

OPTIMAL HEALTH

SUBJECTS COVERED:

- Non-protocol diagnosis and treatment
- Protocol vs. non-protocol doctors
- Functional vs. crisis-oriented medicine
- Philosophical basis
- Neural Kinesiology
- Summary
- References

GOAL: To help inform people about a healthcare methodology to optimize one's physical, emotional, and spiritual health, with primary emphasis on the physical.

BACKGROUND: With increasing frequency, traditional and even holistic medicines are not meeting the health care needs of many people. Allergies and sensitivities, toxins, infections and/or leaching from dental work, are but a few of the problems at times not satisfactorily addressed by these two techniques.

Dr. Ann McCombs, Bellevue, WA, wrote the article below in 1996. It is reprinted and edited for this site with her permission.

Non-Protocol Diagnosis and Treatment: The Future of Medicine is Arriving?

As most of you are aware by now, DO's and MD's have only two remaining distinctions that differentiate them (in general) from each other holistic philosophy and training in "hands-on" diagnosis/treatment. DC's and ND's are often seen as variations of the above degrees. With the advent at the American Holistic Medical Association (AHMA) approximately 20 years ago, these medical licensure distinctions began to blur even more. Up until now, the remaining generic distinctions among the

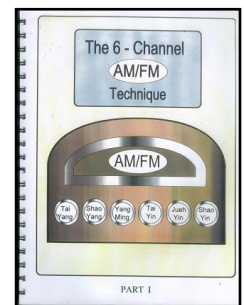
RADICAL MEDICINE

Profound Intervention in a Profoundly Toxic Age

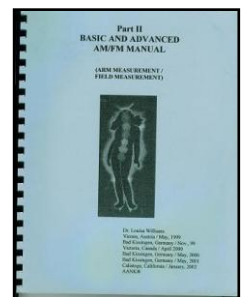


DR. LOUISA L. WILLIAMS

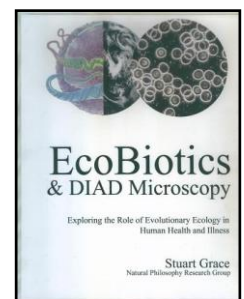
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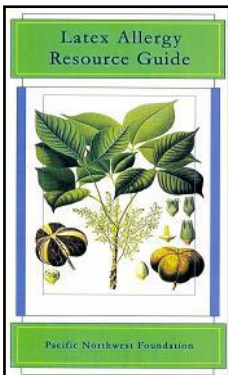
[The 6-Channel AM/FM Technique](#)



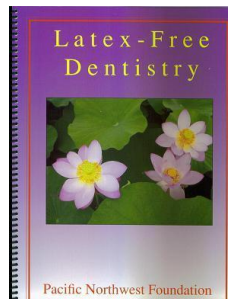
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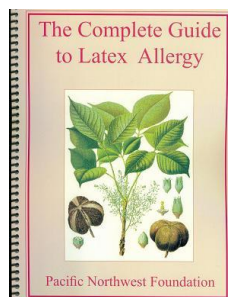
[EcoBiotics](#)



[Latex Allergy Resource Guide](#)



[Latex-Free Dentistry](#)



[Complete Guide to Latex Allergy](#)

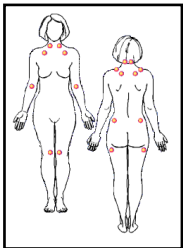


[Latex-Free First Aid Kit](#)

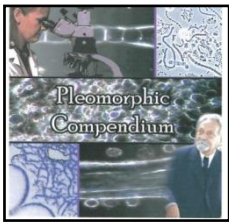
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professionals holding the above licensures are primarily person or individual in nature, e.g. personality differences or differences in each physician's skill level in applying holistic philosophy and/or technique.

