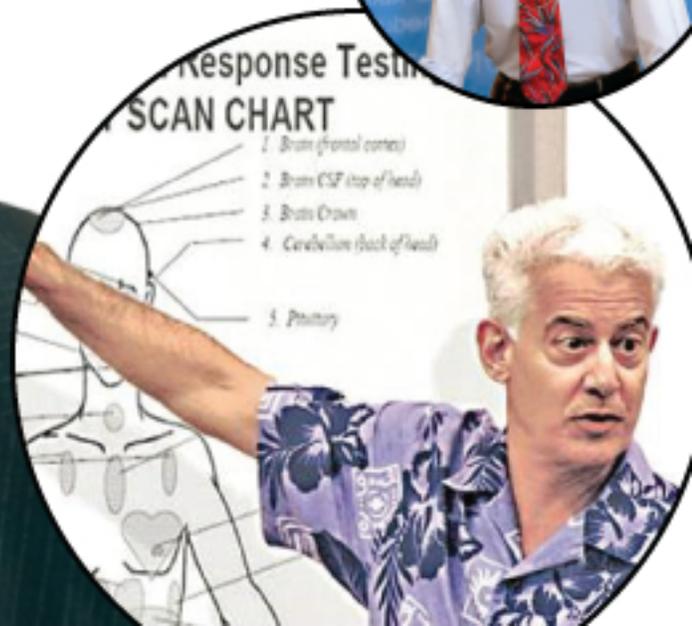


# SUMMARY OF THE THEORY & PURPOSE OF DR. ULAN'S

## NUTRITION RESPONSE TESTING®

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# Today's Health Challenge

**W**e're in a very, very interesting time, to say the least. Twenty years ago, you never saw a drug commercial for a pharmaceutical drug. You saw the Alka-Seltzer commercials. And of course, today that's a "health food." When they discovered that Alka-Seltzer was totally ruining the digestion and preventing calcium absorption, they turned it into a "health food" by putting insoluble calcium salts into it. To prevent osteoporosis, of course.

The level of insanity in the health field has just been climbing and climbing and climbing—it's absolutely incredible. We're at a point where we really have to take responsibility for this, or we're all going to be in trouble; our kids and grandkids are going to be in trouble. When I turn on the TV set and I see a blatant commercial for a pharmaceutical drug that has so many side effects they can't even say them in speed-talk, it irks me. That's a very gentle word because I didn't want to offend my listeners.

How many of you as practitioners feel that you are operating at your full capacity right now? The main reason I teach is to get us all on the same page — the guys that understand the truth and the need for what we're doing. I've been told it's impossible. However,

when I was sitting in my practice in Glens Falls, New York, with people flying in from southern California, Korea, Germany, South America—and from Florida in the middle of the winter—I had to disseminate this knowledge, so the patients who have heard about our work can find someone closer to home that they feel confident in.



# It Takes a Team

The bottom line is, I wasn't going to be able to handle the whole thing alone. Did you ever have the feeling it was all on your shoulders? The bottom line is that it really does take a team; it takes people who are working shoulder to shoulder; it takes people who are aligned, who care, who aren't simply out for themselves.

It takes a team of people who really care about what we're doing. There's a hell of a lot easier ways to make a living than doing what we do. There are many easier ways to make a living, so I'm assuming that there isn't anybody here who is strictly money motivated.

*I never sell more supplements than the person needs to take them to the next visit, ever.*

I know I like to have money; I give most of the money I make away to my favorite charities. Way over the legal limits, year after year after year, just because I don't need a heck of a lot of money—but people just keep throwing it at me! And why do they throw it at me? Well, **I have a low-fee practice and I never sell more supplements than the person needs to take them to the next visit, ever.**

It's one of my most powerful policies that I have in the office: the staff is not allowed to sell anyone more supplements than he needs to take him to his next visit.

The bottom line is that what we need is not one guy in Glens Falls, but thousands of practitioners who are seeing a volume of patients that they are comfortable seeing—but it needs to be *high*. I'm not talking about the three-minute visit. Most of my patients, we get to spend a solid ten minutes per visit, and half of that time is just chat because it only takes about five minutes to do the actual technical stuff. That chat is important too. It's the chat that opens the door to the referral chain.

So we're not rushed; we have a very relaxed, relatively high volume; I say that because I've been in chiropractic practices where 20–30 patients an hour is standard operating procedure. And then I see the same guy two or three years later lying on the beach in Venice, and I ask him, "What are you doing here?" and he goes, "Oh, I burned out."



# Finding Our Real Purpose

What was the purpose, what was the reason that these guys—and every one of us here—went into this work? Somewhere along the line we got this idea that we're here to actually help restore health, help restore the quality of life to people; get them out of the medical-pharmaceutical trap that has only one direction—death—after lots of side effects and painful, bankrupting experiences.

