AUCTORES
Globalize your Research

Journal of Clinical Case Reports and Studies
Bahram Alamdary Badlou *

Open Access

Case Report

Post COVID-19 WAR era Clinical Case-Series Report, Unrecognized Pathophysiologic Abnormalities Detected by Quantum Magnetic Analyzer (QMA) Screening in 18 "Healthy" Clients and Patients: A Double-Blind Case-Series from Utrecht, The Netherlands

Bahram Alamdary Badlou

Hematology and MSc Medical Biology (CEO, PI) BBAdvies and Research, Research and Development Dept. Zeist, The Netherlands.

***Corresponding Author:** Bahram Alamdary Badlou, Hematology and MSc Medical Biology (CEO,PI) BBAdvies and Research, Research and Development Dept. Zeist, The Netherlands.

Received date: May 22, 2026; **Accepted date:** June 02, 2026; **Published date:** June 19, 2026

Citation: Bahram A. Badlou, (2026), Post COVID-19 WAR era Clinical Case-Series Report, Unrecognized Pathophysiologic Abnormalities Detected by Quantum Magnetic Analyzer (QMA) Screening in 18 "Healthy" Clients and Patients: A Double-Blind Case-Series from Utrecht, The Netherlands**,** *J, Clinical Case Reports and Studies*, 7(7); **DOI**:10.31579/2690-8808/324

Abstract

Background: Routine checkups in The Netherlands, Iran, and Germany often rely on legacy biochemicals, and imaging tools that may miss early-stage or multifactorial pathophysiologic abnormalities. In the post-COVID-19 war era, the need for updated diagnostic frameworks has been repeatedly emphasized in recent literature, including our different published studies Prepandemic and Postpandemic periods (Bahram Alamdary Badlou and colleagues 2000-2026).

Objective: To evaluate whether the Quantum Magnetic Analyzer (QMA)—a non-invasive, hand-palm–based bio-resonance screening tool—can detect (Patho)Physiologic abnormalities not captured by routine checkups, and offer a modern, rapid and complementary screening tool to the old-fashioned routine diagnostics.

Methods: A randomized, double-blind case-series was conducted in locally in Utrecht, The Netherlands, Frankfort Germany, and Tehran Iran; involving 18 self-reported healthy clients and patients (HCPs), who randomly requested for such modern checkups with our in-house developed Health Checking Procedures (IHDHCPs). Each participant underwent QMA screening according to manufacturer protocol and our HCPs. Neither participants nor the operator interpreting results knew the clinical background of the subjects. Findings were compared with participants' prior routine checkups and with a control healthy person age 19 years Old (Young) as reference random double-blind control person. No selection for Gender, Age, Known Health and Disease (KH&D), smoking, previous surgeries, menopausal or not, cancer patient or not, Diabetic patient or not, Hepatic diseases or not, Kidney diseases or not, and/or any (un)known clinical selections.

Results: QMA detected multiple physiologic and hemato-immunologic deviations in all 18 participants. Subjects consistently reported that these abnormalities had well/ not been identified during routine checkups in their home healthcare systems (NL, IR, DE). Several abnormalities corresponded with symptoms previously dismissed as "non-specific" or "normal variations." Participants expressed high satisfaction and perceived clinical relevance of the findings. One interesting result was that iron and zinc differences were not differed between HCPs and were person-dependent, however. Meaning that iron metabolism, for example, is not age- dependent and is more persons' pathophysiology dependent.

Conclusion: Lesson Learned: This case-series suggests that old-fashioned assumptions, SOPs, and legacy diagnostic tools may fail to detect early or subtle pathophysiologic abnormalities, supporting the growing call for updated, mechanistic, AI-supported diagnostic platforms. QMA may serve as a complementary screening tool, warranting further controlled clinical studies, with or without selecting certain patient populations to validate such results appropriately and pathologic-dependently. Moreover, our I HDHCPs developed modern methods might revolutionize modern screening tests, in an accelerated complementary manner.

