

Clinical Practice Guideline: Live Blood Cell Analysis

Date of Implementation: February 9, 2006

Product: Specialty

POLICY

American Specialty Health – Specialty (ASH) clinical committees have determined that live blood cell analysis has insufficient evidence to establish diagnostic utility, does not have an established benefit:risk profile, is not professionally recognized, poses a health and safety risk through a substantial risk of both substitution harm and labeling effects, and is considered to be scientifically implausible. For more information, see ASH policy *Techniques and Procedures Not Widely Supported as Evidence Based - CPG 133 – S*.

PROCESS AND DEFINITIONS

When developing, reviewing, and approving clinical policy, ASH peer-review committees consider whether the technique/procedure:

- Is established as having diagnostic utility by:
 - Scientific information published in an acceptable peer-reviewed clinical science resource, and
 - The consensus opinion of the Evidence Evaluation Committee (EEC) when available;
- Is professionally recognized by:
 - Inclusion in the educational standards accepted by the majority of the professions' educational institutions,
 - Wide acceptance and use of the practice, and
 - Recommendations for use made by healthcare practitioners practicing in the relevant clinical area;
- Poses a health and safety risk; and
- Is plausible or implausible
 - A belief, theory, or mechanism of health and disease that can be explained within the existing framework of scientific methods, reasoning, and available knowledge is considered plausible.
 - A treatment intervention or diagnostic procedure that requires the existence of forces, mechanisms, or biological processes that are not known to exist within the current framework of scientific methods, reasoning, and available knowledge is considered implausible.

Substitution harm (indirect harm): Compromised clinical outcomes caused by:

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic procedure known to be safe, be clinically effective, or to have diagnostic utility; or
- The utilization of a diagnostic or therapeutic procedure that is substantially less effective or safe than another procedure with established safety, and clinical effectiveness or utility.

Labeling effects (non-specific harm): The harm that results from identifying in a patient a condition or a finding that is not clinically valid.

Safe: The terms “safe” and “safety,” are used only with specific reference to the absence of direct harm. Direct harm would include any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure, and as such, the procedure would be considered unsafe.

Direct harm: Any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure.

Benefit versus risk profile: The relative effectiveness or utility of a therapeutic intervention or diagnostic procedure versus its potential for direct harm.

- Positive (benefits outweigh risks),
- Negative (risks outweigh benefits), or
- Equivocal (available information is inconclusive).

Description/Background

Live blood cell analysis is the evaluation and diagnosis of one’s health status by analyzing a drop of blood from the patient’s fingertip. The blood is placed under a slide and viewed at high magnification with a microscope. A camera attached to the microscope captures the images and projects them onto a television screen for the practitioner and patient to review together. The practitioner observes the characteristics of the blood to determine which nutritional supplements the patient should take. Practitioners claim to be able to treat a variety of diseases (e.g., arthritis, asthma, colitis, diabetes, and edema) and monitor the patient’s progress with live blood cell analysis.

Some practitioners claim live blood cell analysis can provide a composite representation of over 25 aspects from live blood. Proponents of this technique also claim to be able to check supplement dosages and make sure the patient is getting the proper amount of

1 vitamin, mineral, protein, or enzyme needed to restore optimal health. Proponents of this
2 approach also postulate that “clot malfunction” is an underlying cause of many diseases
3 that this can be diagnosed with this technique and treated with large doses of dietary
4 supplements.

6 **Evidence and Research**

7 Based on the review conducted, ASH is unaware of any valid, published, peer reviewed
8 studies sufficiently supporting the diagnostic utility of this specific procedure or any
9 evidence on the clinical effectiveness of interventions using this technique.

11 **References**

12 Barrett S. Live Blood Cell Analysis. Retrieved July 28, 2015 from
13 <http://www.chirobase.org/06DD/livecell.html>

15 Privitera, J., & Stang, A. (1996). *Silent clots: Life's biggest killers. Lockstep medicine's*
16 *conspiracy to suppress the test that should be done in emergency rooms throughout*
17 *the world*. Covina, CA: The Catacombs Press.