There's some people whose purpose is just to have money and these guys are incredible entrepreneurs and they don't even care what product they're selling. I've never been able to get into that game—even though there have been times in my life that I wished more than anything that I had some money, because I was dead-bankrupt and out the bottom.



Before we opened the practice in New York, I was almost dead. By 1991, every system in my body had shut down due to several years of incredible dietary and lifestyle violations. I was traveling all over the world, I was on a charitable crusade that kept me on planes a couple of times a week, living out of hotels, eating hotel food, eating in restaurants, always being on a weird body schedule. Eventually, my body literally collapsed. I was diagnosed, of course, with the usual things that they diagnose you with these days: chronic fatigue syndrome, etc. My heart was in complete failure, my adrenals didn't work, my thyroid didn't work, my whole endocrine system was shut down, and I was aging incredibly rapidly. I was definitely not a great example of an alternative healer!

We managed to find some answers that actually stopped the body from totally decaying, but then we had to find answers that would actually enable us to rebuild the body—and that's where all the enlightenment came from. Because there is no medication that will rebuild a body, there is no nutraceutical that can rebuild a body. The only thing that these bodies depend upon for actually replacing themselves—and they are constantly replacing themselves—is nutrition! Real nutrition! The basic building blocks, which include your amino acids, your essential fatty acids, the right type of carbohydrates, and basically as unprocessed, as raw as possible within safe limits.

# The Role of the Parasympathetic Nervous System in Healing

It requires actually putting the body on a schedule. It's kind of interesting, these bodies are actually light sensitive; if you just left them alone they would kind of charge up in the morning when the sun starts coming up; and about three hours after the sun goes down, if you don't have a whole bunch of artificial lighting, they start to gradually discharge and people would actually have natural sleep, a real sleep cycle. Something's supposed to happen when you go to sleep— the body is supposed to repair itself. It's supposed to get rid of all the garbage that you accumulate during the day and during your activity, and actually repair itself.

When these bodies get sick today because of the lifestyles that we see, something interesting happens. With all the drugs; the synthetic vitamins designed to fool the body into thinking that it's actually getting a nutrient; the toxic water and air; the constant barrage with electronic fields—the autonomic nervous system, designed to repair the body while it rests, literally goes haywire. It gets stuck. The body isn't doing what it's supposed to be doing when it is resting.

The parasympathetic nervous system, which is supposed to bring about the healing of the body, the replacement of the body, the replacement of body parts, on a cellular level—cell by cell by cell—ends up never quite waking up when you go to sleep; it's supposed to wake up. We've used some equipment—the Heart Rate Variability equipment—to test people in various stages of health and disease, and found something very interesting. Guys who are intensively, incredibly, in good physical shape, like Navy Seals, and these top performing, gold-medal winning, Olympic-type athletes—when you test them in a resting position, their parasympathetic nervous systems are operating in a hyper range. That's why these guys heal.

I don't know about you, but I get out on a baseball field or a basketball court and someone smashes me up, I'm out for a few weeks healing. And yet, you've seen these guys on football teams and you've seen guys—these incredible athletes, who'll injure themselves running, or whatever, and they're back in the game the next day! How do they do that? Assuming they're not using steroids, the reason they can do it—we've tested these guys—their parasympathetic nervous systems, in a resting position, go into hyper parasympathetic tone. These guys are in great shape and not everyone can get into that kind of condition, despite any training. However, I can tell you this: that about 99% of the patients that come into my office, no matter what their condition is, whether they are resting or not, their parasympathetics are way down in the negative range. In other words, they're not healing. They're aging prematurely.

If they're still operating and running and working, their "sympathetics" are in a hyper state, and they stay that way. Even when they try to go to sleep! This is the guy who, no matter how much sleep he gets, wakes up in the morning—he's still tired. Because his body's been running all night! And you cannot heal if your sympathetic nervous system is in a hyper state during the night—you just cannot heal. So people do age.

And what do they do to compensate for this? All kinds of extreme herbal things that they take to stimulate their body if they're really natural-oriented, or they're taking drugs, they're taking medications, or they're drinking coffee like crazy. They're having their high-powered European coffees, because it's the in-vogue thing to do. And what are they doing? They're burning themselves out. And they're trying to be alive. They're trying to be alive.

The truth of the matter is that a live body, a body that's truly alive, a body that's truly energized by its own metabolism, by the ingestion of natural nutrients in assimilable form (they haven't been destroyed) has all the energy you need! They're looking for a quick fix, they're looking for a cover-up, and my experience with patients is that if I don't get them to see that they're the ones responsible for the condition that they're in, they came to the wrong office. I only deal with people who are actually there looking for the right answer. They should be asking, "How can I be more responsible for my health?" "How can I take charge?" "What do I have to do, Doc, to get myself back in charge?" "What do I have to do to get myself off of this medical, dwindling spiral that I'm on?"

