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AMINO ACID SCREENING By Sheldon C. Deal, D.C., N.C. and Richard Utt

Abstract: Herein lies a fast kinesiological method for identifying a rather complex screen of 24 different amino acids, thus enabling physicians to help determine the protein status for their patient in the way of normal or deficiency levels of 24 different amino acids.

General information:

The importance of amino acid screening for good health can hardly be overstated. The body runs on amino acids. Amino acid metabolism is basic to such health functions as cell division, neurotransmitters, hormones and the endocrine and immune systems. Perhaps most importantly, all known body enzymes (over 15,000) require amino acids. We believe the amino acid screening should be used for routine physical examinations, as well as for patients with problems; either psychological or physical.

An amino acid level below normal range may result from a problem with digestion or absorption, a problem with the metabolic pathway or even some vitamin or mineral deficiency, depending upon which amino acid or precursor amino acid is low. The significance of the amino acid profile depends upon both the level of the individual amino acid and the levels of related and interacting amino acids. For example, the levels of 13 different amino acids are considered in understanding the metabolic pathway of methionine alone.(1)

Mental retardation, epilepsy, depression, manic, schizophrenia, headaches, ulcers, even anxiety, nervousness and irritability respond favorably to amino acids.(2) Amino acids exert their most dramatic and measurable effect at the nerve synapse. Amino acids are either the neurotransmitter itself or the precursor to the neurotransmitter. Some neurotransmitters are excitatory in action and some are inhibiting in their action. However, unless all amino acids are present to work together, almost anything can go wrong with the message transmission and control exerted by the nervous system. More and more psychological problems, especially severe problems, seem to be related to body biochemistry. Senility, tumors, even Parkinson's disease and other brain problems will respond favorably to amino acid therapies.(3)

BACKGROUND FOR TESTING:

One of the many problems we ran into, trying to establish a kinesiological method of identifying the amino acids, was obtaining a pure test product. Most of the proteins and amino acid products available contain more than one amino acid, even though only one may be listed on the label. The manufacturer evidently meant that there was a preponderance of that amino acid present in the product. Not only does that confuse the issue when doing testing, but can also be a serious problem therapeutically. For example, in treating genital herpes, lysine is of benefit and arginine is detrimental. There are many foods that contain both in fair proportions, such as soybeans, beef and chickpeas.(4)

We found our answer to this problem by using free amino acids. Free amino acids are individual amino acids in crystalline form. They differ from predigested protein or protein powder, in that in these products the protein is still present in the form of connected amino acids.

Free amino acids are hooked up with enzymes, hormones, vitamins, and minerals to form body tissues. Without free amino acids, vitamins and minerals cannot do their job. For example, tyrosine combines with iodine to form thyroxin. If a person does not get iodine, thyroxin cannot be produced. But what happens if the person does not have enough tyrosine? Obviously, the thyroid cannot make thyroxin.(5)

The next problem we ran into was finding patients low in just one amino acid. Patients low in protein in general were plentiful. Since some amino acids are precursors to other amino acids and some amino acids appear in branched chains (like valine, isoleucine and leucine) the problem of identifying individual amino acids became more complex.

The answer here was found in relating the end points of the 12 meridians to 24 different amino acids.

TESTING PROCEDURE:

Many combinations were tried before we got the pieces of the protein puzzle to fit into place. What was so confusing in the beginning was that one end point of a meridian would respond to more than one amino acid, if the patient needed more than one amino acid. Only if the patient needed one amino acid only was it a cut and dry picture that we found kinesiologically. Since the mono-deficient amino acid patient was rare, we had to devise another method to complete our research. After much trial and error we found that by sedating the first tonification point of the meridian with a north pole magnet, we could make the beginning point of the meridian therapy localize. That therapy localization was cleared in turn by one amino acid only. Conversely, by tonifying the first sedation point of the meridian with a south pole magnet, we could make the end point of the meridian therapy localize, and that therapy localization was cleared by one amino acid only.

