



NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (7) Holistic Healthcare

Susan L. Levy, D.C., DABCO, FACA

Author of *Your Body Can Talk* & *Your AGING Body Can Talk*

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Do Your Symptoms Fit the Sub-Clinical Heart Syndrome?

By Burt Espy, B.S., M.S., D.C. F.I.A.C.A.*

ABSTRACT

The sub-clinical heart syndrome is basically a group of very common physical symptoms which are generally considered minor or unimportant. These include fatigue, headache, chest pain, neck pain or stiffness, shoulder elbow or wrist pain (carpal tunnel syndrome), etc.

The cause of these symptoms is heart stress due to inadequate diet, negative emotions, genetic weaknesses, and mental or physical stresses. Diagnosis, treatment and prognosis discussions are also included.

INTRODUCTION

This original research is based on 12 years' experience with patients utilizing clinical kinesiology. Dr. Alan G. Beardall, diplomate, ICAK, developed and taught clinical kinesiology, a modification of applied kinesiology.

Recently, a twenty-nine-year-old Army male died suddenly of an unsuspected heart attack. He was the commanding officer of the husband of one of my patients. He was healthy by most standards. Although he had no pathology, he probably did have some subclinical symptoms, but took a painkiller for relief as suggested by T.V., the media and most medical doctors. Could there have been another outcome? I think so.

Another patient, Ellen (a twelve-year-old-female), came to me because of a painful and weak left hand and wrist (Carpal Tunnel Syndrome or CTS). She liked to play piano and was deeply involved in gymnastics in her grade school. She was advised to start CTS treatment which involved splints and anti-inflammatory drugs, and possibly surgery, but her mother thought there must be another way. Ellen became a patient and was diagnosed as having heart stress causing the symptoms. After only a month and five treatments, Ellen was playing the piano and involved in gymnastics. Six months later, she earned two blue ribbons in local gymnastic events and went on to the state competition, placing sixth. Ellen has her heart set on the 1996 Olympics. This is the alternative outcome. By treating the *cause* of the problem, which is most generally *not* where the pain is, the problem was resolved without side effects or complications.

DISCUSSION

What is the Sub-Clinical Heart Syndrome?

The Sub-Clinical Heart Syndrome was discovered in my patients over the last twelve years. Although it has been present for years, I only recently recognized it.

Most patients have symptoms such as pain, numbness, swelling weakness, etc., there are not uncomfortable enough to force patients to seek help. Few realize, however, the seriousness of the symptoms.

*Dr. Burt Espy was a licensed chiropractor who specialized in clinical kinesiology (C.K.).

Typically, these are considered minor and are blamed on “indigestion,” “muscles,” or “I just slept on it the wrong way.” If they do seek professional help they’ve often been told that they’ll have to wait until it gets worse or simply take a pain killer.

However, I find that most pain is referred pain and that “the problem is *not* where the pain is.” Most generally, it is coming from an *organ*. Since most organs have few pain receptors, they usually refer pain into a muscle somewhere in the body because the muscles are all associated with an organ. The position on the surface of the body to which pain is referred, depends on the segment of the body from which the organ developed embryologically, (see figure 1). For instance, the heart originated in the neck and upper thorax, and thus refers pain mainly to the base of the neck, over the shoulders, over the pectoral muscles, down the arms, and if severe, directly beneath the sternum and over the heart. The “referred pain” has generally been described in textbooks as being on the left side rather than the right—probably because the left side of the heart is more frequently involved in coronary disease. However, my clinical research has found symptoms on the right almost as frequently as the left. It seems to correlate with the areas having the most physical stress.

Therefore, the Sub-Clinical Heart Syndrome is basically a group of common physical symptoms, i.e. fatigue, headache, neck pain and stiffness, shoulder pain and stiffness, elbow and wrist pain (CTS), chest pain, indigestion, etc., that are generally considered as minor or unimportant. These are caused by heart stress due to diet, emotional, mental and physical stress and genetic weakness.