# Toxic Bodies

We have a huge, huge challenge because today we give adjustments but the adjustments don't hold. Why is that? We have much better adjusting technology than we had when I went to school, I'll tell you. We learned how to smack that bone in and boy, it rattled and the spine rattled and vibrated and when the guy got up he was healed! And when you checked him the next week, it was holding! Today you give a guy an adjustment and twenty minutes later he could be back in the office, you could check him again and he'd need an adjustment again. And why is that? It's because they have no holding power. It's because the body doesn't have its own integrity anymore.

It's a fake body.



It's absolutely criminal but that's what we're up against—we're up against people who are eating fake food, that's been totally turned into poison. When they live on fast food, and restaurant life, and hotel life, and they're drinking water that is so poisoned—if they don't have

proper water filtration systems and things like that. On the way to the raw food restaurant, we were passing people actually driving in convertibles in Los Angeles traffic!

I wish that I had a carbon monoxide gauge to just let these guys see what the heck they were breathing! And of course that's nothing compared to the guys that are jogging, breathing in all that incredible toxic air.



When we went back into practice, it wasn't to build a *big* practice. My wife and I didn't think we'd ever have the energy to build a big practice, because I was almost dead in 1991 and just barely recovering in 1992. We just wanted to make enough money to start paying off the tens of thousands of dollars we had accumulated in credit card bills during the five years that my health literally fell apart. We just wanted to not declare bankruptcy! That was our financial goal! We thought, if we can do that while we help a few people, that would be really nice. We wanted to help some people while we were surviving. What we found was that people were suffering from the same things that I was—only not quite as bad, thank God for that! And so, we did our homework and we learned our basics.

You need to concentrate on your basics. The other day I had a case that I was called in on, of a girl; 28-year-old athlete, looked great, almost six feet tall, beautiful, long body, with absolutely gorgeously developed arm and leg muscles. This girl looked like she was in absolutely great shape. There was one problem: she couldn't sleep, she was sweating all the time, she was completely exhausted—she forced herself to exercise.

What I found was that the girl couldn't be muscle-tested. And yet these guys were all muscle testing her. She was weak. Her muscle didn't lock on the muscle test—it was that basic. She was “recruiting” [using other muscles to assist the arm] like mad; she had incredible muscles. And over that incorrect muscle test, programs had been set up for her over a three-year period, which none of them gave her any results.

When we checked her, we found the thing that was making her incapable of getting the neurological connections necessary for the arm to lock. It turned out to be mercury poisoning that was affecting her thyroid gland; all of her symptoms were thyroid.

There are some things that we learned along the road that make the difference between having a terrifically successful practice and one that is kind of barely making it along. We are the ones that need to inherit the health system in this country. It's us; it's going to be up to us. And the only way we're going to do that is to get incredibly competent.

# Changing Symptoms or Changing Lives

Where we go wrong is we follow the medical model; we use our educated intelligence and then compare that with the educated intelligence of the patient and then we come up with a diagnosis. We might as well check the *Merck Manual*; we'll find which vitamin the guy is missing and then we don't give him the vitamin, we give him a copy of the vitamin that's built wrong from a cancerous substance. Then, if we're really right, we actually change the guy's physiology by bypassing his nervous system and changing his symptoms. And that's the highest level that so-called "medical nutrition" has gotten to today. I go to these conferences and I'm absolutely blown away with how much these guys have converted from toxic pharmaceuticals to toxic nutraceuticals, and even non-toxic nutraceuticals.

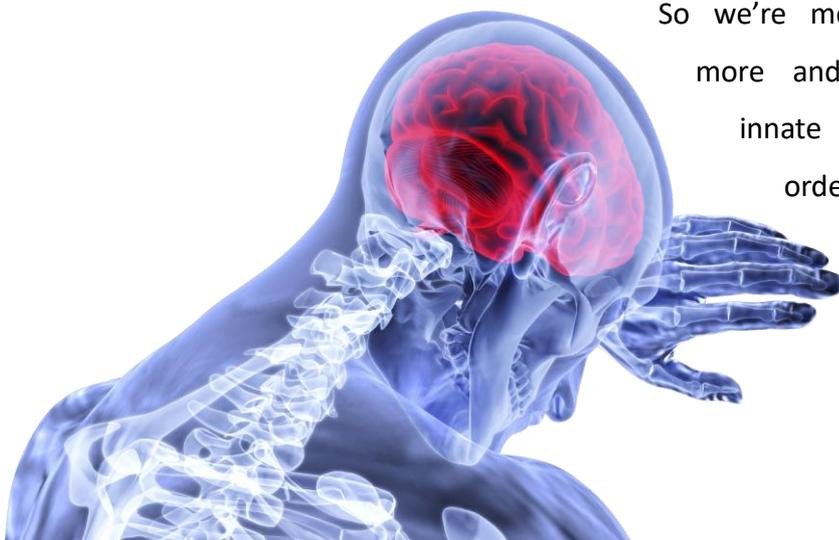
The point being that none of them are actually working on restoring the body's ability to heal itself, they're working on changing physiology by bypassing the autonomic nervous system. And that's the difference between what we do and what is being done in the allopathic area. We're not looking for a "safe medication." The whole purpose of a medication or a drug is to cover up or suppress a symptom—change the symptom picture. Make the person look and act like he's doing better. While what's happening is now the body has to find a new channel for manifesting the disease that's developing. Does that make sense?

