

## ENAT Case Study

The case study below provides an example of the flow for assessing and correcting a patient/client's condition.

Question	Patient/Client Response
Age	49
Gender	Female
Primary Complaints	Extreme Fatigue, Depression, Inability to lose weight, Poor quality sleep, Allergies.
Onset:	Majority of Adult life- 20+ years, with all symptoms progressively worsening.
Diet	???

## Check for Readiness

Readiness was checked utilizing the "I Am Ready" Screening Point (the tip of the client's left thumb in the depression of their navel with the rest of their fingers splayed) and Right Arm Muscle Test Response. The client's arm weakened indicating she was ready for further assessment.

## Screen for Priorities

Screening began with the **Inflammation Screening Point**, located on the fleshy part of the cheek. The Client touched each screening point and a right arm muscle test response was utilized. The client tested **positive** for Inflammation. The primary Pillar /Body System will lead the practitioner to the area of primary inflammation, whether localized or systemic.

Five Foundational Pillars, the five screening points are located around the ear were next assessed. The Client touched each screening point and a right arm muscle test response was utilized.

**Digestion Pillar**, located in the lower portion of the fossa leading to the external auditory canal, was **positive**. **This indicated further assessment would be required.**

**Blood Sugar Handling**, located just beneath the curve of the upper ear, was **Positive**. **This indicated further assessment would be required.**

**Fatty Acid Pillar**, located on the back side of the curling rim of the most lateral border of the ear, was **negative**.

### Section 4: ENAT Case Study

**Tissue Mineral Status**, located along the middle third of the sternocleidomastoid muscle, was **negative**.

**Hydration Pillar**, located on the tragus of the ear, was **negative**.

The Body Systems were addressed next. The four screening points are located around the eye. The Client touched each screening point and a right arm muscle test response was utilized.

**Endocrine System**, located in the area which spans across the upper nasal bridge, was **positive**. **This indicated further assessment would be required.**

**Immune/Allergy System**, located along the medial infraorbital ridge along the ethmoid bone, was **negative**.

**Cardiovascular System**, located along the lateral infraorbital ridge, was **negative**.

**Neurological/ Detoxification System**, located along the lateral infraorbital ridge, was **positive**. **This indicated further assessment would be required.**

The last Screening group to be assessed was the Nutrition group. These screening points are located on the lips. The Client touched each screening point with their teeth and a right arm muscle test response was utilized.

**Micro Nutrient**, located on the upper lip, was **negative**.

**Macro Nutrient**, located on the lower lip was **positive**. **This indicated further assessment would be required.**

## Assess for Specifics

### Digestion

**Emotional Digestion Screening Point** was assessed first, the client made a fist with their left hand and placed it over the stomach. This was a **positive** test indicating that there was an emotional component to the client's digestive issues. Supplementation was assessed utilizing RAMTR and Nutritional Support List, Dosing Screening Points. Results were recorded.

**Parotid Gland** involvement was next assessed. The client pinched the attachment of the lower medial earlobe with their left index finger and thumb, and RAMTR was **negative**.

**The RAMTR was utilized in conjunction with touching over the organ**, indicating that there was involvement with- **Gallbladder** and **Small Intestine**.

**The Nutritional Reflexes** for the **Gallbladder** and **Small Intestines** were next assessed. The **Murphy's Sign** and **thumb web reflexes** were both tender with the Gall Bladder assessment. The practitioner asked if the Emotional Digestion component would address the Gallbladder dysfunction and it did. No further supplementation was required for this organ.

### Section 4: ENAT Case Study

The Small Intestine palpation indicated tenderness in the top half of the **Bennet's Reflex** area. Since this was also an area that had tested positive for **Inflammation**, the following additional assessments were done. The Immune Sub Screening Points; Viral Infection, Super Germ Infection, Parasite infection, Strep Infection, Staph Infection, Yeast and Fungal Infection were all assessed. **Yeast Infection was positive.** The Advanced Screening tools, Celiac Disease and Non-Celiac Gluten Sensitivity were also utilized. **Non-Celiac Gluten Sensitivity was positive.** Supplementation and Dietary changes were assessed utilizing RAMTR and Nutritional Support List, Dosing Screening Points. Results were recorded.

