied Kinesiology in the management of a 29-year-old female patient experiencing acute-severe abdomen pain.

Clinical features: The patient presented with acute-severe pain to right upper abdominal quadrant of three weeks.

Intervention & Outcome: Examination and treatment utilising Applied Kinesiology methods was successful with complete resolution of all patient symptomatology.

Indexing terms: Chiropractic; Applied Kinesiology; Abdomen; abdominal pain; Pulse point analysis; Meridian system.

Introduction

Acute abdomen is a term healthcare providers use to describe sudden, severe abdominal pain that may require urgent treatment in rare instances. Surgical reasons may include extreme blood loss, severe infection, blood flow blockages, major obstructions, and perforations. However, acute abdomen pain also is often a symptom of nonsurgical conditions which may include endocrine and metabolic disorders, digestive dysfunction, allergic reactions, poor dietary habits, toxins, or drug side effects. Acute abdomen pain can affect anyone. It is estimated that abdominal pain accounts for approximately 7-10% of emergency care visits each year. (1)

'... Applied Kinesiology procedures allow practitioners to go beyond treating symptoms in anticipation of correcting root cause imbalances...'

Medical treatment for non-surgical acute abdomen pain varies based on suspected cause. Typical medical treatment may include: stabilising vital signs, replenishing lost fluids/electrolytes, broad spectrum antibiotics and pain-relievers, anti-emetics, dietary restrictions, hot packs, and antacid medications for heartburn or gas pain. (2)

Since Applied Kinesiology's (AK) introduction by Dr George Goodheart in 1964, AK has contended that structural, chemical, and/or mental-emotional instabilities of the body lead to disease processes. Characteristic of AK is the use of manual muscle testing procedures to assist in the diagnoses of structural, chemical, and/or mental-emotional aspects of disease while also helping determine the effectiveness of its treatments. (3) This study looks to report results of both diagnostic and therapeutic treatment directed by AK ideologies.

The patient

A married 29-year-old female presented with severe acute abdomen pain located in her right upper quadrant. She recently gave birth ten months prior to a boy, whom she is currently nursing. Her acute abdomen pain started suddenly during late evening three weeks late ago. Pain has recently worsened the past few days as it becomes extremely sharp and intense once or twice daily. When pain feels the worst, she rates the intensity level at 10+/10, with 10 being the worst. Typical pain throughout the day is said to be a constant 3/10 pain level. Although pain mainly localises to her upper right abdominal quadrant, it may also be felt diffusely around her abdomen region. Last week, on two separate days, she experienced 'shooting' pain into her right lateral and posterior ribcage areas. Intense right upper trapezius cramping was also noticed. It is extremely difficult and painful to sleep on her right side and she avoids it completely. She experiences intermittent low grade dull headaches to her right temple that she rates at a 3/10. They typically last for a few hours at which they self-resolve. Her bowel movements are irregular as she suffers constipation, straining, and poorly formed stools that have become 'ball-like'.

She has a history of diffuse intermittent right sided chest pain for the past year. She occasionally sought treatment by a naturopath being prescribed herbal remedies for what she was told was 'Gall Bladder trouble'. She reports her pain or frequency was never fully resolved, but did experience a mild relief in symptomatology allowing her to 'live easier with the pain'.

- Health & family history revealed poor eating habits of frequent fast foods and daily consumption of soft drink beverages. She does not exercise. Her mother had a cholecystectomy at 35 years of age. She is a non-smoker.
- Physical examination revealed the following: weight 164 lbs.; height 5'6"; blood pressure supine 132/78, standing 132/76; pulse 72. Murphy's test positive. Right thumb web positive. Tongue examination reveals engorged veins under tongue.
- Postural evaluation revealed level occiput, elevated right shoulder and scapula, level iliac crests, bilateral knee hyperextension, and excess right foot supination
- Initial muscle palpation revealed moderately severe palpatory tenderness to the right upper abdominal quadrant, moderate tenderness on the right origin/insertion points of the *tibialis anterior* and *peronei brevis/tertius*, and severe tenderness of the medial right knee with Jump Sign observed.
- Manual Muscle Testing revealed inhibited right *tibialis anterior* and *peroneus brevis/longus*, right *popliteus*, left *psoas*, and right *lower trapezius*.
- Joint challenge mechanisms revealed subluxations at T12 posterior, sacrum posterior, right occiput, and right lateral talus.