This is viewpoint stuff that I think underlies all technique and it's why we have the technique that we use and why we do what we do. Because for me, the thing that has always kept me up at night, the thing that has always interfered with my sleep once I started getting better, was those few patients that I couldn't quite connect with, I didn't quite have the right combination. And the nine out of ten or eight out of ten or whatever it was that were getting better, I never thought about those guys.

They left the office and came back for a check-up—good, everyone’s happy. But it’s that one that would come in and say, “You know, I was doing well for a while and I stopped doing better,” or “Nothing’s happening yet, Doc.” They keep coming in to remind you, week after week after week. How about the ones that tell you, “Well, you’ve got twelve weeks, Doc. You’ve got ten weeks, Doc. You’ve got six weeks.” Hey, wait a second. Whose time bomb is ticking away here? Is it you or me?

The bottom line is that what we need and what we have here may be not the perfect system. But it’s the most workable system that I’ve ever seen that enables us to actually get in and find the answers that we need to find quickly so that it fits the economics of today’s world where we don’t have insurance reimbursement.

And you know what? We don’t want it! Because as soon as the insurance companies move in they start defining what we do. And that’s how we lost chiropractic as a healing art. I say that because I had my first chiropractic adjustment on this body in 1945. I still remember it; any time we got an acute illness, a chiropractor came in and gave us an adjustment. Today that chiropractor probably couldn’t even get an insurance reimbursement for that. “What? You treated mumps?” “Well, it was a seventh cervical.” “Right.”



So we’re moving in the direction of getting more and more communication with the innate intelligence of the body, and in order to be more effective you have to keep expanding your educated intelligence.

# Muscle Testing Fundamentals

## Testing For Neuromuscular Integrity, Not Strength

What we're looking at here is a flow chart and the steps that we go through for a full examination. The most important thing before you start any examination, if you are using a muscle-response testing type of biofeedback mechanism—which is what we use—the first thing you want to know is can the person be muscle-tested.



The test of whether a muscle test is possible is not how strong the person is, but whether or not there's a lock. Does that mean I can do chin-ups on the arm and not overwhelm it? No, but what I'm looking for is a lock.

What you want to do here is to make sure you have two arms that lock. Why? Because when you start finding things that go weak, and the arm goes down, and the patient starts saying, "Oh, I'm just getting tired in that arm," you can go to the other arm and say, "Well, let's see how it is on this side that's been resting." See? When it really is weak, it will be weak on both sides.

So that's the first step.



If you can imagine it as playing a piano, where when you hit the key it doesn't just keep going — it actually hits a solid surface after it goes down about a half an inch. That's what you're looking for. You want to increase the pressure on a gradient until you're sure you have a lock. When people are recruiting, they start pulling in other muscles to compensate for the fact that they don't have a lock. It's a neurological thing. They try and overcome that lack of neurological integrity by pulling in the trapezius, the latissimus, their neck muscles, this muscle, that muscle. I've had people literally throw out their low back trying to prevent an arm from going down. I mean, it's absolutely amazing. And what happens to you when you allow people to do that to you is you start injuring your own arms and your own shoulders while you're testing them.

While this is the most important basic, basic, basic, basic, it's also the thing that comes up on the most advanced level whenever I'm working with a doctor who's having trouble. I find out "Oh my God, he doesn't get a lock." So I take him aside and quietly tell him, "It's not muscle testing. That's why you're having trouble muscle testing." In order to do a muscle test, you actually have to do a muscle test!

People get confused because they think that they're testing muscle strength; you're actually testing neuromuscular integrity. And when they start to recruit, you can feel a little vibration occurring. It gets very solid when it locks, but when they're recruiting you can feel that vibration occurring. You need to be paying attention so that you can feel that. And if you are, that tells you that you just need to keep increasing the pressure at that point where it either locks or it crashes.



That's the most important, basic, and most important advanced piece of muscle testing technology I can give you because without that, nothing works.

First thing we're going to do is check for a strong muscle. So, we have a strong muscle. I always recommend checking two muscles so that in the middle you have a spare muscle in case you need it.



## Establish A Pattern Of Testing



*Checking for regulation*

Then you're going to check for regulation,\* so find the belly button and get the center of the palm with hand curled back—it's a very light contact—you're just looking for an electrical field, not particularly pressure. So light contact and the arm should go down if regulation is open (most of the time it is).

\*"Regulation" refers to the ability of the autonomic nervous system to up- or down-regulate Sympathetic and Parasympathetic tone depending upon the needs of the body.



