

Alternative healing modes

A look at Contact Reflex Analysis

Peter Clecak, PhD
 Ron Carsten, DVM, MS
 Paul Jaskoviak, DC, DACAN
 Mary Jane Mack, RN
 Steve Nelson, Pharm D, PhD
 Michael Robertson, MD
 J. Rodney Shelley, DC
 Donald Warren, DDS, FAHNP

Introduction

Contact Reflex Analysis (CRA), a non-invasive analytic

technique that fits into the emerging discipline of clinical nutrition, is a healing mode that does not yet have an official stamp of approval from the research community. However, it is a healing art that already is practiced by hundreds of licensed health care professionals in several disciplines, including orthodox medicine.

Peter Clecak, PhD, Stanford University. He is a Professor of Social Sciences at University of California, Irvine, where he teaches courses in Alternative Health Care.

Ron Carsten, DVM, MS, Colorado State University (DVM), Anatomy and Neurobiology, Colorado State University (MS). He has a veterinary practice in Glenwood Springs, Colorado.

Paul Jaskoviak, DC, DACAN, FICC, is currently dean of the postgraduate division of Parker College of Chiropractic, and is a Diplomate of the American Academy of Neurology. BS, Loyola University of Chicago, National College of Chiropractic, Lombard, Illinois.

Mary Jane Mack, RN, Evangelical School of Nursing, Chicago, Illinois, The Craniosacral Therapy and Visceral Therapy, Upledger Institute, CRA Analysis and Applied Nutrition, certified by Parker College. Independent practitioner in Issaquah, Washington.

Steve Nelson, PharmD, PhD, practices CRA in Banning, California.

Michael Robertson, MD, Diplomate of American Board of Anesthesiology; Diplomate of American Academy of Pain Management. He has a pain management practice in Banning, California.

J. Rodney Shelley, DC, Los Angeles College of Chiropractic, Los Angeles, California. He has a chiropractic practice in Long Beach, California.

Donald Warren, DDS, FAHNP, University of Tennessee College of Dentistry, and Fellow of the Academy of Head, Neck, and Facial Pain and TMJ. Teaches and lectures to study groups on TMJ, kinesiology, applied nutrition, cranial manipulations, and CRA and Applied Nutrition. He has a dentist practice in Clinton, Arkansas.

Although clinical nutrition is a relatively recent approach to wellness, it is arguably the fastest growing healing mode in America among both mainstream and non-mainstream health care providers.

Much of what passes for clinical nutrition still is based on guesswork, some of it informed, most of it not.

Contact Reflex Analysis (CRA), a non-invasive analytic technique that fits into the emerging discipline of clinical nutrition...

CRA: An analytic basis for clinical nutrition

The use of dietary indications and restrictions to help the body to prevent disease, combat disease, and promote optimal health has a long history. Herbs have a similarly ancient pedigree. But it was not until the latter part of the 19th century that micronutrients—vitamins, minerals, and amino acids—began to be isolated. And it was not until after World War II that the primary task of analysis of micronutrient needs began to be addressed in a systematic, scientific fashion.

In recent decades, regimens of clinical nutrition have been designed on a more profession-

al basis—systematic analyses of all of the specific needs of individual patients. Extensive health history, current symptomatology, physical examination, nutritional blood chemistry analysis, and urinalysis—all have been used to identify the specific micronutrient needs of individuals.

The entire system of analysis that CRA encompasses includes points that test for weaknesses in the major organs, glands, systems, and structures of the body.

These techniques of analysis give clinical nutrition an increasingly strong claim to scientific status: regimens of micronutrients and macronutrients are fashioned on the basis of solid criteria of analysis that are repeatable, with results that can be tested against such objective criteria as blood studies.

CRA is a systematic technique of analysis that is highly useful in clinical nutrition. It is a holistic mode of analysis that enables the doctor to check every major organ, gland, system, and structure in the body.

