

**Nutritional Testing  
For  
Kinesiologists and  
Dowsers**

**by**

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**(excerpts only)**

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# Excerpts

One of the fundamentals of kinesiology and dowsing is that everyone is individual. Of course, we do share much in common – our genetic makeup ensures that – but the variations in what is right for people are significant. This is particularly true in the area of nutrition and diet. Because of this, nutritional knowledge can only be a guide not a prescription. Putting nutritional knowledge together with kinesiology or dowsing provides an amazingly accurate and versatile system.

## How To Use This Book

I have written this book to be used practically in a particular way. Faced with a client I envisage you will go through the following stages:

1. You decide on which way you will work (see pages 11 to 14).
2. You test from the nutritional menu (pages 25 to 34).
3. Having found a category (in bold with a number against it), read the different possibilities listed below the bold entry. If you have been using this system for a while, or know a lot about nutrition and nutritional testing you may feel able to test straight away. Otherwise, go to (4)
4. Turn to the correct pages and read what it has to say before testing. You may also want to refer to other books and manuals too. Remember the nutritional information in this book is not intended to be comprehensive or sufficient in its own right.

## Ideal Diet

There is no such thing as the ideal diet that suits every body; just as people's appearances vary so their needs for food and nutrients vary. Each one of us is biologically individual. When working with clients, it is necessary to have a clear idea of what is meant by 'ideal diet'. Here is the definition I use:

The ideal diet for a person consists of:

the right food  
in the right amounts  
at the right time  
in the right way

## Working With The Nutritional Menu

Most therapists offer other possibilities than just doing nutritional work, so how do you decide to work in this area?

1. Sometimes you will get clients (or friends and family) who say something like: "I've read this magazine article that says vitamin B is good for nerves. Do you think I should take some?" This is the simplest lead in to nutritional work, because you immediately have a question needing an answer.
2. Sometimes testing will suggest that nutrition is a key area for this person. You may have used dowsing or kinesiology to establish that what the client needs is some nutrition and diet advice. If you are a kinesiologist using finger modes, it could come up that way too.

The framework I usually use for nutritional work is the 'menu' (a particularly appropriate word in the circumstances) set out on pages 25 to 34. The menu lists all the possible things that can be checked (e.g. drinking more water, taking supplements, changing cooking utensils, using ritual, etc.)

This menu can be used in various ways:

1. Work out a full programme starting with the first item on the nutritional testing menu and work through it systematically.
2. Test for the priority from the nutritional testing menu.
3. Work out nutritional needs in relation to a specific problem, (e.g. weight loss, hay fever, diverticulitis, tiredness, dry skin, etc.) using the nutritional testing menu.
4. Work in relation to a specific piece of nutritional advice suggested by the client.

## Knock-On Effects

Making changes in one area may mean that changes need to be made elsewhere.

For example, if you test that the person needs to increase their fibre intake, they will probably also need to increase their water intake. It is possible to find this in two ways.

Firstly, you could find it by asking:

Is there anything else we need to know about this?

And then, when you get the answer 'yes', you test till you find that the person needs to increase their water intake.

The other way is for it to come up by getting 'no' to Is there anything

else we need to know about this? Then 'yes' to

Is there something else we need to do'

And then you test on the menu till you get to 'water'.

The advantage of the first option is that it is totally clear that the two are connected. The advantage of the second option is that in practice it often makes the questioning more manageable. In general I use the second method, but you can set it up either way. Just be consistent about which you do. By 'set it up' I mean you are very clear about what the implication of an answer 'yes' would be, and that you are consistent in this clarity.

*From later in the book:*

### **Custom Blends Of Oils**

Using muscle testing it is possible to work out a custom blend of oil for a client. Test:

§ How many oils to use

§ Which oils - we have a list of 33 different oils to choose from.

§ Anything special about the oils, e.g. possibilities include that the oils must be a certain brand, must be cold pressed or must be organic.