You can also check the ears and it's a little bit more sensitive of a test, but most people do fine with the belly button. I usually use the ears for later on—if the guy is not responding in some way, I'll check deeper.

So now the next thing is switching,\* so we go pinkie and thumb tips together and we check a strong arm. We'll open that one and have pinkie and thumb together—you don't have to have that arm up—and now we've gone through switching.

\*"Switching" refers to an Autonomic Nervous System in the state of confusion or dysregulation."



*Checking for switching*

So now the next thing is checking the therapy localization points. The sequence really doesn't matter, but I find that if you establish a pattern for yourself that you kind of flow with, you won't forget anything major.



I like to start at the top here and work my way down and across and I generally test like this: the frontal part of the brain, the top part of the brain, the crown, the cerebellum. If the patient has any neck symptoms or anything connected to the neck I'll check each bone, one at a time, and see if there's something that's connecting to a spinal segment.

I'll check the frontal sinuses by putting pressure — a little pressure on the sinuses. I always like to check the eyeballs, especially in elderly people, to see if they're "cushiony." If they're not, you put them on some A-C Carbamide; it reduces the ocular pressure and saves them all kinds of problems connected with aging that everyone's worried about. A-C Carbamide is wonderful for reducing ocular pressure in the eyes.



I've never found anybody who didn't test well for it and had really bulging or tight eyeballs. And occasionally you find this, especially on the older folks. Her eyes are nice and cushiony. Feel how cushiony those are?



And you can check the maxillary sinuses. I check the upper and lower jaws because there are people walking around with all kinds of infection and metals and all kinds of problems in here that are actually affecting the rest of the body. And I check it generally by making a horseshoe shape with my hand and going across the upper jaw and then taking that same horseshoe and wrapping around the lower jaw and making sure that we check that. All right?

Then I check the tonsil area because this is a big lymphatic area where a lot of people with chronic immune problems have problems with stuff accumulating, so you just get right up into that tonsil area and check it.

I check the thyroid—now, what did I forget to check? Female; pituitary. So, the pituitary just goes right in front of the ear and up about one and a half finger joints. In front of the ear and if you feel around in there, you'll feel a little fossa—just a slight drop—there's a little bit of a fossa there—that's the pituitary spot. You'll feel it; it's very subtle, but if you train yourself you'll feel it.

So, we've checked that. Now the thyroid, again, is shaped like a little bowtie. So you check the thyroid like where the bowtie would be. If you have somebody who's complaining or gives you any kind of history of osteopenia, osteoporosis, or anything like that, you can check the parathyroids— they're in the upper and lower corners of the bowtie. So you can just stick your fingers right there and right there and the thyroid's in the middle. Make sense? Real easy.



Now when you get down here, you're checking the thymus but what else are you checking? It could be the passageways into the lung, it could be the esophagus. When you're doing this kind of testing, and I should clarify this, you are actually testing dermatomes. These are not reflexes in the same way that we were taught in CRA [Contact Reflex Analysis], for example, these are actual dermatomes, and the dermatomes are neurological areas that are connected to the underlying organs. When organs overlap, guess what? The dermatomes overlap. So when you put your hands on this area you're testing whatever's on the other side of this area: skin, bone, thymus, trachea, etc. And so, it's important to realize that because the way we'll actually get a correct analysis is when we try to match the nutrition to it, and it'll tell us what's going on. Right?

Various people have kind of assigned various significances to these things which may or may not be correct, but I kind of prefer *Guyton's Physiology* and *Gray's Anatomy* as my stable data on bodies. You know—it's all there. *Gray's Anatomy* hasn't changed much, other than getting better. The position of things really haven't changed. So those are very useful.



The lungs: you can check directly over a lung. If I had somebody who's coughing, I could put my hands on their lungs in various spots. You can check on their back. You can always check the apex of the lungs, and you can check the major lung meridians—lung one and lung two—which are right in here. You don't even have to be that specific.

If you just put a few fingers into where the head of the humerus meets the chest, you'll be picking up one or more lung meridians right there, and very often if there's a lung problem you will pick it up real nicely.



As a routine, we check the heart. Obviously in a woman you've got a slightly different situation than in a man, and you really have to pay attention to this because in your practice you can get in trouble. You can put a little pressure and it doesn't matter whether you use the front or back of the hand in this type



of testing, because what we're doing is putting pressure; we're putting a little stress on the dermatome. If the underlying organ is having a problem, that extra stress on the dermatome will cause the body to down-regulate and you get weakness. See that? It doesn't matter whether it's my hand, her hand, the front, the back—but it's a gentle pressure.



You can test the heart at the top of the heart; you can test at the bottom of the heart. It's just a matter of how the lady is structured. And if you can't get it any other way, you say, "Could you please lift your breast?" Or you can have them put their own hand on their heart. And one way or the other you can check that heart.