In CRA, the tester uses an intact muscle on the testee to identify a series of reflex points on the body. Dr. Dick A. Versendaal, who developed CRA explains the technique: "On a healthy body electricity flows to every area and feeds it the

energy it needs to function. When you use CRA to test the reflexes of each area, the testing arm, which is like a circuit breaker switch, will remain strong. There is no interruption of nerve energy. However, if one area of the body becomes unhealthy, it begins to draw excessive electricity in order to stay alive and functioning. This causes the body's electrical system to 'blow a breaker.' The testing arm will become weak and drop when the affected area is tested."

Once all the weak responses in the body have been identified and prioritized through this process, the tester can identify the micronutrients and dietary measures required to help the body, insofar as it can, re-establish a vital flow and balance of energy to the affected areas. Over time, biochemical balance is restored and parts of the body heal, insofar as they can.

Consider, for an example, a simple case of an individual who tests strong on every point except the Master Lymphatic Reflex (located over the tonsil area on the left side of the neck). A weakness of this reflex may, or may not, indicate the presence of an active or lingering staph syndrome somewhere in the body. In the lexicon of CRA, the weak point indicates the need for supplementation that will help the body strengthen immune function.

When given a supplement containing, among other constituents, thymus extract for a period of 12 weeks, the Master Lymphatic point will test strong in most cases. (If it still tests weak, the patient is kept

on the same regimen until it is no longer needed.) Moreover, certain symptoms that the patient presents at the outset—fatigue and low resistance to infection, for example, can be expected to improve. Finally, before and after blood studies will show an optimization of the WBC and the differential. CRA, it should be noted, does not diagnose staph. Nor is Designed Clinical Nutrition used to treat staph. The body itself accomplishes the task of healing, if given the right micronutrient inputs.

The entire system of analysis that CRA encompasses includes points that test for weaknesses in the major organs, glands, systems, and structures of the body. Using a sequence of as few as 11 major test points, it is possible to assess and prioritize all of the nutritional needs of a patient.

Historical background of CRA

The antecedents of CRA date back thousands of years to the origins of the ancient Chinese art of acupuncture. The history of CRA as a distinct healing art can be traced back to the late 1950s, when Dr. Dick A. Versendaal was a student at Palmer Chiropractic College in Iowa. There he developed an interest in nutrition—an interest he has pursued from the first years of his chiropractic practice to the present time.

Dr. Versendaal's interest in clinical nutrition—in the healing potentialities of micronutrients as well as of macronutrients of whole foods—was fueled by his study of the work of

Dr. Royal Lee. In the course of endeavoring to discover the most effective technique for analyzing the body and recommending micronutrients calibrated to individual needs, Versendaal attended seminars given by his mentors, Dr. George Goodheart and Dr. Johnston. From Johnston, Versendaal learned the basics of kinesiology and reflexology.

Beginning with Johnston's reflexology of the mouth, Versendaal set off in a fresh direction, launching extensive research to find the body's most clinically useful reflexes. This work involved the discovery—through extensive empirical experimentation—of body reflex points for organs, glands, and systems, as well as of reflexes for the structural dimension of the body.

The next steps involved determining the significance of the reflexes and to which each reflex corresponds. The map of the energy fields of the body drawn by practitioners of acupuncture was of considerable use in this process, although not all of the reflex points in CRA are acupuncture points.

Another crucial step in this process involved comparison testing between weak body reflexes before and after the ingestion of concentrated nutrient combinations to determine which combinations strengthened specific reflexes. As positive results were achieved on the basis of testing and micronutrient treatment, Versendaal developed what he calls Designed Clinical Nutrition to form the primary nutritional treatment dimension of CRA.

As increasing numbers of

patients achieved optimal levels of wellness through CRA and Designed Clinical Nutrition, Versendaal broadened the initial clinical research base to include other researchers from several disciplines. In the early years of CRA, Versendaal collaborated with a number of professionals, among them Peter Northhouse, MD, Harry Eidenier, Sr., CN, Ed Hartman, DDS, and Walleed Karachy, a hematologist.

Their research model included independent evaluations of CRA and Designed Clinical Nutrition treatment through independently conducted physical examinations, pre- and post-treatment blood chemistry analyses, urine studies, and electrocardiograph comparisons. The positive correlations achieved in each of these modes permitted Versendaal to simplify what had evolved into a complex system of analysis involving 350 reflexes to one that currently features 75 principal reflexes, tested in sequence.

