



# Klinghardt Institute

*The Heart Of Healing*

## ART

### Module 1

Overview of existing diagnostic methods in Medicine:

- Diagnosis based on patient history (anamnesis)
- Diagnosis based on visual impression alone (most common) or using all 5 senses: palpation, smell, auditory (stethoscope), taste (urinalysis and sweat analysis not taught anymore)
- Analysis of body fluids (blood, urine, stool, sweat) – either biochemical, microscope or gene based
- Imaging techniques (ultrasound, x ray etc.)
- Why do we need ART or other “energetic testing methods? :

Microbes (pathogens) and toxins are compartmentalized: they may live in a part of the brain, but not in the blood or urine where they are looked for. They are too small to show in any of the imaging techniques or to be detected with any of our 5 senses - until there is a lot of damage.

How does ART differ from other energetic methods?

- Applied Kinesiology: here organs and tissues are tested indirectly. Example: the psoas and iliacus muscle weakness is interpreted as being a sign of kidney problems, but the kidneys itself are not tested. In ART we test the actual organ in the location where it is. We are not testing as in AK with vitamin supplements against a weak organ (immediate treatment attempt against an assumed illness or problem) but with actual real diagnostic tools: microbial cultures, toxins, anatomical slides of known pathologies. Several of the 7 Common Factors that block/stress healthy functioning of the nervous system put the body under so much stress that the system goes into sympathetic dominance (a strong arm). In most schools of kinesiology things can be missed that are actually so bad that they block the client. The ART system first checks everything against a weak arm, looking for items that “block” regulation of the nervous system. Thus it is easy to feel when a weak arm becomes strong. Lyme, many of the co-infections and cancer will only show up on this level, and these infections are almost impossible to find with standard forms of kinesiology.

- Electroacupuncture according to Dr.Voll: here the testing is also indirect: acupuncture points on hands and feet are assumed to correlate with organs and tissues, which is not always true. A microcurrent is induced into the assumed location of a particular acupuncture point and tissue-conductance is interpreted. Stored frequencies or homeopathic dilutions of pathologies are piggybacked onto the current and tissue conductance changes are interpreted accordingly. The storage of frequencies is problem-laden and often leads to false assumptions. Testing a homeopathic dilution of a toxin or pathogen is not the same as testing the real toxin or pathogen – it leads to mistakes. EAV has not been successful in prioritizing problems accurately and leads to too many data and confusion with limited treatment results – reflected in a paucity of successful studies.
- Divining methods (pendulum, dowsing rods): in a test performed with 100 self-selected dowsers in Germany asked to find an underground water lines only 6 of 100 could find it where it really was. Accurately using this skill is a gift that can not really be taught – it is a gift
- ART is combining the reproducible parts of each system together with the most scientific of the testing methods, Dr. Omura's bi-digital O ring test. In ART we use real microbial cultures, real pathology slides and real toxins - and the direct resonance phenomenon between identical substances, patented by Dr. Omura, to test organs and tissues where they really are – not through assumed connections to an acupuncture point or muscle. The results and theory behind it is well documented in the peer-reviewed "International Journal of Acupuncture and Electro-Therapeutics Research" published twice yearly by Thieme.
- Other publications: in recent years several studies on the successful use of ART have been published, including studies that have managed to get into PubMed based on their quality. Before his death Dr Goodheart and Culbert published an excellent review on the validity and reliability of muscle testing – coming to a positive conclusion. Studies on EAV testing (now also called electro-dermal testing) can be found with a simple google search

What is the principle behind the muscle testing phenomenon? Attempts to base the accuracy of the findings on classic muscle physiology have failed. By including the autonomic innervation of the motor matrix (prefrontal lobe, cerebellum, spinal chord neurons, etc) into the interpretation we got much closer to understanding muscle testing. However, Professor Jerry Pollack (University of Washington, USA) cast a new light on the true muscle physiology. He wrote the most acknowledged book on muscle physiology in the 1990s, which became the gold standard in medical schools in the US. Recently he discovered the missing link in explaining the more magical properties of our muscles: like most tissues, muscle tissue consists to over 90% of water. This water can exist in different molecular configurations. When the water molecules move into higher organized states - based solely on the influence of electromagnetic fields, gravity, strong and weak force, bioluminescence – the muscle changes its perceived strength. This is currently an area of dispute between the old guard and the pioneers. By working with Prof Pollack and his findings ART has moved far ahead in its ability to detect the true causes of illness and find simple biological solutions not found with any other method.