I like to check the hearts directly because it reminds me that some of these women are actually suffering from the underwire bra—the dress-to-kill syndrome. They are literally dressed to kill themselves. And sometimes when you test a heart, you find weakness but you feel this piece of wire there, you have to get that bra out of the way and now test the heart directly without that wire being there and the heart tests strong, you know that that underwire bra is causing continuous stress on that heart. Not to mention what it's doing to the lymphatics: blocking lymphatic drainage from the breast, and all this other stuff that causes problems, all pretty well documented. We've saved a few lives that way, I think.

You can drop right down to the spleen, and you can go across to the stomach, which is in the center (a little bit to the left, but it's mainly in the center); you can drop down about an inch and a half below as the rib cage extends out—go about an inch and a half out and from that point on—the next three, four inches is the gallbladder area.

So you could just put some fingers on there and if the person doesn't jump off the table then you now they probably don't have a "hot" gallbladder. But if you just put your fingers gently on that gallbladder, if there's a problem it'll go weak, and the liver the same way.



# The Five Most Common Stressors

The biggest breakthrough I made in doing this type of work was in discovering that there are things that can prevent the body from healing even if you do everything else right. In years of researching this and applying it to thousands and thousands of patients, we came down to the fact that there's five things that are the most common stressors. Just five.

There's another ten, twenty, thirty of them and some people specialize in them. Other stressors include things, by the way, like the chiropractic subluxation! When you have a primary subluxation, it will prevent healing from occurring no matter what else you do. How do you know if you have a primary subluxation or not?

When you find a subluxation and you adjust it and the guy comes back and the subluxation is still there and you adjust again and the guy comes back—if you're constantly readjusting the same subluxation, it's not a primary subluxation. A primary subluxation will correct in three to five visits.

So, if it's not a primary subluxation, it's a secondary subluxation. Where is it coming from? It's coming from endogenous rather than exogenous, usually—other than work-related injuries. I'm talking about people who are just living the normal, non-labor life that most of our patients have. You know, these guys aren't shoveling a ton of dirt every day, they're driving to work. And some of them may take out the garbage now and then. Why are they continuously subluxating? Because of the viscerosomatic reflex that's occurring. And this viscerosomatic reflex is responsible for at least 80 to 90 percent of the subluxations I was encountering in my practice because I never had an injury practice; refused to have a PI practice.



*There are things that can prevent the body from healing even if you do everything else right.*



I was always interested in chiropractic from the viewpoint of general health improvement. So, not being in an injury practice, I was dealing with people who had just the “normal” dwindling spiral of health. Most of these people, at least 70 to 80 percent of them, had viscerosomatically-caused subluxations and I got tired of adjusting them.

Now, it’s a good thing to adjust them, because by adjusting them you prevent them from getting into medical hands; you keep that neurological circuit—keep breaking up and breaking it up and breaking it up and you prevent pathology. So there’s tremendous value to doing that and I want you to know that if you are doing chiropractic, you should not stop doing chiropractic! What you need to do is continue doing those things that work for you, but now take a look at how you would integrate something new into your practice. These most common stressors are the things we find present in just about every patient that comes in that was having problems getting well.

In my practice, I got lots of referrals from other doctors, even doctors who used muscle testing. These were patients that just wouldn’t get well. The majority fell into these five categories I’m about to give you.



## 1. Serious Food Intolerances

The first one is serious food intolerances. We have foods today that are serious food intolerances that used to be things that you needed in order to live. They’ve ruined the grains totally and there are very few people that are not affected by the various grain products one way or another. When it’s bad enough to actually show up on a muscle test like this, it’s beyond the intolerance stage; it’s actually going to prevent an organ or system from repairing. And the major food intolerances that we’re dealing with are the grains, dairy and sugar.

It's amazing how many people are intolerant to corn these days. Why are they so intolerant to corn? Corn products are used in almost everything. You know people who are taking tons of "vitamin C" for various reasons. They think it's vitamin C but it's actually ascorbic acid—it's all made from corn syrup and corn derivatives. Corn products are in practically everything that's processed; people are getting it all the time. The body needs a little time to clear things, and if it can't clear them completely, it starts developing antibodies against some of these things and then you get your major intolerances developing.



I do intolerance elimination work when I need to, but I have found that my favorite approach is putting the person in charge of his health and his life. I don't like the idea of desensitizing a guy to a poison and have him go out and continually consume that poison, because I know at some point his body is going to collapse and I'm not going to be there to solve it. I would much rather gradually improve this guy's ability to take responsibility for his life and his health.



Food intolerances are key, and the most common solution for food intolerances is very simply multiple enzymes. That's the most common thing you need to do for intolerances; for people have been eating so much cooked and degraded food that they have very little live enzymes left in their body. They're eating vegetables

that don't have any enzymes in them—that's absolutely amazing. God created vegetables that would digest themselves. Yet man has figured out how to grow them so that they don't have any enzymes left in them. That increases shelf life. Well, if it's not deteriorating out on the shelf, it doesn't deteriorate in the body either! People need enzymes in order to survive today's diet.