Protocol vs. non-protocol medicine

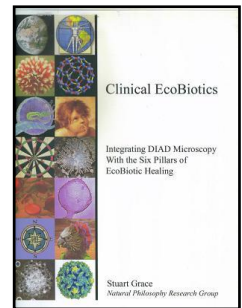
In recent months, however, I have become aware of yet another level of distinction among the above-mentioned physicians who also identify themselves as holistic professionals. Among this group of doctors, I have observed what I consider to be a major and critical distinction: those who practice protocol (we used to call it "cookbook") medicine vs. non-protocol (individualized) medicine.

Unfortunately, holistic medicine in many physicians' practices is simply another front of "cookbook" medicine, in that so-called natural medicines (vitamins, minerals, herbs, and homeopathics) are simply being substituted for synthetic medicines (drugs) and surgery to treat illness or disease symptomatically vs. treating the underlying cause(s). In my opinion this approach to holistic medicine is insufficient and misses the inherent meaning of the term altogether.

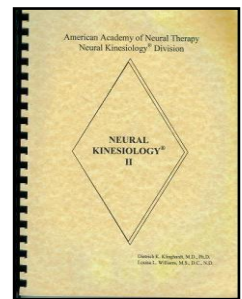
While the use of more natural vs. synthetic/traditional treatments is an important aspect of holistic medicine, the truth is: *to treat the whole person, we need to include ALL the diagnostic and treatment modalities* of both holistic and traditional medical models, if physicians are to perform their roles as Hippocratic oath-takers completely and effectively. When we can get as proficient in the treatment realm as the villains in the movie *Stargate* did, we will have arrived at the ultimate treatment protocol: individualized and, for all practical purposes, instantaneous healing. Anything faster or more efficient in the treatment arena would cross over into yet another realm: the miraculous

Functional vs. crisis-oriented medicine

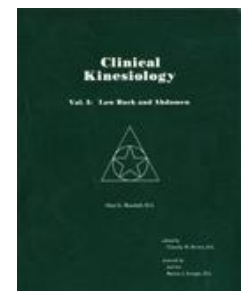
In the diagnostic arena, a parallel distinction can be drawn (and has been effectively demonstrated by



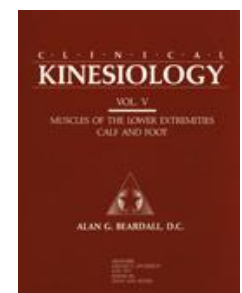
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[Neural Kinesiology \(aka A.R.T.\)](#)



[Muscles of the Lower Back & Abdomen](#)



[Muscles of the Lower Extremities](#)

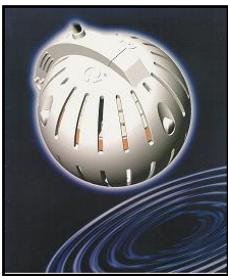
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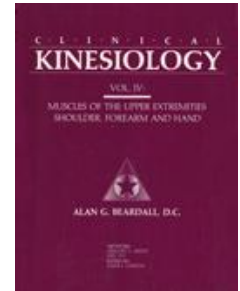
[Jeffrey Bland, Ph.D.](#), et al. already): *functional vs. crisis-oriented medicine*. This distinction has, at its root the idea of early vs. late detection of illness in the human body. *Functional medicine* utilizes data from tests that attempt to measure the current state of affairs in our bodies on the organ function level (which are usually more expensive and take longer to process than simple analyses of urine and blood serum, which are tissues that show body changes late vs. early in the disease detection game).

Crisis-oriented medicine, on the other hand, needs quick assessment tools (e.g. urine and blood serum) to evaluate body status and determine appropriate treatment choice, because a wrong decision at a crucial moment can cost a person's life in an emergency situation. (The extreme example of the ultimate diagnostic approach, of course, is the total body scanner, of which *Star Trek* fans are very familiar.) In my opinion, we need all the diagnostic tools we can get — from every arena — to treat the whole person effectively and completely.