Once CRA had reached this point of development, Versendaal intensified his role as teacher of CRA, taking this healing art to thousands of licensed health care professionals, including medical doctors, chiropractors, dentists, veterinarians, optometrists, registered nurses, and clinical nutritionists.

Currently, Dr. Versendaal offers more than 40 seminars yearly. These seminars provide CRA post-graduate educational services for professionals. In 1993, the division of graduate and continuing education at Parker College of Chir-

opractic assumed sponsorship of CRA seminars. This was a major step to include CRA as a healing art within the mainstream of the American health care system. Professionals attending the CRA seminars could not only receive continu-

The history of CRA... corresponds to a phase in the evolution of orthodox medicine in which alternative techniques based on assumptions at variance with those of hard science and mainstream medicine were largely ignored.

ing professional education credits with CRA but are now also able to receive validation from a prestigious teaching and research institution.

Many professionals have mastered the CRA techniques and integrated it into their practices. Most professionals work in the United States, but this holistic healing art is now international in scope with practitioners in Canada, Mexico, Europe, Australia, Africa, and Japan.

CRA: Theoretical foundations

Despite the effectiveness of CRA as an analytic technique in clinical nutrition, it is not hard to understand why it was

not investigated in university research centers or medical schools, and, hence, not evaluated regularly in indexed journals in previous years. The history of CRA, from its inception in the late 1950s to the present, corresponds to a phase in the evolution of orthodox medicine in which alternative techniques based on assumptions at variance with those of hard science and mainstream medicine were largely ignored.

CRA...is interdisciplinary in nature, combining techniques of kinesiology, acupuncture, and clinical nutrition. And it is multidisciplinary in its application across the range of healing arts.

In the past decade, however, historically eclipsed paradigms of the nature of man and natural approaches to healing have been revived, in part as we noted earlier, as a result of public interest, but also and even more importantly, on the basis of developments within scientific circles, especially within areas such as advanced theoretical physics.

As alternative healing techniques begin to be taken seriously, both in the public area and in research circles, we must manage two para-

digms simultaneously: the prevailing paradigm of orthodox medicine and orthodox medical research, and the expanded model of man in terms of which healing arts such as CRA make sense.

There is no insuperable difficulty in granting any healing art its basic assumptions, including a conception of the human person as possessing a spiritual dimension, as well as a mind that is more than a mere epiphenomenon of the brain. The point here is not whether these presuppositions are true to false. At this level of abstraction, nothing can be proved to everyone's satisfaction.

The point rather is that whatever assumptions a healing art such as CRA begins with, the technique itself can be evaluated scientifically in valid clinical studies. It is results—repeatable, verifiable results—that count. To dismiss any healing art on the basis of its theoretical presuppositions is to engage in the genetic fallacy, a simple rule of logic that cautions against confusing the origins of a phenomenon with the results that can be achieved on the basis of practical techniques rooted in its theoretical assumptions. And here—in the area of positive results—CRA emerges as the premier technique of clinical nutrition.

Conclusion

CRA, as we have seen, is a holistic healing art that has been perfected over a period of three decades. It is interdisciplinary in nature, combining techniques of kinesiology, acu-

puncture, and clinical nutrition. And it is multidisciplinary in its application across the range of healing arts.

The research dimension of CRA is similarly impressive. Beginning with Versendaal's path breaking original experiments, research studies of CRA and hundreds of positive peer reviews have continued to accumulate over the past 30 years. At present, at least a dozen researchers/practitioners are conducting clinical studies of all aspects of this holistic healing art.

As a group of independent researchers and practitioners, we welcome the opportunity to have CRA evaluated in major research centers, and in the indexed literature that constitutes the accepted network of research communication. Given the rich research heritage of CRA, the evaluation of this technique need not begin at ground zero. We can begin in the middle, as it were, with the research studies and peer reviews of CRA that are already completed.

On the basis of this body of evidence, the authors conclude that CRA is the most promising non-invasive healing art in the range of healing modes currently classified as "alternative," and as further studies are undertaken in mainstream centers of research, this healing art will rapidly become a vital part of mainstream health care in America.