## 2. Heavy Metal Toxicity



Next is heavy metal toxicity. When I discovered the link to heavy metals and health—I'm not the first one to discover it. When I started looking at this back in the '80s, they didn't have solutions, I gave up on it because there was no way of fixing people. But I discovered in the mid-'90s that there had been some major breakthroughs that actually made it possible to handle these things, and when I actually got myself heavy-metal detoxed, organ by organ by organ, the products started doing their job and I no longer need a Cardio-Plus.

I take what other people would call a "ton" of enzymes, especially when I'm traveling, because God knows what's in the food. At least in my house, I have a lot of live enzymes because everything I eat is organic and as much of it is raw as is safely possible. Listening to lectures by Royal Lee, I found that he had a similar personal dietary program.

It's amazing how many people have heavy metal poisoning. It's actually not that amazing when you realize that dentists have done this incredible job of convincing every mother that if she loves her kid, that she's going to get his teeth checked twice a year from the time they are three, four, five years old.

It's no wonder that we have so much heavy metal poisoning because these kids are being given heavy metals all the time. And, of course, they were doing it in the inoculations (which was supposedly phased out; I don't know if it is or not) and there's a huge amount of metals being used in various food products in various ways. So metals have become almost a universal problem.



The other day, I met some 95-year old guy who smoked and ate French fries and he was, you know, able to still walk—which is absolutely amazing. If I started smoking and started eating French fries I wouldn't be walking within a few weeks, probably.

On the other hand, I met a guy who's in his 90's who has a chicken farm and the guy eats a dozen to two dozen eggs a day, and occasionally kills a mature chicken, and eats root vegetables, which is the only thing that will grow up in his little cabin area in Vermont. And the guy is in his 90's, absolutely spry, pure muscle, his cholesterol levels are gorgeous, his blood pressure is perfect.



We have individual differences amongst us. Not everybody is going to be affected badly by metals or foods. If you read Pottenger's works you'll find out why. How many generations of deterioration occurred before you got your body? Because by the 3rd and 4th generation of deterioration occurring, you'll find that those people are more and more susceptible to more and

more things that normally would not bother their grandparents or their great-grandparents. And we call these people "Pottenger's Cats," and I'm like a third generation Pottenger's cat. And so metals are a problem for me.

But I'm amazed at how many people I'm finding with metals as a problem. You get that out of the way by doing several things. One of them is restoring the body's normal ability to handle any kind of toxic substance. The parotid glands literally go into fatigue from all the work of trying to produce enzymes that will prevent chemical and metal toxins and various other toxic substances from rooting into the body. These enzymes prevent binding; they bind with the metal and the poison, and that prevents the metal and the poison from getting into the cells—it's just supposed to just go through the system. After a while, these things get really exhausted.

Yes, there are various other chelating agents that one could use that are really nutraceuticals — they're outside of the realm of whole food nutrition—and I'm not saying that they're bad. What I'm saying, though, is that if you only use those outside chelating agents and never bother to restore the function of the parotid gland, you have somebody who is now a safe medical patient rather than a whole wellness patient. You get what I'm saying?



### 3. Chemicals

The next thing is chemicals. You know, we have thousands of chemicals constantly being introduced every year and people are suffering from all kinds of chemical problems. I did a bunch of research to figure out how many types of categories there are and I came up with thirteen major categories of toxic chemicals that people are suffering from. And we developed a test kit that has all those in it, but just as an idea, chlorine is a major chemical poison today. People are drinking it, they're soaking themselves in it, they're swimming in it, they're doing all kinds of stuff in it. Acetates, dry cleaning fluid, food dyes and food colors, food preservatives, formaldehyde. New construction is loaded with formaldehyde and they seal these places up so well that the inside of the house never exchanges with the outside of the house. In some parts of LA, it's hard to say which is worse, the formaldehyde or the carbon monoxide? I don't know. But, in any case, these people are suffering from these poisons, and again, it attacks the parotid gland—you've got to fix it up.



Yes, you may need to use some drainage remedies that are homeopathic, herbal; you may need to use various other nutraceutical-type products or energetic-type programs to handle toxic accumulation, but you want to always think of restoring normal physiology so the body can actually meet these challenges.

We have to consider heavy chemicals, hydrocarbons, medications. I have a vial here that actually will test, in general, for 250 of the most common medications. And of course any patient that is on medication should be checked to see how that medication is affecting them, so you can give them a nutritional support program that'll prevent the medication from killing them if they can't come off it, because we can't take them off the medications. Pesticides, petro solvents, alcohols. It's amazing how many petroleum solvents and alcohols women are putting on their bodies every day with hair care products and skin care products. We need to educate our clients on this especially if it is a problem for them. It's amazing how much plastic people are suffering from, and some people are affected quite badly. And, of course, the least favorite one, that I don't want to mention, but it's important. Perfume fragrances. It's amazing how much toxicity is in perfumes.



