

EVIDENCE FOR RELIABILITY OF MERIDIAN STRESS ASSESSMENT

Acupuncture points have been known for thousands of years, and the principles of electricity have been understood (at least somewhat) since before the 1600s. It has been known for many years that acupuncture points have different electrical conduction than the surrounding tissues. Changes in these electrical readings in conjunction with disease states has been investigated extensively.

Meridian stress assessment instruments that measure electrical conduction at acupressure points have been around for over thirty five years. They have been used widely in Europe and virtually around the world for allergy testing as well as for a variety of other purposes. These instruments, however, have been used for only a few years in this country. Meridian stress assessment instruments have been manufactured in Germany, Japan, China, France, Denmark, Russia, and more recently in the United States.

Many double-blind studies have been done using this technology. In fact, most of those practitioners who use them have set up a blinded test situation of one kind or another before they really believe that these instruments actually work. Hundreds of patients have been tested in a double-blind fashion where the patient did not know what they were being tested for, and the instrument operator did not know anything about the patient's reactivity. These tests usually compare favorably to the patient's history and to testing by other techniques.

Perhaps the most convincing evidence for the accuracy and reliability of meridian stress assessment came from using this testing to quickly identify correct optimal treatment doses for patients who had unpleasant reactions to provocative testing. An effective dose to turn off the response would often take more than an hour by trial and error, but could almost always be found within seconds using the instrument. On those few misses, the optimal dose was within one dilution, and could easily be found.

Another physician who has evaluated meridian stress assessment in his office is William Rea, M.D. from Dallas, an internationally known pioneer in environmental medicine. Besides serving as the director of the Environmental Health Center in Dallas, Dr. Rea has been appointed as the First World Professional Chair in Environmental Medicine, University of Surrey, England. Dr. Rea set up a simple double-blind study using a number of people who had reacted adversely to a challenge test with various antigens, and for whom an optimal treatment dosage had been found to turn off those reactions. Neither the patients nor the instrument operator knew the correct dosage. A series of dilutions were tested, and the electronic instrument identified the correct optimal treatment dosage out of 12 to 20 options in approximately 80 percent of the cases. Virtually all of the "misses" were within 1 dilution of the optimal dose dilution determined by trial and error, making it easy to find the optimal dose in those "misses." Dr. Rea describes using these instruments as part of his practice to find optimal treatment doses for very sensitive patients before provoking symptoms, so that he can quickly administer an effective treatment dose in case of severe reactions.

Doctors from England have for some time used meridian stress assessment for allergies. One of these medical doctors reported a study in the British medical literature. (1)There have

been at least three double-blind assessments of meridian stress assessment reported in the American medical literature. In 1989, Ali reported in the American Journal of Clinical Pathology the results of a double-blind test comparing the results of the IgE antibody levels (using a micro ELISA procedure) for a variety of pollens and molds to meridian stress assessment for the same antigens. The results showed concordance between the two tests of 73 percent. In 1985, Krop did a double-blind test comparing meridian stress assessment to sublingual and intradermal testing for a variety of foods, chemicals, and inhalants. In 66 percent of the 227 tests, the meridian stress assessment identified exactly the same “neutralizing” (optimal treatment) dilution as did the intradermal and sublingual testing. (2)

In 1984, researchers from the University of Hawaii compared 6 different diagnostic modalities for assessing food allergies. These tests included history, food challenge, skin, RAST, IgE antibodies, and meridian stress assessment on 30 volunteers. The testing was done in a double-blind fashion, with the patients not knowing what antigens were being tested, and the instrument operator not knowing anything about the patient's food sensitivities. In over 300 tests, meridian stress assessment matched the history 74 percent of the time, the food re-challenge test 77 percent of the time, skin testing 71 percent of the time, and RAST 69 percent of the time. The authors conclude that “the EAV(or MSA) data obtained in this experiment demonstrates the highest degree of compatibility with the food challenge test, which is considered to be the most sensitive of the currently available diagnostic techniques for food allergy. In addition, the EAV (MSA) results were comparable with both skin and RAST tests. (3)

1. 1 Fox AD: Determination of Neutralization Points of Allergic Hypersensitivity. British Homeopathic 1987; 76:230-34.

1. 2 Krop J, Swierczek J, Wood A: Comparison of Ecological Testing with the Vega Test Method in Identifying Sensitivities to Chemicals, Foods and Inhalants. Am J Acupuncture 1985; 13(3):253-259.

3 Tsuei JJ, Lehman CW, Lam FMK, Zhu DAH: A Food Allergy Study Utilizing the EAV Acupuncture Technique. Am J Acupuncture 1984; 12(2):105-116.