Holistic Performance Institute Position Stand: Live Blood Cell Analysis

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Abstract

There is an almost complete dearth of literature supporting the use of Live Blood Cell analysis in complementary and integrative practice. Until scientific verification can be achieved for the many, at this time unfounded, claims made by alternative practitioners, it is the position of the Holistic Performance Institute that the use of live cell analysis techniques should be avoided. We further caution that diagnoses made by this method may constitute the practice of medicine without a license and may also contravene advertising, fair trading and health practice standards. The use of this technique may cause harm to clients by encouraging false diagnoses, pressure to purchase supplements or treatments that are unwarranted and may preclude accurate diagnoses.

Preliminary position

A search for the term “live blood cell” was conducted in Medline complete, CINAHL, Alt Health Watch, and Sport Discus, returning three results of which none were relevant.

An additional search for any tangential literature was conducted in Google Scholar, returning 93 results, of which 89 were excluded as inappropriate. Four were considered in this narrative review.

Live blood-cell analysis (LCA) is listed amongst other unproven therapies used in natural therapies practice in several reviews of the field.¹, ²

A review by a group from the Graduate School of Integrative Medicine at Swinburne University noted that, although being in favour of the testing as for example, a “first line screening for digestive system and immune function dysfunction”, there was no level 1, 2 or 3 evidence supporting its use and the application in integrative and complementary practice rests solely on the advice of ‘experts’.³

In a comparison between automated haematology and LCA (specifically dark cell microscopy) mean scores of neutrophils were found to be higher, and lymphocytes and basophils lower, in LCA (p < 0.05). A significant and positive Pearson’s correlation coefficient was found between automated haematology and LCA in cell counts for neutrophils (r = 0.60, p < 0.05) and lymphocytes (r = 0.63, p < 0.05), and a significant and positive Spearman’s correlation was found for monocytes (rs = 0.32, p < 0.05) and eosinophils (rs = 0.596, p < 0.05). Significant differences were therefore observed in the mean scores of cell counts but significant

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correlations observed between the two techniques for neutrophil, lymphocyte, monocyte and eosinophils. The authors note that “Given the small amount of blood sample required, [LCA] would have an advantage in clinical practice, though further research is required to determine the clinical implications of the [LCA] cell counts”.

4. **Conclusion**

The complete lack of literature showing viability and validity of live cell analysis does not allow us to recommend the practice by integrative and holistic practitioners. Until credible scientific verification can be achieved through reliability and validity testing in robust clinical trials, it is the position of the Holistic Performance Institute that the use of live cell analysis techniques should be avoided. We further caution that diagnoses made by this method may constitute the practice of medicine without a license and may also contravene advertising, fair trading and health practice standards. The use of this technique may cause harm to clients by encouraging false diagnoses, pressure to purchase supplements or treatments that are unwarranted and may preclude accurate diagnoses.

**References**