

RBTI INSIGHTS — *REAL* Health Screening & Risk Management

By
Dr. A.F. Beddoe, D.D.S.

Recently I was reminded again of how unique, vital and valuable the Reams’ Biological Theory of Ionization (RBTI) information and testing is to the health and welfare of the individual, family and community of our nation. It was not too many decades ago that our nation could still have been classed as a developing nation by some public health standards because more was still being spent on curative management of disease than prevention. Whether there has been a real clear-cut shift toward emphasis in prevention than curative, I believe is still open to debate. A greater move toward defining and promoting preventive medical screening did begin to appear in the decades after WWII. Probably, one of the most recognized treatises on criteria for medical screening, was published by the World Health Organization in 1968. It was titled, *Principles and Practice of Screening for Disease*, authored by J. M. G. Wilson and G. Jungner. In their paper, Wilson and Jungner show a distinct difference in the way developed versus developing countries deal with disease. “In developing countries there is as a rule such a vast burden of overt disease that the medical services are overwhelmingly occupied with the treatment of patients coming to them with often advanced stages of communicable disease. With so much curative work to do, they have little time, let alone resources in manpower and money, to spend on looking for disease in its incipient stages, and their preventive work consists largely of attempting to improve environmental conditions.” On the other hand, “[In] the developed countries ... diseases that have now come to the fore are of such a nature that, if detected early, they stand a reasonable chance of being cured, whereas if not diagnosed until the patients come to the doctor with clear-cut symptoms they may be incurable. In developed countries, therefore, it would seem that the practice of screening for disease should be widespread. That it is not so to the extent that might be expected is due to a number of factors, among them the cost of screening and the tendency in the medical profession to wait for patients rather than actively to look for disease in the population. Another factor undoubtedly is inadequate knowledge of the principles and practice of screening for disease.”

However, I believe there is another significant factor at play here. It is the lack of awareness of the existence of any screening test that will truly perform as RBTI will perform. RBTI is the best kept secret of a screening test that can check for a vast number of chronic degenerative conditions, and also thoroughly assess the risk of developing degenerative conditions before they can be determined by medical screening of any type.

COMPARING RBTI SCREENING TO GENERAL MEDICAL SCREENING

The following table is designed to point out the comparative significant differences relative to how RBTI tests function for disease and disease risk screening compared to general medical screening that are now quite common in various medical and public health venues. The reader should keep in mind that the mathematical model that RBTI portrays is what Dr. Reams believed is perfect electrochemical health — perfect health is always the reference for the RBTI test. On the other hand, general medical screening references, only, “normals” derived via mathematical means deduced from sampling a broad cross-section of the population of unknown health — thus averaging data from people of unknown health. Which would you want your tests to be compared to?

RBTI SCREENING	GENERAL MEDICAL SCREENING
Object — The earliest possible way to discover those among the apparently well who are, in fact, developing chronic degenerative disease and then reveal how to use diet and lifestyle to reverse the developing issues that cause dis-ease. Provides data of the electrochemical cause on an individual basis. Medical screening denotes this as “positive surveil-	Object — To discover those among the apparently well who, in fact, have either early symptoms or actually have an early stage of a pathological condition. This approach deals primarily with physical symptom discovery through general mass public health screening approaches, through doctor’s offices, hospitals, outpatient clinics and public health

