

Weight Loss & Test Kits

This is often a complex issue and may need a programme of interventions and support depending on the reasons the person is overweight. Clinical disease, e.g. under-active thyroid. Could be a cause and should be ruled out by a properly qualified medical practitioner.

This information sheet focuses on ways in which you can use the test kits to assist people in attaining their ideal weight, but there are other factors that may be equally or even more important.

Constant dieting affecting metabolic rates (a diet of less than 1000 calories a day can lead the body to adapt to a famine situation and slow down the metabolic rate by as much as 40%).

The vast majority of people take too little exercise. A good exercise programme has been shown repeatedly to be part of an effective weight loss programme and is particularly helpful in helping to keep weight off.

Emotional issues often lead people to eat to stuff down emotions etc. This aspect can be treated with psychological energy work or flower essences and homeopathic remedies. I also like the [Gabriel Method](#) that has a very holistic approach to weight loss.

Some people routinely make bad food choices because they lack sufficient information on how to make good choices. There are at least 4 ways you can use the kits to help people who wish to lose weight:

1. Cravings can be as a result of nutritional deficiencies or as a result of allergies. The test kits for nutritional and elements can help you identify nutritional deficiencies.
2. Using the kits to correct allergies / food sensitivities can help stabilise blood sugar and reduce cravings, so making it easier for people to eat a healthy diet.
3. Many toxins (particularly pesticides and chemicals used in industrial processes) are not easily broken down so persist in the environment. These are eaten by animals and stored in fat and then transferred to humans when the meat and fish is eaten. These chemicals also enter humans via the air and the water supply. These chemicals are subsequently stored in human fat. There is a theory that sometimes the body is reluctant to release the fat because it will mean releasing the toxins into the blood stream. The Pesticide and Industrial/Environmental kits may help detoxify safely.
4. Endocrine disrupters. Some chemicals in the environment are known to disrupt normal hormonal processes. These include:
 - a. DDT – actually 4 chemicals in commercial DDT – all in pesticide 2
 - b. PCBs – we have a PCB mix in Industrial and Environmental 3
 - c. Bisphenol A – in Industrial 3
 - d. Bis(2-Ethylhexyl) Phthalate(B) – Industrial 1-2
 - e. Dibutyl Phthalate – Personal Care
 - f. Dioctyl Phthalate – Industrial 1-2
 - g. Phthalate Mix – Industrial 3
 - h. PFOA – Industrial 3
 - i. Polychlorinated Biphenyls (PCB) Mixed - Industrial 3
 - j. Endosulfan – pesticide 1
5. An imbalance of hormones and other body biochemicals. See the table below.

My book [Energy Mismatch](#) gives you a simple but effective way of working with the test kits. You can learn more about the test kits [here](#).

It *appears* to be important to check out the full range of hormones etc. involved with weight loss and blood sugar maintenance. New hormones/peptides are being discovered all the time by biochemists, and new roles for existing body chemicals are being understood.

The 38 vials listed below are available in one kit if you prefer, but will give you **duplicates if you subsequently buy any of the Biochemical Kits or the Hormone or Amino Acid Kits**. [Buy the weight management kit](#).

