A double-blind, randomized study to assess the validity of applied kinesiology (AK) as a diagnostic tool and as a nonlocal proximity effect

Results:

This study sought to answer the following: Is there a difference in muscular strength when individual holds substance inimical to life processes compared to substance essential for life? 2. Does effect involve input from person being measured, and kinesiologist doing measurement, or only person measured? 3. Is result same when different kinesiologists take measurement, or when no kinesiologist involved? 4. Does belief, expectation, gender, or time cognition play role? Methods: 51 participants 3 trials: first kinesiologist, second kinesiologist, no kinesiologist testing using hand dynamometer. Each trial used pair of randomly numbered sealed vials, one vial saline solution, the other saline solution plus ionic hydroxlamine hydrochloride (NH3OH)+. Each trial involved a separate muscle test for each vial. All present blind to vial containing toxin. Kinesiologist force measured via pressure pad system. Results: 151 sets of trials toxic vial identified 80 times (53%), onetailed exact binomial p-value 0.258. Results kinesiologists: chance. Dynamometer results: chance. Testing whether significant difference in proportions for whom AK test worked based belief whether it would work non-significant chi-square value: 0.6 ($p = 0.439$) for trials with one kinesiologist, and 2.222 ($p = 0.136$) for hand dynamometer trials. Gender variable: no significant difference males and females, for trials of male kinesiologist or hand dynamometer, combined data for two female kinesiologists did reveal difference. Of 33 female sessions 15 successful (45%); 18 male sessions, 14 successful (78%) chi-square statistic: 4.96, $p = 0.026$. Given multiple testing chi-square results interpreted cautiously. Belief in whether or not AK test will work not significantly related to whether did work. Chi-square test time perception/correct vial choice: non-significant. Chi-square statistic using hand dynamometer data: 0.927, p-value = 0.629. Conclusion: Study and review of AK literature using QUADAS, STARD, JADAD and CONSORT suggest AK fails as reliable diagnostic tool upon which health decisions can be based.

Published works:

Schwartz SA, Utts J,Spottiswoode S, Shade C, Tully L, Morris W, Nachman G. A Double-Bline, Randomized Study to Assess the Validity of Applied Kinesiology (AK) as a Diagnostic Tool and as a Nonlocal Proximity Effect. Explore: The Journal of Science and Medicine. March 2014 (in press).

Area(s) of interest:

Applied Kinesiology, Nonlocal Perception, Integrative Medicine

Researchers' contact:

Stephan A. Schwartz,
Senior Samueli Fellow for Brain, Mind, and Healing, Samueli Institute
Jessica Utts, Professor,
Department of Statistics, University of California – Irvine
S. James P. Spottiswoode,
Managing Director and Chief Scientist, The Resource Group
Christopher W. Shade,
Director of International Scientific Advisory Board, Applied Biophysics Foundation
Lisa Tully,
President and Chief Scientist, Quicksilver Scientific
William F. Morris,
Chairman, Department of Osteopathic Manipulation Medicine, Touro College of Osteopathic Medicine
Ginette Nachman, Medical Writing Scientist, Quintiles Transnational Corporation

Electronic Correspondence: saschwartz@earthlink.net
Postal Correspondence: Stephan A. Schwartz P.O. Box 905 Langley, WA 98260, USA

Telephone: 360-221-0706