Key Words: Postcovid-19; human; mortality; morbidity; management; health; diseases; screening; updates; qma; medicare; Medicaid; risk management

Introduction

Routine clinical checkups across Europe and the Middle East countries continue to rely heavily on decades-old prepandemic diagnostics, Biochemical panels, imaging modalities, and symptom-based triage systems. In these post-COVID-19 war eras, multiple authors—including our R&D teams Badlou BA et al. 2000-2026(1-4)—have argued that these legacy tools are insufficient for detecting early-stage, multifactorial, or immune-metabolic disorders. We are introducing our in-house developed Health Checkup Procedures (IHDHCPs) which might faster, better and accurate lead clinician and patients toward rapid prognostics and appropriate diagnostics, which could function as fundaments of appropriate Medicare and Medicaid, consequently.

What is known? Recent publications by our research teams from bench-to-bed Badlou BA (2000–2025) highlight 1. persistent diagnostic blind spots 2. accelerated disease progression due to delayed and/or bias-based old-fashion detection/localizations 3. the need for updated and upgraded Prognostics/Diagnostic frameworks and last but not least 4. the emergence of variant-agnostic, mechanistic, AI-supported diagnostic tools usage, appropriately.

What is unknown? The Quantum Magnetic Analyzer (QMA) is a modern and non-invasive, hand-palm–based bio-resonance device that claims to detect (patho)physiologic details and deviations through electromagnetic signatures (according to manufacturer). Although controversial and under-studied, its potential role as a screening adjunct merits exploration. From 2024, our team started with different pilot studies in a double- blinded manner. No selection of clients and/or patients, whatsoever concerning their gender, age, diseases, and/or whether they used alcohol and cigarettes, daily.

This case-series evaluates QMA's ability to detect relevant changes to pathophysiologic parameters and abnormalities in individuals, which were previously labeled as "healthy" by routine checkups, however.

Methods. 18 so-called random healthy clients and patients (HCPs) were double blindly screened based on our in-house –developed Health Checkup Procedures (IHDHCPs).

Study Design. As screening test samples we used only hand palm as described according to manufacturer's manuals (QMA, China). Type clinical pilot and studies were selected as a a-selected, randomized, double-blind case-series from 2024 up to 2026, locally in different countries under random circumstances. No special room or isolation is used.

Participants: n=18 our random clients and patients (HCPs) presenting general wellness evaluation and screening, with certain history online and offline. Our IHDHCPs was carried out constantly and in the same manner for all, regardless of local and measuring environments.

Inclusion: Self-reported HCPs, random individuals with(out) recent routine checkups between 2022-2025. Exclusion: No exclusions were reported.

Randomization & Blinding: Participants were assigned random identifiers 18 HCPs.

The QMA operator was blinded to clinical history. Just name-age-gender-contact address was registered as described by QMA manufacturer protocol/software.

Participants were blinded to the interpretation process and should follow our IHDHCPs for 5 minutes.

QMA Screening Procedure: Screening performed using hand-palm contact according to manufacturer protocol. Each scan generated multi-system physiologic parameters as described by manufacturer i.e. changes in hematologic, metabolic, immune, endocrine, microcirculatory variants. Some measurements were repeated twice, randomly.

Results were compared with a 19 years girl who had no sign of any reported diseases and considered random Healthy person; and all QMA screened participants were compared to control person, randomly, after all routine checkups, regardless of Gender, Age, and diseases.

Case report outcome Measures

In this primary case report and review, we report certain modern and rapid detection systems of physiologic abnormalities which were not previously identified, by routine checkups and old-fashioned diagnostics.

Moreover, after processing of all data acquisitions and data processing all Participant replied to a complete satisfaction and perceived clinical relevance, which they requested to make a scientific report for their own treating Physician, in a comprehensive manner.

Results

1.Detection of Previously Unrecognized Abnormalities

All 18 participants demonstrated at least ≥2 (patho)physiologic deviations which have not been reported in their routine checkups between 2022-2025. Common categories included:

Hemato-immunologic dysregulation, Microcirculatory impairment, Metabolic stress markers, Organ-specific functional deviations (liver, kidney, endocrine), Trace metals changes, Heavy metals detection, and relevant amino acids release- which could/might/ should held in account if (Patho)Physiologic/biochemistry/ biological deviations are significant for Medicare and Medicaid plannings.

However, these findings align with the post-COVID-19 immune-metabolic instability described in our recent publications, Badlou BA et al.'s recent work (3-6), requesting certain updates/upgrades needed, now.