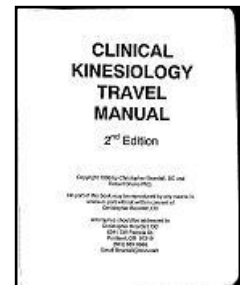
Philosophy

In general, medicine has come a long way in both the diagnostic and treatment arenas in the last 200 years and, in particular, since WWII. However, the philosophical basis upon which diagnosis and treatment are done has remained fundamentally unchanged: the protocol or “cookbook” approach (which I define as that which works the majority of the time for the majority of the people) is still the mainstay of traditional medicine. In a crisis, this is not a bad approach to utilize in either the diagnostic or treatment arenas; BUT, what about those folks who do not neatly fit into the “majority” category?

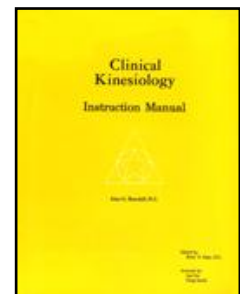
Usually, these clients are relegated to the diagnostic category labeled “supratentorial” (otherwise known as “it’s all in your head”). And they are either referred to a psychiatrist for treatment or told that their only alternative is to have exploratory surgery (if applicable) or be treated symptomatically (usually with some drug) for the rest of their lives. Statistically speaking, such



[Clinical Kinesiology: Muscles of the Upper Extremities](#)



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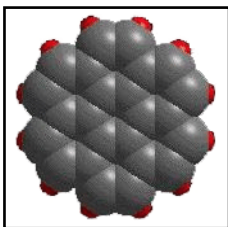
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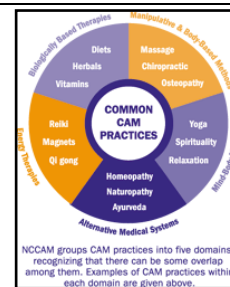
clients are out on the ends of the “bell” curve, which truly feels, to them, like being on the edge. Because they are! No wonder people get upset, become disillusioned with “protocol practitioners” and turn to ‘alternative’ medicine! *Who wouldn't be looking to explore their alternatives with that kind of limited diagnosis and proposed treatment plan?* Unfortunately, unless “alternative” (holistic) physicians begin to offer something more an the diagnostic and treatment arenas than just a natural font of the protocol approach, they, too, will be ultimately unsuccessful in treating the ever-increasing numbers of “non-majority” clients.

At COH (Center for Optimal Health), I believe we offer state of the art medicine from as individual an approach to diagnosis and treatment as is currently available in the physical medicine realm. We do this using *Neural Kinesiology* (a state-of-the-art form of muscle response testing that combines the best of applied, clinical and educational kinesiology with [autonomic nervous system](#) research). This approach in my experience, has allowed more “non-majority” clients to have successful treatment outcomes than any other approach I have yet encountered. It is the most individualized (non-protocol) approach to mediate that I know of, short of the *Star Trek* scanner and the *Stargate* body box, and maybe the early predecessor to both.

Summary

Non-protocol medicine, in my mind, is the only approach that makes sense to deal effectively with chronic pain and chronic illness. It can also be utilized for acute illnesses that would not be categorized as medical emergencies.

In conjunction with state-of-the-art holistic dental diagnosis and treatment, true optimal health on the physical level becomes a reality. When utilized with the non-physical approaches to diagnosis and treatment, whole-person optimal health becomes possible. When we make the leap to do all of the above more quickly and efficiently. *Star Trek* and *Stargate* diagnosis and treatment will no longer be just around the corner -- they

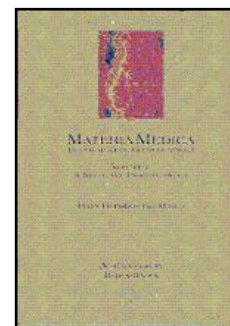


NCCAM groups CAM practices into five domains, recognizing that there can be some overlap among them. Examples of CAM practices within each domain are given above.