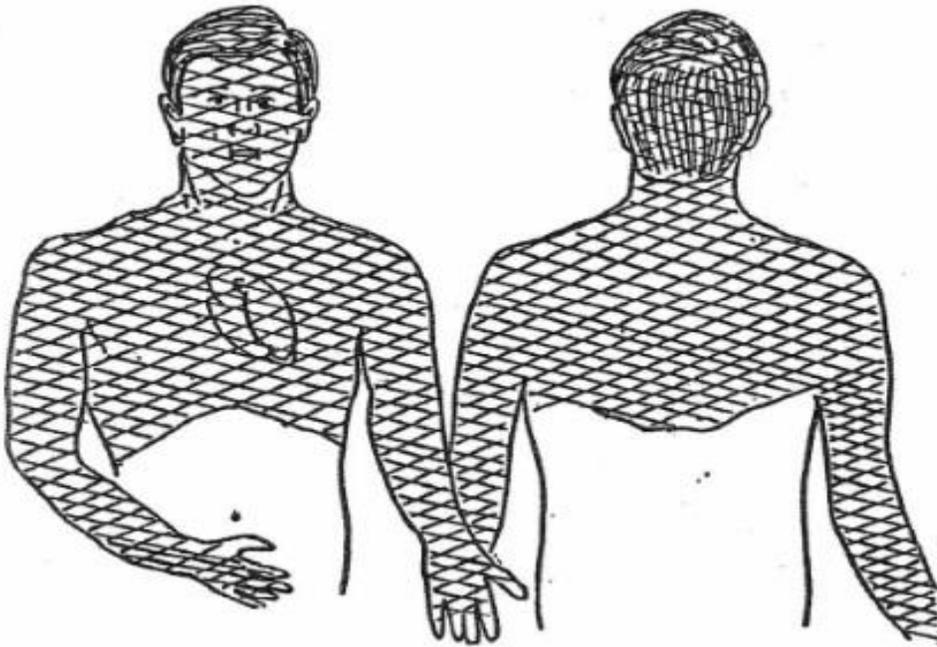


FIGURE 1: Cardiac referred pain areas

Symptoms

The following symptoms are all considered sub-clinical because most medical tests generally give no indications of the dysfunction which these symptoms represent. For example, a patient may complain of one or more symptoms of the Sub-Clinical Heart Syndrome (listed below) and be given an EKG, a cardiac enzyme evaluation and any number of tests, which all yield “normal” findings. The patient is told that his or her pain is normal, or “all in their head” and thus the causative problem is not discovered.

Common Sub-Clinical Heart Syndrome symptoms includes the following:

- Fatigue
- Neck pain or stiffness

- Pain between the shoulders
- Headaches
- Chest pain
- Pain down arms
- Elbow pain
- Wrist pain (CTS)
- Numbness
- Tingling hands/fingers
- Pain under ribs
- Swelling ankles/hands
- Indigestion
- Chronic fatigue syndrome
- Reflex sympathetic dystrophy
- Syndrome “x”
- High blood pressure
- Irregular heart beat/rapid heart beat
- Palpitations
- Varicose veins
- Transient ischemic attacks
- Stroke
- Phlebitis

This is a long, all-encompassing list of symptoms, but these symptoms deal with the entire cardiovascular system rather than just the heart alone. Also, although the above symptoms deal primarily with the heart, other organs are also usually involved.

It is interesting to note that the Sub-Clinical Heart Syndrome includes four medically-classified pain syndromes listed below:

1. Carpal Tunnel Syndrome (CTS)
2. Chronic Fatigue Syndrome (CFS)
3. Reflex Sympathetic Dystrophy (RSD)
4. Syndrome “x”

Frequency

Some days it seems that most of my patients are heart patients, but in counting, it turns out to be approximately fifty percent. Most people are walking around with some or several of the previously listed symptoms thinking that it’s just “old age” or problems that they’ll “just have to learn to live with,” as their doctor said. Others are taking one painkiller after another, searching for the least expensive and/or most effective. People give the body little credit for intelligence. Yet I believe it’s really trying to tell us something, and painkillers are just saying to the body, “Shut-up, I don’t want to listen to your problems.”

Causes

In treating many patients over a twelve-year period, I have concluded that there are four reasons why people have symptoms or health problems:

1. Improper diet (excessive [altered] fats, salt, chemicals and drugs)

2. Negative emotions (negative thinking)
3. Excessive physical and/or mental stresses
4. Genetic weaknesses

HISTORY AND EXAMINATION

A confidential health history covering the following areas of the body is essential for proper evaluation of a patient's health status. I have added some items to make the history more complete:

- Muscle and joint
- Gastrointestinal
- Eyes, ears, nose and throat
- Cardiovascular
- Respiratory
- Skin
- Genito-urinary
- Female problems
- Former health conditions
- Current health concerns
- Prescription drugs taken
- Surgical procedures
- Vitamins and supplements taken
- Use of tobacco, coffee, alcohol or other drugs
- Regular exercise
- Current treatments
- Goals for treatment
- Any exceptional emotional traumas

As you may have noticed, the above list contains "goals for treatment." This is very important because you are dealing with the patient's psyche as well as the physical symptoms. If your expectations or goals are different from that of the patient, progress will be hindered.

Exceptional emotional traumas are extremely important to note because they may have been suppressed for years. This causes the patient to be much less responsive to treatment. Most of my more difficult patients fit this scenario.

The patient case history form, which the patient fills out initially, should contain most of the above information. However, any unusual items or patterns should be discussed with the patient during the initial consultation.

Symptom Patterns

In my experience, the symptom pattern usually indicates the primary organ dysfunction. Thus, before you start work on a patient, you should have a good idea of the major organ imbalance or stress. This would usually be addressed on the first treatment or visit.