### Blood Sugar Handling

The RAMTR was utilized in conjunction with touching over the organ, indicating that there was involvement with **Adrenal Glands.**

The **Nutritional Reflexes** for the **Adrenal Glands** were next assessed. The **Chapman Reflex and Inguinal Ligaments** were both tender. Additionally she did have an apparent short left leg length, indicating a **Posterior Ilium.**

**Type II Diabetes, Stage 3 Adrenal Exhaustion** and **Glycation** screening points were further assessed. **Stage 3 Adrenal Gland Exhaustion** and **Glycation** were **positive.** Supplementation was assessed utilizing RAMTR and Nutritional Support List, Dosing Screening Points. Results were recorded.

### Endocrine System

The RAMTR was utilized in conjunction with touching over the organ, indicating that there was involvement with the **Ovaries.** Screening the client further, utilizing the RAMTR revealed both **Pituitary** and **Ovarian** involvement.

The **Nutritional Reflexes** for the **Ovaries** were next assessed. The **Chapman Reflex** for the Left Ovary was tender. Supplementation was assessed utilizing RAMTR and Nutritional Support Lists for both the Pituitary and Ovaries, Dosing Screens. Results were recorded.

### Neurological/Detoxification System

The Sub Screening Point for the Neurologic Involvement was Negative. The **Nutritional Reflexes** for the **Liver** were next assessed. They were tender, indicating a **positive** response. The **Inflammation** was earlier indicated in this area. Liver Detoxification Assessment was evaluated.

### Macro-Nutrition

The Sub Screening Points for Macro Nutrients were assessed.

**Deficiency of Water**, located on the left temporal area, was **negative.**

**Essential Amino Acids**, located along the sagittal suture, was **positive.**

**Excessive Carbohydrates**, located on the left lower triceps, was **positive.**

**Fat Imbalance**, located just above the antecubital area, was **negative**.

Further assessment on dietary intake was assessed by utilizing the RAMTR and the asking questions. Different diet considerations and plans were addressed. Specifically, increasing protein intake, Gluten free and Blood Sugar Regulation considerations were addressed. The caloric Consumption indicators were also assessed. The client did test **positive** for **Caloric Over Consumption**. Results were recorded.

## Analyze Findings

Our assessment of the patient/client presupposes our knowledge base of ENAT as well as other trainings and modalities that we bring to the table in our initial assessment and followups. The patient/client's condition and symptoms, will often guide the practitioner to the priority of involvement, even in the most difficult of cases.

Initial inspection of the patient/client is a must. Body type, skin tone, hair, height/weight, speech, and posture are a few of the entering signs that need to be evaluated. A comprehensive case history must be performed by the ENAT practitioner. Also, an open mind and intuition are essential ingredients with no pre judgments as to what the priority is/what the cause is without a comprehensive ENAT examination.

In following the model of the integration of The Five Foundational Pillars and Body Systems, the practitioner is reminded that whatever the entering complaint or symptom picture, the Pillars and Body System analysis hold the key. When working with patients/clients, one must become like a chess player, to look ahead and see what will happen eight moves from now. For example: If the digestive pillar is the priority revealing an HCL deficiency and I give Hydrozyme and the Tissue Mineral Assessment (Löwenberg's Test is positive) will the Hydrozyme result in better absorption and allow Calcium to be migrated out of the blood into the tissues? The beautiful thing is that the body and ENAT reflexes talk to us through our RAMTR, Functional Reflexes, Bioenergetic testing, and our Lingual Neural Testing. The ENAT practitioner has many options to verify his/her thinking and ultimate corrective process.

Again, the ENAT practitioner must not presuppose anything, that A plus B plus C equals D..... A may go to D then back to C and so on!! The practitioner must not always think linear but use his/her knowledge to ask the best questions. This has been discussed in ENAT I: The Basics; We are the sum of all we know, the way we visualize something and the information about the subject allows us to ask the specific question. For example "Should I go bowling?" and "Can I go bowling?" after the correction of a chronic shoulder condition are two extremely different questions to the Subconscious Mind of the patient/client.

The ENAT practitioner is also instructed in being sensitive to how much information, education, etc. they expose the patient/client to at each visit. The majority of New Patients are somewhat skeptical, fearful about the procedures to be utilized on them, as well as the number of recommendations e.g. Supplements are given and tolerance to them. Again, this will vary greatly from client to client but is important to take into consideration, especially with first time entering patient/clients and follow up visits.



# Energetic Nutrition Assessment Technique

## Part 1: ENAT Overview

### Section 4: ENAT Case Study

"Less is More" There is a tendency for the practitioner to want to "FIX" everything on the first visit. In my experience over the years, our ability to access and use the tools to evaluate the priority and recommend accordingly creates outstanding results and compliance, building a strong relationship that will last for years. Overwhelming the patient/client on the first visit can be detrimental for both practitioner and client.