§ What proportions for each oil, e.g. 2 parts of olive oil, 3 parts of walnut oil, 1 x 500 mg EPO capsule, etc.

§ What the dose is, how it is to be taken (frequency, time of day, with other food, etc.). Sometimes the oil blend would be suitable to use in cooking, put on cooked food or use as a salad dressing, but it is important to test that these options are suitable.

§ Are there any constraints on how far in advance the mixture can be made up.

§ How long to be taken or when do you retest.

Oils that could be used include:

1. Almond oil
2. Avocado oil
3. Blackcurrant seed oil - supplement
4. Butter
5. Castor oil
6. Coconut oil
7. Corn oil
8. Cottonseed oil

9. Evening primrose oil - supplement
10. Fish oil
11. Grape seed oil
12. Hazelnut oil
13. Hemp oil - supplement
14. Lard
15. Linseed (flaxseed) oil - supplement
16. Macadamia oil
17. Mustard oil (available in the UK from shops selling Indian spices, etc.)
18. Olive oil
19. Palm oil
20. Peanut oil
21. Pecan oil
22. Perilla oil - used in Korean cuisine
23. Pumpkin seed oil
24. Rape seed / Canola oil
25. Safflower oil
26. Sea buckthorn oil - supplement
27. Sesame oil
28. Soya oil
29. Starflower (borage) oil - supplement
30. Sunflower oil
31. Sweet almond oil
32. Walnut oil
33. Wheat germ oil

So testing might look like this:

Are we looking for a custom oil blend for Kate? Yes

How many oils are we using - at least 3? Yes

More than 3? No

So, three oils? Yes [confirming question]

Are any of the oils in the first 10 on the list? Yes

Number 1 to 5 inclusive? Yes

Almond? No Avocado? No

Blackcurrant? Yes

Are any of the other oils in the first 10 on the list? Yes [Find the rest of the oils] So the blend is blackcurrant, olive and walnut oils - is that correct? Yes

Do we need to know any more about the oils themselves? No

For the blackcurrant oil how many parts - more than 1? No [Find the number of parts for each oil]

So, it is 1 part blackcurrant, 2 parts olive oil and 1 part walnut oil, is that correct? Yes [confirmation question] So the dose is more than a teaspoonful at a time? Yes

More than two teaspoonfuls? No

Two teaspoonfuls? No

1 and a half teaspoonfuls? Yes

[Continue testing to find the rest of the information, such as how often the dose is taken, any special requirements or restrictions and for how long.]

## **Butter Versus Margarine**

Clients may ask you whether they should use butter or margarine. The facts are that butter is loaded with saturated fat, and almost all margarines have some saturated fat and, more significantly, trans fatty acids. Testing may indicate a preference for one or the other, or a reduction in both.

## **Problems With A High Fat Diet**

§ Increased risk of obesity (supplies 9 calories per gram of fat compared with 4 calories per gram of carbohydrate)

§ Increased risk of cancer (breast, colon and prostate)

§ Increased risk of heart problems (high blood pressure, heart disease)

§ Gall bladder disease

§ Insulin resistance

§ High fat diets line the stomach with lipids and stop the absorption of antioxidants.

## **Problems With A Low Fat Diet**

Some vitamins are fat-soluble and so are found in foods that contain fat.

They also need fat for transportation into the body. Essential fatty acids are, as their name implies, essential for health.

A study published in the American Journal of Epidemiology in 2007 (Park S, Murphy SP, Wilkens LR, et al. Calcium, vitamin D, and dairy product intake and prostate cancer risk: the Multiethnic Cohort Study 2007;166:1259-1269) showed a positive correlation between low-fat and non-fat milk consumption and the risk of prostate cancer. This link was not there for whole milk.

# Books By Jane Thurnell-Read

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ISBN: 978-0-9542439-2-0, Life-Work Potential, 2005  
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ISBN 978-0-9542439-7-5, Life-Work Potential Limited, 2011  
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ISBN: 978-0-9542439-5-1, Life-Work Potential Limited, 2009

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