So you have chemicals that must be addressed. If you have somebody who's got chemicals stuck in their kidneys and they've got all kinds of kidney problems going and you don't handle the chemicals, the kidneys will never get well. In my case I had heavy metals on my heart and I had all kinds of bugs constantly attacking my heart. For four years, I took 25 Cardio-Plus a day. When I got the heavy metals off there, then all of a sudden the Immuplex and the Congaplex started working better! Within months after handling that aspect, I no longer needed 25 Cardio-Plus a day. My body started tapering it off till I have a new heart. I mean, my heart works great. Try keeping up with me on my bicycle, you'll see!

## 4. The Immune Challenge



The fourth area, then, is constantly overlooked on people who are not responding well, and I see this all the time, is the immune challenge. They have an organ that's not working and somebody is trying to put the building blocks in.

For example, you have a guy with an adrenal problem and you think, "Well, I've got to put the guy on Drenamin." Drenamin is an absolutely wonderful product for the adrenals; it will repair adrenals if there's nothing preventing it. When you've got a problem in a gland, it's similar to having a fire going in a wooden structure. The house is burning. As you're watching the walls go down, you're saying, "My God! We've got to get the carpenters in here!" No! If the house is burning down, bring in the fire department, put out the fire, and then you can start repairing some of the damage done; you can bring in the carpenters.

We always want to check: does the person have a fire still going on in that organ? Like this gal who we just tested with the fibroids. She's got fibroids in her uterus, so we need to support that uterus. The question is, "Why does she have fibroids in there?" The sequence very often is—but I'm not telling you this as a cookbook thing—you see heavy metals settling into a woman's uterus or a man's prostate. When the metals are there it reduces the immune capability of that organ and then the bugs start moving in. When it's metals, very often you'll see yeasts move in because—guess what—yeasts are Nature's chelators. They just suck up those metals. That's why when you put somebody on a really heavy yeast-killer product, they get really sick. If you read all the symptoms caused by acute heavy metal toxicity, you would understand why those people get sick when you kill the yeast so fast.

When I get someone in that's got yeast, I'm always checking to see if they have heavy metals because I want to make sure as part of the program we're going to reduce the heavy metal toxicity, we're going to reduce the load.



Zymex is one of the best yeast-killing products. On the other side, I want to make sure they have a product that will suck up those metals. And those are usually a sulfur-based product, because sulfur has tremendous affinity for these metals. One of the best natural sulfur-based products is Spanish Black Radish and Garlic. Garlic is a great one, it's a little too active for many people and it irritates them. And it also has an antisocial property. So if your client is in the business of being with people all day long, you will find that you'll actually do better with Spanish Black Radish; you'll get more compliance. If it's just a husband and wife situation, we just give the spouse a couple of Garlic a day too, and pretty soon they can't smell it on the other. When we handle the immune challenge, which is very often based in a heavy metal/chemical toxicity situation, you handle those things—now you're much closer to handling the problem.

## 5. Scars



Now, our biggest breakthrough was something that came totally out of the blue; it's based on some old research that was done in Germany and Russia. This is the fact that many of these organs are no longer functional because of a neurological disturbance not caused by a subluxation. A neurological disturbance to the sympathetic nervous system caused by a surgical scar or an injury scar on the surface of the skin. Absolutely incredible how dramatic these cases are.

I'm going to show you how to find those surgical scars as well. I wanted to point this out to you because everything that we do in this work, whenever we find anything, anywhere, that's an active reflex, we always first check to see if there's a major fire going. We put the fire out; we also check to see if the body can handle organ tissue support while we're putting that fire out, but many times it won't until five or six weeks later. So we make a note of it and check them on a weekly basis, until they are doing much better, before we extend the leash. OK?



# Conclusion

There's no scarcity of patients if you're doing a good job for people. Anybody who is having a scarcity of patients has one of four problems. One, they do not have a correct technology and good products to back it up, and that's what we're talking about here today. Two, they don't know how to manage the patient. There is an exact science to it. It took us decades to develop it, but we now know how to manage a nutritional patient so that they convert into zealots, stay with you long enough to get well and become ever-continuing referral pools. Third, they haven't mastered managing a practice, patient acquisition or how to scale the growth of the practice. This is nobody's fault because this information isn't taught in college. Fourth, is personal communication skills and various other communication problems that the doctors have that spill over into the practice.

To see Nutrition Response Testing first-hand, receive a health check and learn the 13-step technique, attend an Introductory One Day Seminar in a city near you. These seminars are instructed by one of Dr. Ulan's Advanced Clinical Training graduates and are scheduled throughout the year all over the United States. Visit [www.bit.ly/1DaySeminar](http://www.bit.ly/1DaySeminar) for more information.

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