The ENAT practitioner must remember to always go back to their foundation: The Five Foundational Pillars of Nutrition, Body Systems and Sub reflexes, the Functional Assessment Reflexes, Master ENAT and Sub Screening Points. There will be your answer!! ENAT practitioners must be reminded that if there is failure to achieve specific symptom/condition results, they do not hesitate to refer out to the appropriate health care provider.

## Create Recommendations

### Nutritional Recommendations

Supplement	Dosage	Upon Rising	AM	Noon	After-noon	Even-ing	Bed time	With Food

### Dietary Recommendations

In my nearly 38 years of clinical experience, I have seen a multitude of diets: detoxs, fit for life, raw food, macrobiotic, metabolic typing, eat right for your blood type, veganism, vegetarianism and numerous other programs, too many to mention, that have come and gone. I do believe it is essential that the ENAT practitioner have full knowledge of the program, diet or food recommendations prior to prescribing it to the patient/client. In my clinical practice, I have never recommended a product, program or diet that I myself have not utilized or at the very least tried.

In the ENAT System, we pride ourselves on our ability to be specific in our findings and recommendations, while knowing that even though many of our patients/clients can be

### Section 4: ENAT Case Study

exhibiting the same symptoms/conditions, the underlying cause and corrective procedures are not the same for all. This reasoning is especially important when it comes to dietary and lifestyle recommendations, as they relate to the overall wellness plan of the client. The ENAT practitioner must be conscious of the fact that many of his or her clients will present themselves to their practice with preconceived ideas and notions as to what is best for themselves having tried various programs, which to one extent or another have succeeded or failed at helping them to improve and feel better. Our Bioenergetic tools, in combination with other Neurological Assessment Tools will guide the practitioner to what diet, food (more or less) and solutions are beneficial for the patient/client.

In establishing the plan with the patient/client, the ENAT practitioner, having been trained in their specialty with a nutritional background, should decide what dietary beliefs and structure they feel most comfortable utilizing in their practice for the achievement of optimal results and then establish a line of questioning and testing based upon that foundation. For example, in my practice I utilize diet plans that focus on Low Glycemic/Meat Diets and The Forty, Thirty, Thirty per cent diet as related to the Zone Diet Premise. I use dietary guidelines that are based on Chinese Medicine principles, Hypoglycemic and Adrenal Protocols, Metabolic Typing Diets focusing on supporting the Parasympathetic and Sympathetic Nervous Systems, diets that focus on Gluten Free and Allergy/Sensitivities and several other types of diet depending on the needs of the patient.

Once the program of dietary strategies is established by the ENAT practitioner, the following guidelines for questioning should become part of the Bio-Energetic Questioning Process:

1. Determine using the RAMTR if dietary recommendations are indicated for the patient/client plan

2. Determine if they need more or less of a specific food group e.g. more protein, less carbohydrate

3. Determine other food groupings: condiments, fruit/vegetables, liquids (juice, water, etc.), better with vegetable protein than animal protein

4 Other lines of questions: What is the best diet for this patient/client? How many grams of protein per day? How many small meals do they need per day (e.g. hypoglycemia)? What are the best types of fats to consume e.g. avocados, nuts, etc.? What is the best raw food program? Is the Eat Right for your Blood Type good for this patient/client? Is the Gluten Free Diet the Best?

5. Put it all together: Once established, the ENAT practitioner now has an individualized/specific program for the patient/client, unique to them in addition to a nutritional supplemental program designed to achieve optimal wellbeing...

In conclusion, The ENAT practitioner, having the ability to use all their knowledge base and remembering that we are the "Sum Total of What We Know", has at their disposal Bioenergetic Testing and all of the Assessment Tools to utilize to design a specific dietary guidelines for each of their patients/clients.

### Lifestyle Recommendations

- Aerobic/Anaerobic Exercise
- Art
- Being in Nature
- Dance
- Fun
- Charity Work
- Homeopathy
- Hypnotherapy
- Journal
- Laughter
- Massage
- Meditation
- Music
- Poetry
- Pleasure
- Prayer
- Proper use of Language
- Reading for Pleasure
- Spiritual; Retreat
- Self-Expression/ Verbalization
- Singing
- Swimming
- Tia Chi/Chi Kung
- Theater/Museums
- Travel
- Yoga



# Energetic Nutrition Assessment Technique

## Part 1: ENAT Overview

---

### Section 4: ENAT Case Study