The History of the Acoustic CardioGraph

Text Box:

Most therapeutic approaches to health concern themselves with the alleviation of symptoms. The practitioner selects the symptom(s) that are most important in his/her particular approach. A protocol is then devised to treat this situation.

In the early 1900 hundreds, however, one of the emphasis for the practitioner was adjusting the nutritional intake to relieve symptoms as they became evident. Diet was considered one of the foundational physical factors, which most influenced health. The practitioners of this era were limited to what we would now consider simplistic diagnostic tools. Nevertheless, use of these tools was developed to a very 'advanced' degree. The most utilized of these 'tools' was the stethoscope. The heart was found to be a very useful and reliable indicator of the state of an individual's health.

Drawing from this background, Dr. Royal Lee, a dentist by education and an inventor by profession, fully realized the significance of the heart as a diagnostic indicator. In 1937, he designed and introduced the Endocardiograph. This 'tool' allowed the heart sounds to be graphed. An accurate and detailed recording of the heart sounds was now available for evaluation.

Dr. Lee and the most successful practitioners of his time had long believed that disease was nothing more than malnutrition left untreated. The Endocardiograph was designed to provide a means to measure nutritional status. Dr. Lee and others determined that the heart almost instantly reflected changes in the body chemistry. Thus, the Endocardiograph provided an objective evaluation of health and a permanent record for charting progress.

Fifty years later, in 1987, Dr Walter Schmitt and Dr. George Goodheart realized the need to 'rediscover' this important diagnostic tool. They challenged Kurt Schmitt, Walter's brother, to update the

Endocardiograph using modern advanced electronics. A noted engineer in electronic guidance systems, Kurt took up the challenge. What resulted was a nine-year odyssey that culminated in the Acoustic CardioGraph (ACG).

Like the old Endocardiograph, the ACG records the sounds of the heart as the blood moves through the various chambers, valves, and vessels. The graph signature reflects the opening and closing of the valves, the contraction and strength of the heart muscle, and the efficiency of the movement of the blood, thus giving a clear view of heart function.

In contrast, the Electrocardiograph (EKG) records only the surface electrical impulse as it moves through the nerves of heart tissue. The EKG primarily indicates if the heart tissue (or nervous tissue network) has undergone any trauma or permanent damage on an electrical basis. It will not discriminate valvular function, muscle efficiency, etc.

It is important to emphasize that the ACG reflects the efficiency of heart function. The practitioner is now allowed to evaluate the patient focusing not on the degree of the existing damage, but on prevention and supporting the patient to achieve wellbeing.

In his book Nutrition for a Healthy Heart, Robert Peshek, DDS, stated, "As so many types of nutritional deficiency affect the heart, it is evident that any instrument that affords an exact indication of the heart performance should be valuable as a 'deficiency indicator'." Through the use of the ACG, the practitioner no longer needs to expend time and energy treating disease, but is now able to fully realize the promotion of health.

The ACG provides a wide range of information that is not limited to the function of the heart. At this time, we are just beginning to research the full scope of the data. Join us in our quest to help people who ask us as healthcare practitioners to be guided towards a healthier life.