Towards a better future in healthcare

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What are the underlying factors of chronic illness?
Most of us practicing physicians agree on a few. But for many issues we do not have reliable lab tests!

- Hidden - or not so hidden – infections. You only find what you are looking for. Very expensive. No reliable test for parasites
- Compartmentalized toxins (glyphosate, mercury, lead, etc.): no test for toxins in the brain, or heart – only blood, urine, stool and hair can be tested
- Overshooting immune reactions (mastcell activation syndrome, mold related issues, autoimmunity etc.); confusing and slowly evolving suggestions for lab work
- Interference fields (incompatible dental materials, hip implants, scars, etc.); no lab available
- Complex psychological issues (unresolved conflicts and trauma, unhealthy behavioral issues, etc.); no lab available
- Genetic predispositions: good lab work, but no agreed upon interpretation
- Structural changes caused by the above (“form follows function”); no lab work available

Conclusion: we need another affordable and reliable diagnostic methodology

- Many methods were developed that use various aspects of physics (electrophysiology, light, sound, touch, magnetic fields etc.). Most useful are techniques that use reflexes in the autonomic nervous system to assess issues that cannot be evaluated by conventional testing (lab, imaging, EKG, etc.) alone
- Heart Rate Variability (**HRV**)
- **EAV** (electroacupuncture according to Dr. R.Voll MD, PhD): today re-named as **EDS** (electro-dermal screening)
- Applied Kinesiology (**AK**) -Dr. G.Goodheart DC
- The bi-digital-O-ring test (**BDORT**) - Dr.Y.Omura MD
- The Nogier pulse test: Vascular autonomic reflex (**VAS** or RAC)
- Autonomic Response testing (**A.R.T.**): is a composite technique that uses all of the above

Bohannon, R. W. (2018). **Reliability of manual muscle testing: A systematic review.** *Isokinetics and Exercise Science*, *26*(4), 245-252.

Article type: Review Article

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Abstract: BACKGROUND: The legitimacy of manual muscle testing (MMT) is dependent in part on the reliability of assessments obtained using the procedure. OBJECTIVE: The purpose of this review, therefore, was to consolidate findings regarding the test-retest and inter-rater reliability of MMT from studies meeting inclusion and exclusion criteria. METHODS: An electronic search of PubMed, Scopus, and CINAHL databases and a hand search were conducted to identify articles addressing the test-retest or inter-rater reliability of MMT. Data on participants, testing specifics, and findings regarding reliability were extracted. RESULTS: Of 189 unique articles identified, 9 were found to meet inclusion/exclusion criteria. The studies were highly variable in regard to the population tested, MMT procedure and scoring, and findings. Nevertheless, based on pairwise comparisons, substantial or almost perfect test-retest and inter-rater agreement was demonstrated for most muscle actions tested.

CONCLUSIONS: Reliable assessments of strength may be obtained by MMT but not assumed. Further research is required to address the reliability of MMT across pathologies, muscle groups, and test procedures.

Keywords: Muscle strength, measurement, clinimetric

A summary of Dr.Omura's published work – and what is possible with the accurate use of the BIDORT (Publications at the end of this handout)

Dr Omura has demonstrated and validated that with the BIDORT many sophisticated non-invasive diagnostic discoveries can be achieved - not possible with any other method:

- Quantitative Drug uptake in target organs
- Correct localization of acupuncture points
- Concentration of neurotransmitters, cytokines, hormones, toxins in exact and select body compartments
- Measuring blood flow in selected body compartments
- Detecting mercury in tissues and underneath gold or porcelain crowns
- Detecting cancer at very early stages (and all late stages)
- Measuring the length of telomeres
- Detecting and accurately identifying microbes in specific body compartments
- Detecting beta amyloid and toxins in the brain non-invasively
- Establishing the optimum plane of the bite and optimal occlusion
- Assessing the effect of electromagnetic radiation on the system