2.Participant Feedback.

Participants from The Netherlands, Iran, and Germany reported that their routine checkups "did not detect/ report in so detail and innovative inspiring manner" . Furthermore, many deviations we reported based on person-dependent situations, and their relevant symptoms were often dismissed as "normal", in routine old-fashioned checkups diagnostics and/or not even discussed with them, eventually. They report to us that processed QMA results "finally explained" some hidden persistent complaints of them, precisely; which even they did not know that parameters were important to report during their visit to their regular treating Physicians. Besides, high satisfaction with the screening process and our rapid IHDHCPs for them were very modern and novel, which they told our team every old-fashioned (para)Medici should use from 2027.

3.Clinical Interpretation

While QMA is not a replacement for validated diagnostics, the pattern of abnormalities suggests 1.routine checkups may miss early-stage dysfunction 2. Mechanistic, multi-system screening tools may fill critical gaps and 3. AI-supported interpretation could enhance reproducibility and clinical value, in a complementary manner.

Discussion

This case-series supports the hypothesis that legacy diagnostic tools remain insufficient for detecting early or subtle pathophysiologic changes—

especially in the post-COVID-19 war era, where immune-metabolic instability is common (1-6). The findings reinforce themes from our previous hypothetical and commentary publications which prepandemic reported that (2018) early warnings about thrombo-circulatory blind spots (1,2), and postpandemic viral attacks (2022-2025) (re)called for hematologic, immunologic, and systemic diagnostic upgrades/upgraded needed (4-7). Since 2025, our R&Ds' teams internationally have been emphasizing/requesting/ warning on unpredictable disease progression due to outdated tools and legacy diagnostics, remarkably. In this case study we are reporting the primary results over the QMA's ability to detect (hidden) abnormalities missed by routine checkups suggesting potential value as a complementary screening tool, particularly either in preventive and mechanistic diagnostics, or in therapeutics.

However, limitations include indeed certain aspects viz. small sample size, lack of biochemical correlation and validation studies, reliance on manufacturer algorithms, and a need for controlled validation further studies.

From 2026, when we are using our IHDHCPs, in a harmless manner, we have many satisfied HCPs that bring us new HCPs. That is indeed a very stimulating gesture, which supports further expansion of our IHDHCPs.

Conclusion/ Lesson learned

This double-blind case-series demonstrates that QMA screening identified (patho)physiologic different parameters of abnormalities in all 18 participants—abnormalities that routine checkups failed to detect. These findings support the urgent need for updated, mechanistic, AI-enhanced diagnostic platforms in the post-COVID-19 era. Further research should evaluate QMA's reproducibility, correlation with mechanistic biomarkers, and integration into preventive diagnostics. The author declares no conflict of interest of any kind.

References

1. Badlou BA, (2018). Thrombosis, an Important Feature of 'Death Triangle' Machinery. *J Thrombo Cir*:JTC 105.
2. Bahram Alamdary Badlou J. (2018). The 21st Century Target Supposed to be 'One' Even is too Much, A Short Commentary about Postoperative Thrombosis and Expected Disorders. *J Thrombo Cir*. 4:1.
3. Badlou BA. (2024). Post COVID-19 war era, hematologic and hemato-immunological updates needed to prevent accelerated death triangle machinery. Hematol Transfus Int. 12(3):53-54.
4. Badlou BA. (2024). Post COVID-19 war era, Overall Updates and Upgrades Needed to Protect Patients Against Unpredictable Disease's Progression. *Arch Pharmacol Ther*. 6(1):50-52
5. Bahram Alamdary Badlou. (2024). POSTCOVID-19 WAR era, remarkable accelerated hemato-immunologic processes affecting patients disease progression toward excess mortality. Hemato & transfusion int j.
6. Badlou BA. (2025). Post Covid-19 war era, overall updates and upgrades needed to protect patients against unpredictable disease's progression. Int J Cardiovasc Med. 4(1).
7. Bahram Alamdary Badlou. (2025). "POSTCOVID-19 WAR Era, Cancer Diagnostics Problems, Dual Risk Profiling Yes or No?". Acta Scientific Cancer Biology 9.3: 01-03.

DOI:10.31579/2690-8808/324