

# A Kinesodic Method of Testing for Food and Environmental Allergies

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There is increasing interest in Orthomolecular medicine concerning the role that allergies or sensitivities play in problems of the central nervous system, and particularly in the various schizophrenic syndromes. Interest in this field has been stimulated by the research done by Randolph, Speer, Mandell, Philpott, Newbold, Cott and others.

Skin testing has been shown to be quite inaccurate in testing for sensitivities to food and environmental allergens. The method involving a four day fast followed by sublingual testing of various extracts has been shown to be much more accurate with, at times, dramatic results. Various elimination diets have been tried. Because of difficulty in obtaining patient cooperation with this method, results leave something to be desired. Another method showing promise is the combining of various extracts with the patient's blood. A positive reaction causes destruction of white blood cells. This may be a favored method of checking for allergies in children since only one blood sample is needed.

The author has been using a rather simple kinesodic method of testing for over thirty

years with quite accurate results. The test is empirical. I can offer no scientific explanation for the method. At first glance it would seem to fall into the category of esoteric pursuits such as pendulum swinging and divining. Yet there must be some reasonable explanation. I will have to leave the explanation of how it works to someone with a lot more knowledge of neuromuscular reactions than I have. I can only offer this method as one that works.

In this method of testing for allergies the patient lies on an examining table in the supine position. A careful measurement of relative leg length is obtained by slipping the index and middle fingers of each hand over each ankle like a fork, with the index finger placed under the tibial malleolus. A comparison of the position of each index finger is noted and any discrepancy in apparent leg length is taken as that patient's normal for the purpose of this testing. Then a small piece of aluminum foil is placed on the patient's mid-abdomen one inch above the umbilicus. The tester then gently rotates each foot up to a vertical position and lets the feet drop back to the normal 45° angle two or three times. The relative leg length is again assessed as before. It will be noted that one leg has apparently lengthened by one-quarter to one-half inch. This will be the guide for reaction to any substance to be tested.

Any substance to be tested can either be

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wrapped in Saran Wrap or wax paper, or placed in a glass vial. The author uses a series of extracts in vials containing most foods, inhalants, and an assortment of various waxes, paint, solvents, food colorings, petrochemicals, etc. Any other substance suspect in the patient's environment can be tested. All drugs used by the patient are also tested. It takes some practice with this method to become accurate in assessing results. However, in this manner, in two or three sessions with the patient, one can test a wide assortment of possible allergens.

The substances to be tested are placed on the abdomen in the same manner as the aluminum foil, i.e., center abdomen one inch above the umbilicus. There is no contact between the substance and the skin of the patient, except through the plastic or vial. The substance could be placed directly on the skin but this would become quite messy. This is the main stumbling block in attempting to explain the results, because if it were electromagnetic it would seem as if glass being a non-conductor would stop the action, but it does not. So that is why it seems like voodoo unless we get into the theories of individual vibrations of all matter (as the seers say matter is condensed energy).

The only theory I have for the reaction that occurs is that some stimulus is picked up by the coeliac plexus and in some reflex manner causes muscular relaxation. Since we are all asymmetrical in structure and have dominant sides, the reaction of muscular relaxation is stronger on one side of the body and this causes discrepancy in leg length.

The method of fasting and sublingual testing is accurate and dramatic in proving the reactions to various allergens by the patient. However, it must be done in a carefully controlled manner because of possible severe reactions, and is necessarily quite expensive for the average patient. The kinesodic method described can be used in an office setting, and while less dramatic is entirely safe causing no reaction other than the leg differential.

The author uses this method routinely as part of the work-up of patients, together with history, physical examination, HOD and EWI tests, laboratory tests for histamine levels, kryptopyrrole, trace elements and hair analysis. Before the first visit the patient is asked to bring in a diary of all foods eaten and drugs taken for one week. By checking the frequency of eating of various foods, one can often pinpoint various foods that might be suspect. As Randolph has noted, people become addicted to foods that they are allergic to and use them frequently.

Contrary to the findings of some investigators that wheat is the most common substance causing reactions in patients with the schizophrenic syndrome, I have found that cow's milk and milk products are the most common, as Hoffer found in one series of schizophrenics who did not respond to the usual Orthomolecular approach. In the last thirty schizophrenic patients seen by the author twenty-five showed sensitivity to cow's milk. Most of these, however, could use goat's milk or sesame tahini milk as substitutes. The next most common sensitivity was to food colorings and all salicylate products (the Feingold group). One patient showed sensitivity to corn and corn products. However, any food or environmental element may be found in individual patients.

Since using this method of testing for sensitivities in patients with the schizophrenic syndrome, elimination of those substances to which the patients were sensitive has improved the results of treatment. Many patients with chronic degenerative disease problems have also shown improvement.

I learned of this method from an older physician from Little Rock, Arkansas years ago. He, in turn, had learned of it from an older physician. I finally found out that it was a method used by the American Indians, which, I guess, only goes to show that there is nothing new under the sun.