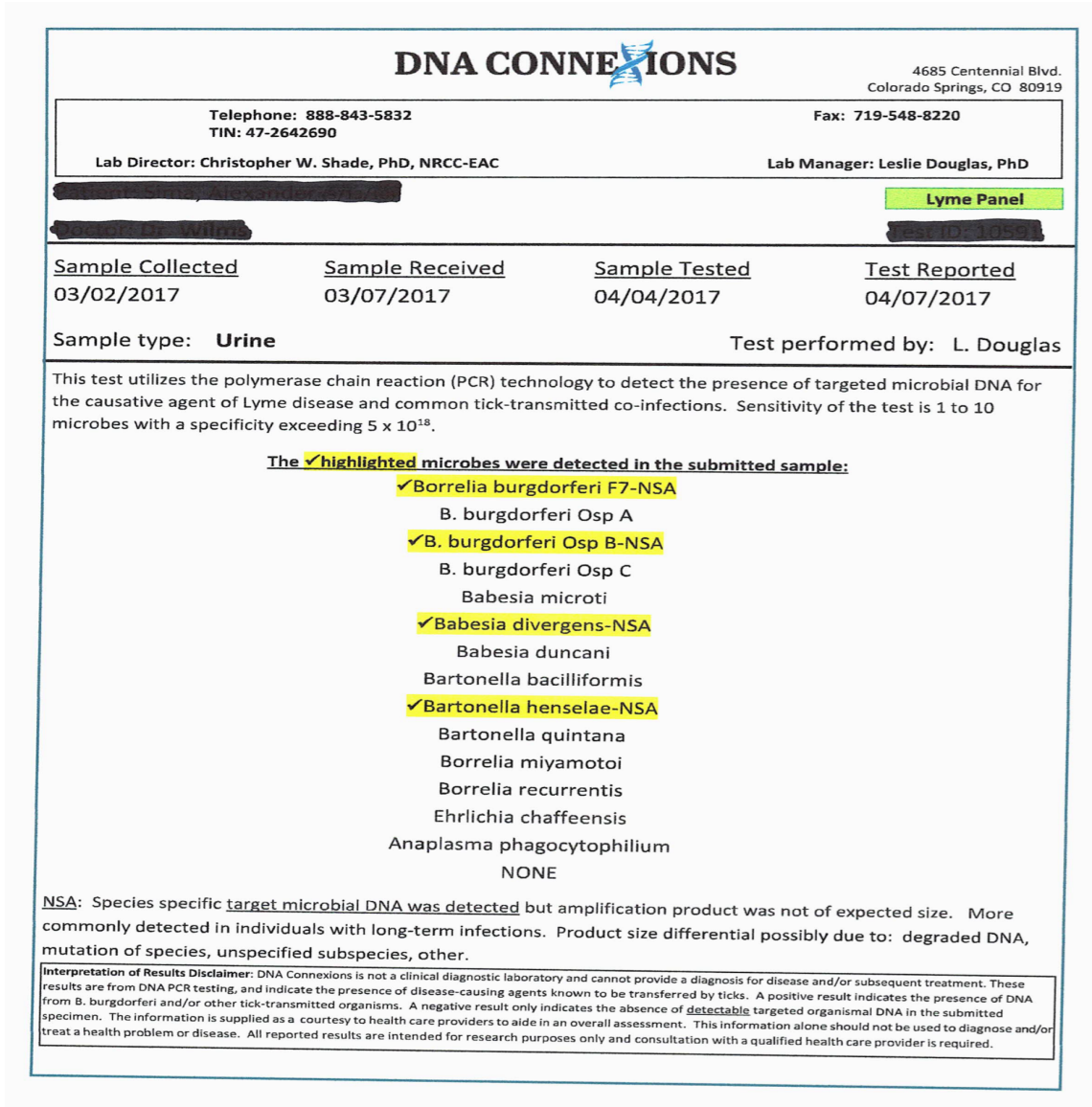
Klinghardt, D. (2017). **The Ruggiero-Klinghardt (RK) protocol for the diagnosis and treatment of chronic conditions with particular focus on Lyme disease**. *Am J Immunol*, *13*(2), 114-126.