Pulse point analysis of the meridian system was utilised initially. (3) The Gall Bladder/liver pulse point tested positive and evaluation determined gall bladder meridian weakness from right *popliteus* (gall bladder association) inhibition whereas bilateral *pectoralis major sternal* (liver association) tested normal.

Care plan

Alarm points were then investigated to determine which median may neurologically strengthen the weak right *popliteus*. (3) Gall Bladder alarm point was tested first followed by the liver, heart, triple warmer, and pericardium alarms points. This was performed in precise order in accordance to AK meridian system procedures regarding alarm point, contralateral alarm point, coupled alarm point, midday-midnight pair alarm point, and superficial energy flow evaluations. All points were found negative as no observable change, or strengthening of the right *popliteus* muscle was noticed. The five-element system was next employed which resulted in strengthening of right *popliteus* muscle (wood element) by means of the bladder alarm point (water element). (3)

Treatment of the deficient Gall Bladder meridian system by utilisation of a teishin instrument was then performed by stimulating water command point 43 on the excess bladder meridian. This was followed by adjusting the correlating associated point (sacrum) in a posterior-to-anterior vector.

The Lovett brother for sacrum, the occipital bone, was also adjusted on the right, followed by right lateral talus. Treatment and activation of the neurolymphatic and neurovascular reflexes were performed on the right *tibialis anterior*/*peronei*, *popliteus*, and *lower trapezius* muscles. It was found that oral insalivation of cranberry supplement and vitamin A (2) also strengthened weak indicator muscles and increased range of motion prior to meridian treatment. Supplements were recommended to be consumed at each meal for increased support. Additionally, it was recommended to avoid fast food, soft drinks, dairy, and alcohol.

Clinical discussion

The patient returned in 14 days and reported a profound decrease of abdomen pain. She stated since her initial visit, her typical daily pain level lowered to a 1/10 and during half the days she experienced zero abdomen pain. Her worst pain level, which also drastically decreased, reduced to a 5/10 pain rating. These occurrences also significantly reduced from experiencing daily to having decreased to two occurrences in 14 days, each time after consuming fast food. She stated since her pain decrease, she has been able to start sleeping on her right side for brief periods of time. However, after a couple hours increasing discomfort would again force her to change body position.

Reexamination using AK methods was again performed on her second visit which revealed the following: normalisation of prior neurologically inhibited muscles including right *lower trapezius*, right *tibialis anterior*, right *peroneus brevis*, and left *psoas*. Blood pressure improved to 124/72 seated. Murphy's test was negative and deep palpation of right thumb web yielded no pain.

Headaches were reported to be completely alleviated since her first visit. Posture analysis revealed level occiput and iliac crests. Continued right scapula elevation, hyperextension of bilateral legs, and right foot supination continued to be observed.

Pulse point analysis of the meridian system resulted with a repeated positive Gall Bladder/liver point finding. Manual muscle testing revealed normal functioning *popliteus* muscles bilaterally.

However, right *pectoralis major sternum* was found to be inhibited, which was not evident on the initial visit. Associated neurolymphatic liver points further revealed moderate pain tenderness.

Alarm points were tested for inhibited right *pectoralis sternum* and it was observed strengthening to its own liver alarm point (liver). Treatment to tonify the liver meridian was executed with the teishin by stimulating tonification point 8.

Correction was also accomplished to T9 vertebra, associated point of the liver. The patient was instructed to continue supplements as previously recommended and was sent home.

Results

The patient returned six months later visiting from out-of-state and remarked having total relief of abdomen pain. She also claimed having normalised bowel regularity and stool form as well as being able to sleep in any position throughout the night since her second visit. Headaches were reported to be non-existent. She stated she was currently taking a 'preventative' low dose vitamin A at dinner time. She commented that she avoids all soft drinks, and only goes out to eat once a month avoiding all fast-food chains.

Conclusion

Management of a case of acute abdomen pain in a 29-year-old female applying Applied Kinesiology methods is presented. It is important to note that clinical improvement was obtained by employing diagnostic and therapeutic treatment directed by AK principles. Pulse point analysis of the body's meridian system guided care sequence in directing meridian energy distributions and specific chiropractic manipulation.

Utilisation of cranberry and vitamin A were tested and found to be influential in supporting meridian system pathways and neurological muscle strengthening of tested muscles. After all corrections were achieved, postural deviations and muscle imbalances were observed to be normalised, as well as symptomatology of patient complaints.

Causes of acute abdomen are known to be wide-ranging, however, employing Applied Kinesiology procedures allows practitioners to go beyond treating symptoms in anticipation of correcting root cause imbalances.

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