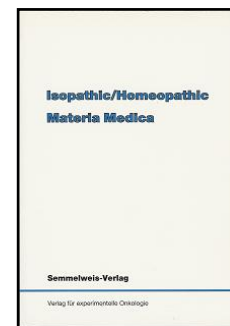
[NCCAM](#)



[Homotoxicology
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[Homotoxicology
Materia Medica II](#)



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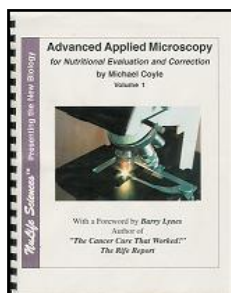
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will have arrived ... and none-too-soon for most of us, "non-majority" clients in particular.

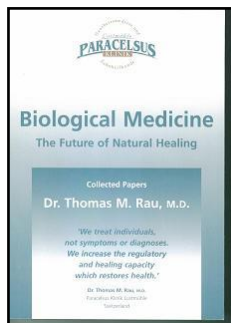
For more information about these and related subjects, please see the references below.



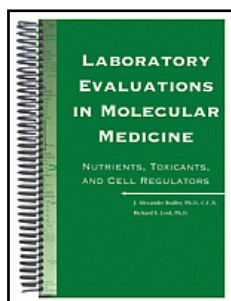
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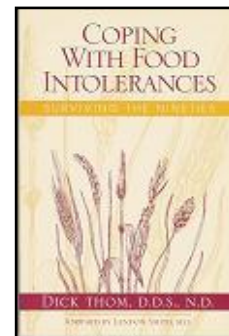


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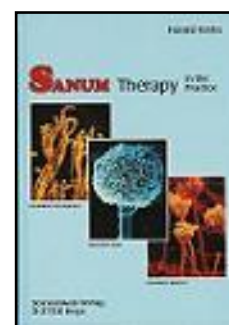
The information contained herein has been obtained from a variety of sources. This document is presented to increase awareness of the topic and educate the general public. It is not intended to be an extensive discussion of this subject, or to provide specific treatment guidelines.

REFERENCES

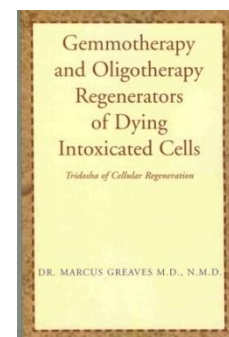
- [Acupuncture](#): history
- [Alternative Medicine](#): Office of Alternative Medicine, National Institute of Health, U. S. Government
- [Alternative Health Search](#): Yahoo! Data Base
- [Alternative Medicine Search](#): Lycos Data Base
- [Alternative Systems of Medical Practice](#): an excellent resource describing the various health care systems around the world. A panel report to the Office of Alternative Medicine, National Institute of Health, U. S. Government. 1992.
- [American Holistic Medical Association](#): a group founded in 1978 uniting M.D.'s and D.O.'s with various resource materials and articles
- [Holistic Healthcare Links](#): an excellent resource for researching on the Web
- [Holistic Healing Web Page](#): articles, links and other resources on the subject
- [Holistic Internet Community](#):(TM) an exchange for communicating, sharing, and help addressing health issues
- [Holistic Nursing](#): nursing associations for U. S. and Japan, plus related information



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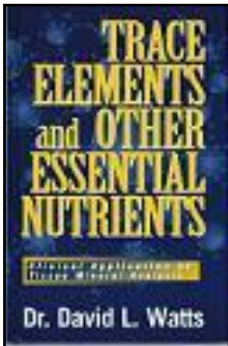
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- Subhuti Dharmananda, Ph.D., Director, Institute for Traditional Medicine, Portland, Oregon, "[Checking for Possible Herb-Drug Interactions](#)"
- Subhuti Dharmananda, Ph.D., Director, Institute for Traditional Medicine, Portland, Oregon, "[The Interactions of Herbs and Drugs](#)"



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