CLINICAL KINESIOLOGY EXAM

The idea for this exam was developed and taught by Dr. Alan G. Beardall as a very quick and accurate means to access a patient's health status. The exam is non-traditional for a reason. It accesses information (from manual body-testing) which is not attainable by other testing and it is far more sensitive than laboratory testing, if the

doctor is experienced. To evaluate the body's energy balance on a daily basis, I am using the most sensitive instrument ever created—the human body. As I so firmly believe, the body is far more sensitive and accurate than man-made instruments such as the EKG, MRI, etc.

While in school, I was EKG Staff Head during my senior year in internship in Student Clinic and thought the EKG was wonderful, but since I've been in private practice I've seen several patients who almost had a heart attack and yet their EKG's were "normal." In addition, I've seen many patients with Sub-Clinical Heart Syndrome symptoms who had normal EKG's, even normal treadmill EKG's.

This illustrates the fact that patients with Sub-Clinical Heart Syndrome symptoms are not yet in a state of pathology. These states of body imbalance (sub-clinical) can manifest a terrible discomfort or pain. Yet, they are only beginning stages of the process which can ultimately lead to pathology and death. Thus, I don't recommend an EKG for confirmation because it is not sensitive enough.

DIAGNOSIS

Clinical kinesiology, although unconventional, treats the body as a very intelligent biocomputer. Four computer levels or systems of the body are evaluated including the local, spinal, endocrine, and primary computer levels.

The local computer data is stored in the muscles of the sternocleidomastoid (on either side of the neck). The spinal computer adaptations are generally stored in the muscles of the hyoid, with the stylohyoid being the most frequent muscle involved. The endocrine computer adaptations are stored in the muscles of the temporomandibular joint (TMJ) and the primary computer adaptations are stored in the muscles of the eye.

Electro-Meridian Imaging (EMI)

This is really a viscerocutaneous reflex or nerve conduction test originally developed in Japan as Ryodoraku by Nakatani. The Ryodoraku is electro-stimulation diagnostic/therapeutic modality. The EMI exam basically measures the energy level and balance in the twelve main body acupuncture meridians. Although we don't treat solely on this information, it's another input to the whole picture of the body's health.

TREATMENT

Treatment consists of a wholistic approach in treating the body's problems. We test to see what the body needs, then we retest to check the effectiveness of the treatment. We generally find that the body wants the acupuncture system corrected first, so we usually start there.

Acupuncture

First, we balance the major meridian (for the major organ involved). After locating the acupuncture points needing correction (utilizing clinical kinesiology diagnostic techniques), we have a choice of four different forms of acupuncture:

1. Needle
2. Soft laser
3. Magnet
4. Acutabs

The form of acupuncture to be used is based on patient desires and physical aspects of the particular point location. My clinical work has shown all four to be effective.

Nutrition

To get the best response from the body, specific nutrients are required for the organ under stress, and most generally we find that the body requires glandulars. Later, as we work through adaptations, the body may require specific vitamins, minerals, enzymes, or occasionally amino acids. C.K. techniques also can be used to determine the daily dose and length of time required for the specific nutrient to build the body's health reserve back to normal.

Adjusting

Normally, after the acupuncture and nutritional requirements are determined, we ask the body for any subluxations, such as bone or tissue misalignments. (All of these will not show up initially.) Correction is generally made with a low-force instrument since the body is very delicate and my research shows this low-force adjusting to be very effective. Corrections are made where they are found, whether spinal, extremity or tissue.

Diet-Lifestyle

My clinical experience has shown that the safest and healthiest diet is one of [organic] fruits, vegetables [whole] grains with restricted fats and salt. However, pregnant females are the exception since they require [more] fats and salt for the development of a healthy baby.

Dairy products are particularly harmful because of their high fat content. Stimulants and/or depressants are also particularly harmful to the body (caffeine, nicotine, alcohol and all drugs), especially in large doses.

PROGNOSIS

Prognosis is excellent if the patient cooperates with treatment and is willing to accept responsibility for the problem. However, there are some people whom you could treat forever and never resolve their problems.

In summary, the situation is not as simple as killing pain with a drug. The following factors all affect the situation and if you desire healing, these *must* be heeded at least while treatment, or perhaps always, if you desire to remain symptom-free.

1. Excessive physical stress in the area in question can hinder progress.
2. Improper diet, such as one containing too much [altered] fat or salt or foods to which you are sensitive, can cause exacerbations of symptoms. A good diet is most important if you want to be healthy, and remember—the healthiest diet consists of [organic] fruits, vegetables and [whole] grains.
3. Use of stimulants or depressants (drugs) will probably also cause a strong exacerbation. For example, it is virtually impossible to bring the heart out of stress if you insist on smoking. Thus, all syndrome symptoms will be open to exacerbation if the heart is compromised by harmful lifestyle choices.

CONCLUSION

The cause of these symptoms is heart stress due to inadequate diet, negative emotions, genetic weaknesses, and mental or physical stresses.

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KEY WORDS

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Referred pain

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Chest pain