| Test Kit | Substance | Action In Relation To Weight Control |
|--------------------|--|--|
| Body Biochemical 1 | Cyclic Adenosine-3',5' - monophosphate (Cyclic AMP) BB10 | Causes adipose cells to break down triglycerides and release fatty acids more rapidly; stimulates thyroid cells to secrete more thyroid hormone. |
| Body Biochemical 1 | Serotonin BB21 | Decreases carbohydrate cravings; provides a feeling of fullness; enhances mood. |
| Body Biochemical 2 | Cortisol/ Hydrocortisone BB33 | The principal glucocorticoid; increases blood glucose levels by increasing cellular utilisation of proteins and fats as energy sources thus conserving glucose; stimulates liver cells to produce glucose from amino acids and fats. |
| Body Biochemical 2 | Glucagon BB40 | Raises blood sugar levels by accelerating breakdown of glycogen into glucose in the liver, converting other nutrients into glucose in the liver, and releasing glucose into the blood – opposes the action of insulin. |
| Body Biochemical 2 | Leptin BB44 | Released by fat cells as they synthesise triglycerides; reduces appetite; non-insulin dependent diabetes. |
| Body Biochemical 2 | Neuropeptide Y BB45 | Stimulates appetite; causes increased storage of ingested food as fat; reduces energy expenditure. |
| Body Biochemical 2 | Protein Tyrosine Phosphatase / PTP1B BB47a | Inhibits signaling of leptin and insulin ¹ ; may explain resistance to leptin and insulin; likely to be important in obesity and type 2 diabetes; drug research now being carried out to find drugs to inhibit PTP1B. |
| Body Biochemical 2 | Thyroxine BB48 | Converted into T ₃ ; increase rate at which cells release energy from carbohydrates. |
| Body Biochemical 2 | Reverse T ₃ BB49 | Reverse T ₃ and T ₃ are secreted in an inverse relationship allowing the thyroid to adjust the amount of thyroid activity; blocks the action of T ₃ by binding with the receptor sites. |
| Body Biochemical 2 | Val-Pro-Asp-Pro-Arg BB50 | Research on rats indicates that this is an appetite suppressant. |
| Body Biochemical 3 | Anandamide BB52 | May increase appetite |
| Body Biochemical 3 | Exendin (9-39) BB65 | Reduces glucose levels; competes for the same brain receptors as GLP1 and so blocks the effect of GLP1 and stimulates appetite |
| Body Biochemical 3 | Glucagon-Like Peptide 1/GLP1 BB66 | Stimulates production of insulin; inhibits production of glucagon and gastric emptying; reduces appetite; lowers blood glucose in people with diabetes |
| Body Biochemical 3 | Orexin B BB71 | Generated when blood sugar levels drop, so acting as a trigger to eat |
| Body Biochemical 4 | Dipeptidyl Peptidase IV BB84 | Arrests biological activity of GLP1 and Substance P |
| Body Biochemical 4 | Glycogen BB87 | The principal carbohydrate storage material in the body; plays an important role in controlling blood sugar levels |
| Body Biochemical 4 | Glycogen Phosphorylase a BB88 | Involved in converting glycogen to glucose |
| Body Biochemical 4 | Glycogen Synthase BB89 | Involved in converting glucose to glycogen |
| Body Biochemical 5 | CART BB102 | Modulates the action of leptin and neuropeptide Y and so reduces appetite. |
| Body Biochemical 5 | Galanin BB105 | Stimulates the appetite |
| Body Biochemical 5 | Ghrelin BB106 | Increases appetite; may be a hormonal link between stomach, hypothalamus and pituitary and so regulate energy balance; regulates growth hormone secretions; may signal to the hypothalamus when an increase in metabolic efficiency is necessary |
| Body Biochemical 5 | Neuromedin B BB110 | Involved in blood glucose control; suppresses the appetite |

| Test Kit | Substance | Action In Relation To Weight Control |
|--------------------|---|---|
| Body Biochemical 5 | Prostaglandin E2/ PGE2 BB117 | Acts on adenylate cyclase to enhance the production of cyclic AMP. Other Prostaglandins may also be relevant, but I do not have enough information at the moment |
| Body Biochemical 5 | Urocortin BB125 | Inhibits appetite |
| Hormone | CCK H6 | Stimulates a feeling of satiety; may regulate feeding as a "stop eating" signal |
| Hormone | Corticotropin Releasing Hormone (CRH) H8 | Involved in the regulation of food intake |
| Hormone | Epinephrine/ Adrenaline H10 | Decreases digestion, increases blood sugar |
| Hormone | Glucocorticoids H12 | Conversion of non-carbohydrates into energy |
| Hormone | Growth Hormone Inhibiting Hormone / Somatostatin H13 | Inhibits secretion of insulin and glucagons and slows absorption of nutrients from the gastro-intestinal tract |
| Hormone | Insulin H14 | Decreases blood sugar levels |
| Hormone | Melanocyte-Stimulating Hormone (MSH) H16 | Suppresses appetite |
| Hormone | Thyroid-Stimulating Hormone (TSH) H27 | Stimulates thyroid gland to produce its hormones |
| Hormone | Thyrotropin Releasing Hormone (TRH) H28 | Stimulates anterior pituitary to secrete TSH |
| Hormone | Triiodothyronine/T ₃ H29 | Regulates metabolism by stimulating carbohydrate and fat breakdown |
| Hormone | Human Growth Hormone/Somatotropin H30 | Helps to maintain muscle and bone mass and promote healing of injuries and tissue repair; speeds up the breakdown of liver glycogen into glucose; excess production may cause diabetes mellitus |
| Amino Acid | Arginine | Involved with glucose control mechanism in blood; enhances fat metabolism; involved in insulin production; stimulates human growth hormone. |
| Amino Acid | Carnitine | Major role in transferring fatty acids into cells where used as energy sources; mobilising fatty deposits in obesity. |
| Amino Acid | Pheylalanine | Precursor of tyrosine and therefore dopamine, norepinephrine (noradrenaline) and epinephrine (adrenaline), so affects blood sugar levels and fat metabolism; necessary for thyroid; involved in weight control. |

Please Note: This information represents many hours of diligent research over many years and is protected by copyright.

We do not believe that the written information alone provides sufficient information for accurate kinesiology testing or dowsing. Please do not use this information in that way.

© Jane Thurnell-Read 1992-2016

Life-Work Potential Limited, United Kingdom

Tel UK: 01392 916 390; Tel from outside UK: +44 1392 916 390

Email: contact@lifeworkpotential.com

www.lifeworkpotential.com