To clarify "one amino acid only," this was true if the patient needed one amino acid only, otherwise if there were multiple amino acids called for, then more than one would clear the therapy localization many times, depending upon which amino acid it was.

In cases where the patient did need more than one amino acid, we found we could get the end point to respond to one amino acid only by using a priority system. Meaning the body preferred the amino acids in a certain sequence or in some cases by determining the number one amino acid need priority-wise, the other indicators would clear.

The primary priority indicator is determined by the following sequence:

1. The end point will therapy localize in the clear
2. Inspiration will make the muscle go strong
3. Pinching does not change the muscle strength
4. Eyes left or right does not change the muscle strength.

We would not be so bold as to suggest that all patients that T.L. an end point are protein deficient. Therefore, make sure the acupuncture system is cleared first. Meaning that by balancing the overs and unders that no alarm points or pulse points now therapy localize. Only then may you safely check the patient for individual amino acids by therapy localizing the end points. For that purpose we have devised the attached chart.

Understand, now, that the magnets are not part of the therapy, but rather they were used in research to create the need for the amino acid. In a cut and dry case, the patient comes in, you clear the acupuncture system and then you have the patient T.L. one end point at a time. If the T.L. of Large Intestine One (L.I.-1) makes the indicator muscle go weak, then placing L-alanine in the patient's mouth will make the muscle strong again.

In a research case, placing a north pole magnet over H-9 (held in place by a piece of tape) will make the subscapularis muscle go weak, and having the patient T.L. to H-1 will make the muscle go strong again. By placing L-Serine in the patient's mouth will also make the muscle go strong and will negate the T.L.

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Some other findings that showed up in our research were whenever you sedate the first tonification point, the alarm point for that meridian also will now T.L. Conversely, whenever you tonify the first sedation point, the pulse point for that meridian also will now T.L. Therefore, alarm points and pulse points found to T.L. in the clear should make you suspect of an amino acid need, but follow the above procedure to pin down specific amino acids.

We have been using free amino acids from Tyson and Associates, Inc. They will supply doctors with an amino acid test kit for a nominal charge. You may write them at:

Tyson and Associates, Inc.
19725 Sherman Way #270
Canoga Park, CA 91306

CONCLUSION:

The ability to identify and supply individual amino acid needs in our patients has been another piece of the jigsaw puzzle for us. We have been able to turn around many previous deficient patients. We have also been able to get patients to hold corrections that were previously blowing out.

BIBLIOGRAPHY:

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2. Dr. Robert Erdmann, "Free Amino Acids in Your Total Nutritional Picture", International Foundation for Health and Longevity.
3. Carlton Fredericks, Ph.D., "Nutrition in Today's World", 1982 Fall Conference of I.A.P.M.
4. Dr. Robert Erdmann, op. cit.

End Point	Amino Acid	North Pole on Tonification Point	South Pole On Sedation Point
ST-1	L-Taurine	ST-41	
ST-45	L-Histidine		ST-45
SP-1	L-Citrulline	SP-2	
SP-21	L-Histidine		SP-5
H-1	L-Serine	H-9	
H-9	L-Glycine		H-7
SI-1	L-Leucine	SI-3	
SI-19	L-Glutamine		SI-8
BL-1	L-Proline	BL-67	
BL-67	L-Ornithine		B-65
K-1	L-Cystine	K-7	
K-27	L-Carnitine		K-1
CX-1	L-Valine	CX-9	
CX-9	L-Isoleucine		CX-7
TW-1	L-Tyrosine	TW-3	
TW-23	L-Cysteine (Mono HCL)		TW-10
GB-1	L-Phenylalanine	GB-43	
GB-44	L-Aspartic Acid		GB-38
Liv-1	L-Methionine	Liv-8	
Liv-14	L-Glutamic Acid		Liv-2
L-1	L-Threonine	L-9	
L-11	L-Arginine		L-5
LI-1	L-Alanine	LI-11	
LI-20	L-Lysine		LI-2