Abstract: Here we describe the Ruggiero-Klinghardt (RK) Protocol that is based on **integration of Autonomic Response Testing (ART) with diagnostic ultrasonography** and on application of therapeutic ultrasounds; the latter are used as a provocation tool and as an instrument to optimize drug uptake and utilization in specific areas of the body. This protocol consists of a precise sequence of diagnostic and therapeutic procedures with the ultimate goal of improving sensitivity and specificity of diagnosis at the same time evaluating and optimizing efficacy of treatments in chronic conditions including, but not limited to, persistent Lyme disease. The RK Protocol represents **a paradigm shift in diagnostics and therapeutics: Thus, compartmentalized microbes, transformed cells, toxins and metabolites could be detected using a safe and non-invasive method**. In addition, the RK Protocol allows optimization of efficacy of drugs and other therapeutic interventions. Although the RK Protocol was initially developed for persistent Lyme disease, it shows significant potential in conditions ranging from cancer to neurodegenerative diseases and autism. In oncology, the RK Protocol may serve to facilitate early diagnosis and to increase sensitivity of cancer cells to the killing effects of a variety of remedies ranging from conventional radio- and chemotherapy to more recent forms of immunotherapy. Thus, the 1st goal of the RK Protocol is diagnostic: That is, to make pathogens, toxins, transformed cells and cells infected by viruses that are inaccessible to conventional diagnostic and therapeutic tools, “visible” to the therapist who can detect them with laboratory methods and deal with them with appropriate interventions; and also to make them “visible” to the immune system that can fight them in a physiological manner. The 2nd goal is to optimize drug uptake and utilization in the organs and tissues studied and targeted with these procedures.

Keywords: Lyme, Ultrasound, Autonomic Response Testing, Immune System, Imaging, Brain

Klinghardt Institute
The Heart Of Healing

4 year old boy with autism. Western Blot and other tests for Babesia and Bartonella negative



DNA CONNEXIONS

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Fax: 719-548-8220

Lab Director: Christopher W. Shade, PhD, NRCC-EAC

Lab Manager: Leslie Douglas, PhD

[redacted]

Lyme Panel

[redacted]

Sample Collected	Sample Received	Sample Tested	Test Reported
03/02/2017	03/07/2017	04/04/2017	04/07/2017

Sample type: **Urine**

Test performed by: L. Douglas

This test utilizes the polymerase chain reaction (PCR) technology to detect the presence of targeted microbial DNA for the causative agent of Lyme disease and common tick-transmitted co-infections. Sensitivity of the test is 1 to 10 microbes with a specificity exceeding 5×10^{18}.

The ✓highlighted microbes were detected in the submitted sample:

✓Borrelia burgdorferi F7-NSA
B. burgdorferi Osp A
✓B. burgdorferi Osp B-NSA
B. burgdorferi Osp C
Babesia microti
✓Babesia divergens-NSA
Babesia duncani
Bartonella bacilliformis
✓Bartonella henselae-NSA
Bartonella quintana
Borrelia miyamotoi
Borrelia recurrentis
Ehrlichia chaffeensis
Anaplasma phagocytophilium
NONE

NSA: Species specific target microbial DNA was detected but amplification product was not of expected size. More commonly detected in individuals with long-term infections. Product size differential possibly due to: degraded DNA, mutation of species, unspecified subspecies, other.

Interpretation of Results Disclaimer: DNA Connexions is not a clinical diagnostic laboratory and cannot provide a diagnosis for disease and/or subsequent treatment. These results are from DNA PCR testing, and indicate the presence of disease-causing agents known to be transferred by ticks. A positive result indicates the presence of DNA from B. burgdorferi and/or other tick-transmitted organisms. A negative result only indicates the absence of detectable targeted organismal DNA in the submitted specimen. The information is supplied as a courtesy to health care providers to aide in an overall assessment. This information alone should not be used to diagnose and/or treat a health problem or disease. All reported results are intended for research purposes only and consultation with a qualified health care provider is required.