lance.”	agencies.
Preconditions — None. RBTI tests are simple to perform and can be performed on all ages in most circumstances — no need for physical exam prior to testing.	Preconditions — Only performed if possible condition may represent serious health problem. Person should have physical exam for condition prior to this method.
Treatment — Simple diet and lifestyle changes will usually be all that is necessary. Potential for harm is extremely minimal. Drugs and medications are not a part of the treatment. Treatment through diet and lifestyle alteration is causal oriented.	Treatment — Treatment depends on condition being screened. May vary from simple to complex and/or invasive — even injurious. Some treatments can certainly cause more harm than good. Treatment is usually symptomatically oriented after the fact.
Cost effect — low cost — Only real screening cost is for the time of the person who runs the test. Cost of test materials and chemicals are minimal. No high cost laboratory office/work space needed.	Cost effect — Depends on type of test being used. May involve very expensive equipment and lab space as well as the time of the personnel.
How invasive — Not invasive. Uses fresh samples of urine and saliva. No physical exam necessary to verify the test analysis.	How invasive — Depends on type of screening test performed. Physical exams are certainly a part of many screening processes to confirm test findings.
Acceptance — Highly acceptable to everyone from patient to practitioner. No limitation of use. Interfaces perfectly with all health care by adding the truest dimension of earliest first line, detection and prevention possible.	Acceptance — Should be acceptable to population, but depends on how invasive a particular screening test may be.
Testing Procedure — All testing of urine and saliva samples can be easily performed by trained RBTI personnel.	Testing Procedures — Who can or is able to run the tests depends on the type of tests being run. Many tests require many trained personnel, and high cost special equipment, thus not as economically acceptable.
Risk Factor Value — Can be used to determine level of risk in developing many types of chronic degenerative disease, because the RBTI test is looking at the electrochemical patterns that actually point to potential degenerative issues.	Risk Factor Value — Minimal to none, because usually looking for symptom or manifestation of a disease. Risk factoring is mute point when symptom or manifestation is already present.
Prevention Level — <i>primary</i> — Extreme early detection possible when analyzing at electrochemical level of body chemistry, before related symptoms present or condition can be medically detected.	Prevention Level — <i>mostly early detection</i> — Depends mostly on discovering and curing conditions which have already produced diagnosable pathological changes, but which have not reached a stage at which medical aid is sought spontaneously by the person with the condition.
RBTI Test Criteria: <ul style="list-style-type: none"> • Highly valid because able to specifically determine when detrimental electrochemical conditions are or are not present. • Highly reliable because of consistent instrumentation and minimal observer variation. 	General Medical Screening Test Criteria: (Taken from Wilson and Jungner, 1968 ¹) <ul style="list-style-type: none"> • “The condition should be an important health problem. • There should be a treatment for the condition. • Facilities for diagnosis and treatment

¹ Wilson, J.M.G. and Jungner, G. *Principles and Practice of Screening for Disease*, World Health Organization, Public Health Papers No 34, 1968, p 26.

<ul style="list-style-type: none"> • No pain or discomfort to obtaining samples. • Inexpensive in cost and time to perform and can be carried out under challenging field conditions. • Highly reproducible as evidenced from retesting. • High yield — Meaning highly sensitive and effective in revealing adverse electrochemical conditions in high percentage of persons who believed themselves to be “in good health” and free of any on-going chronic dis-ease conditions. • Does not rely on any diagnosis — only analysis of the mathematical relation to the math for perfect health. • Follow-up tests are required and use the same testing procedure and analytical evaluation to determine how ongoing diet and lifestyle counsel must be adjusted to reverse the original electrochemical issues. 	<p>should be available.</p> <ul style="list-style-type: none"> • There should be a latent stage of the dis-ease. • There should be a test or examination for the condition. • The test should be acceptable to the population. • The natural history of the disease should be adequately understood. • There should be an agreed policy on who to treat. • The total cost of finding a case should be economically balanced in relation to medical expenditure as a whole. • [Looking for and] finding disease should be a continuous process, not just a ‘once and for all’ project.”
<p>Special Benefit — 1) Based on a mathematical electrochemical model for what perfect or ideal health must be; 2) Provides a system for understanding individualized dietary and lifestyle needs as they influence the electrochemistry of the body, which are not addressed by any other health screening test or system at the present time; 3) Same tests are used to follow progress in reversing health issues that were discovered in the screening process.</p>	<p>Special Issues — 1) Test results compared to “norms,” which do not model perfect health, rather an assumed model of health. Norms are based on averages of test samples taken from random sampling persons who are really in various stages of dis-ease that is not physically evident; 2) Screening tests are limiting since searching for specific conditions that are usually physically present and must be verified by physical exam.</p>

A FINAL NOTE: It is generally estimated that degenerative diseases like cancer can be present at least ten years before they are medically detectable. So how soon would you like to know what conditions are in place that are predisposing you to some chronic degenerative illness a few months or years down the road?

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