



Testing for nutritional healing

By Freddie Ulan, DC, CCN

It was not until the 20th century, that the majority of diets became composed of “nonfoods” mass produced in industrial processing plants and factory farms.

This decline in the nutritional value of food sources directly parallels the decline in the ability of bodies to heal themselves.

Thus, the search for an effective system of assessing the body’s nutritional needs began. Each muscle testing system had many positive things in its favor, but each also had intrinsic weaknesses, such as being too complex, too time-consuming to perform in any volume, and not consistent enough in producing results.

Some required enormous pill counts, which never seemed to abate or which missed or failed to correct the true underlying causes. Others had no reliable procedures for precise monitoring of patient progress.

Even more importantly, they lacked the ability to detect

in advance the all too common barriers to nutritional healing with which so many patients arrive with and a simple methodology for rapidly eliminating these barriers.

Assessing the body

Muscle testing is very accurate. It assesses the patient’s body, its innate intelligence, and the autonomic nervous system (ANS) — all that makes the body work. The body has thousands of acupuncture points, reflexes, and meridian points that are active to a greater or lesser extent depending on what systems and organs are working appropriately or not.

One example to exemplify muscle testing’s efficacy is hypothermia.

For example: The body’s ANS is smart enough to know which things are more important to preserve or help. If you were in cold water for an extended period of time and hypothermia set in, the first things to be affected would be the fingers and toes, then feet and hands, then arms and legs, and lastly the core of the body.

The most vital to viability would be the last to go —

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that is what you elicit when you do a muscle test. You put pressure or irritation on the not-so-important area, such as the arm, but you are also putting some pressure on the all-important bodily core, which forces the ANS to make a choice.

If there is a problem with the core of the body, it will pick the core of the body to preserve, which will make the arm go weak because the body always prioritizes in order of importance. However, if the heart or liver you are pressing is doing well and the body has enough reserve energy to keep the heart and liver strong in addition to the arm, it will not fall because there is no irritation.

Common barriers

Research identified the most common barriers to healing, and a myriad of others, less common —

most of which also respond to correct nutritional approaches.

A few of the specific, unique breakthroughs and/or advances made during the development of nutrition response testing include:

Blocked regulation: Nutrition response testing has an effective system in place to handle blocked regulation of the ANS. Blocking manifests itself in patients who have received chiropractic care for a long time with good results, but who suddenly and unexplainably stop experiencing benefit from the same treatment.

Essentially, those patients who were unresponsive to chiropractic treatment were experiencing blocking that closed down their full potential for healing.

Switched regulation: This neurological confusion can be

equated to “crossed wires.” This condition is indicative of patients who actually have a negative or poor response to treatment.

These are the patients who receive an adjustment, normally beneficial to their health, but then experience a negative result.

Until the switching of the nervous system is handled with nutrition response testing, the patient will continue to experience an adverse reaction to treatment or roller-coaster with their care.

Prioritizing: Prioritization permits the practitioner to address the most important specific health factor of a particular patient at a given time. This also allows for lower pill count and patient cost, resulting in greater patient satisfaction.

Dosing: By testing the localized areas of stress on the body directly

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against precise supplement counts, it can reveal exactly how much nutritional support it needs to handle its priority issue.

This too keeps the pill count and patient cost to a minimum, since the patient is not being dosed with unnecessary and excessive amounts of product. It also allows the practitioner to ensure the patient can digest them and will not have any kind of allergic reaction.

The exact dosing combined with the handling of the barriers to healing and blocked or switched regulation ensures that a patient's body is not overwhelmed with product; as "overdosing" is in itself a violation of prioritization.

The road map

Nutrition response testing provides a step-by-step process of

correctly identifying the root cause of a patient's health challenges, with complete certainty and accuracy, to then determining the priority issue which must be resolved first in order to restore the self-healing ability of the ANS.

This finite 13-step protocol includes key muscle testing sequences from finding the indicator muscle necessary for testing, challenging the ANS for a response, determining if switching or blocking of the ANS are present to scanning the body for localized areas of stress, and prioritizing local areas and affected organs.

An additional breakthrough made in this protocol is checking the prioritized area against the major hidden barriers of healing to ensure there is nothing to prevent the organ from responding to the nutritional

support it will receive.

Imagine being able to have, in less than 10 minutes, complete confidence and certainty that you have identified the correct stressors, in the precise order of priority, and that you have recommended the right nutrition to target and handle your patient's most vital health issue.

With nutrition response testing, that's exactly what you can do. 



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