

8-WEEK FIBROMYALGIA PROGRAM

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8-WEEK FIBROMYALGIA PROGRAM PROGRAM BREAKDOWN



✓ Products and Services Received	Price
1 Fibromyalgia Supplement Kit	\$1073.00
8 Weekly Evaluations to review progress	\$240.00
8 Sauna treatments for detoxification	\$400.00
2 Follow up Evaluation at the completion of this program	\$100.00
24 Hours a day phone access to the Doctor and Staff	Priceless!
Total Price for Everything	\$1,813.00

The 8-Week Fibromyalgia Program

Our goal is to help the body heal itself naturally. We want to help educate you on how to live a new and improved lifestyle.

This will not only help you control, but improve every other aspect of your life.

Our doctor's have spent over 20 years researching and testing methods with thousands and thousands of patients.

The program you are about to embark upon is a result of all that work.

We seek to provide the most natural ingredients in the highest quality possible, in order to offer the nutrition and building ingredients that the body needs most to reach a level of complete wellness. We follow the preventive health approach, using nutrition and wellness to fight off disease and extra body weight.

We strive to beautify and better the body through researched methods and total programs. These programs are natural, and use the body's own ability to achieve goals of improvement, rather than introducing harmful chemicals, surgery, or addictive drugs.

We want to be a lifetime partner with you in seeking improved health and lifestyle.

We seek constant improvement in our programs, and hope that you will also seek constant improvement in your compliance with a healthy lifestyle.

Our doctor's have found that patients who continue to educate themselves on proper nutrition and lifestyle habits achieve great success and maintain that success!

WHAT IS FIBROMYALGIA?

Fibromyalgia (FMS) is a mysterious debilitating condition characterized by chronic pain in the muscles and surrounding structures. The word fibromyalgia is derived from the Latin words; “fibro”, meaning fibrous tissue such as ligaments, tendons, or fascia; “my”, meaning muscle tissue, and “algia”, meaning pain. The pain emanating from tendons, ligaments and muscle tissue is unusually tender to palpation (pressing with the fingers). Two major complaints of people suffering from fibromyalgia are pain and fatigue. Other symptoms that may accompany this condition include: sleep problems or insomnia, depression, poor memory and concentration, dizziness, headache, tingling of the extremities, irritable bowel syndrome, irritable bladder (urgency and frequency of urination), temporomandibular joint syndrome (TMJ), cold intolerance, and allergic reactions to drugs, chemicals and environmental toxins. You might wonder, “What is left?” The truth is that there isn’t much, because fibromyalgia affects almost every part of the human body.

Fibromyalgia pain is most commonly felt in the lower back, neck, shoulders, the back of the head, upper chest, and thighs, although any area or areas of the body may also be involved. The pain is usually described as throbbing, burning, shooting or stabbing. It may become so severe that a person feels unable to function or cope. Endurance and stamina are very poor, and the sufferer often feels exhausted and unable to concentrate. Pain is often greater in the morning than at other times of day, and depression frequently accompanies the symptoms.

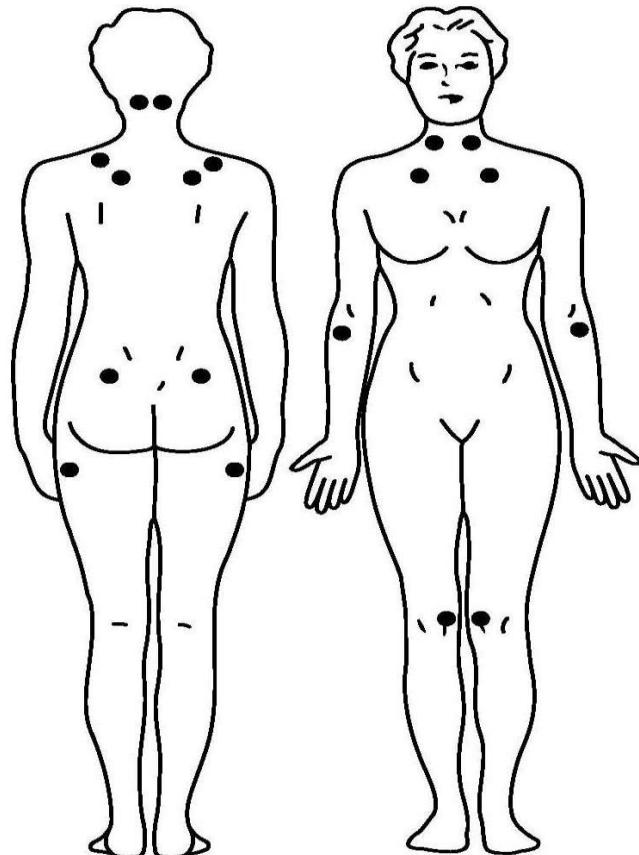
It is estimated that between 6 and 12 million people in the United States alone suffer from fibromyalgia. The condition affects mostly women between the ages of 25 and 50, although men and women of other ages, and even some children, are also affected.

Fibromyalgia is known as a syndrome rather than a disease. A syndrome refers to a fairly consistent pattern of symptoms observed in people with a medical disorder. FMS symptoms fluctuate from hour to hour and day to day. This differs from the term disease, which implies that all people with a given disorder have exactly the same problem resulting from the same underlying cause.

Fibromyalgia is frequently misdiagnosed and under-recognized, which is why fibromyalgia is often called “The Invisible Disease”. Fibromyalgia sufferers don’t look sick, and as a result, they are often victimized in clinical diagnosis and from family and friends. Many skeptics have debated the existence of fibromyalgia, saying it seems to be rooted more in physiological issues than physical, biological causes. Their reasoning is that there is no clear origin, or effective treatment for patients. This leaves them with self-doubt, guilt and a loss of self-esteem. Many sufferers come into spas and wellness centers having been diagnosed with hypochondria, Alzheimer’s, and psychological problems. These labels invite despair, as the person then feels misunderstood and doubted. Abnormalities do not appear in any blood test, X-ray, Thyroid test, HIV test, and liver scan, MRI or CT scan. Symptoms are felt all over, and yet the traditional medical tests can find nothing wrong.

Fortunately, the American College of Rheumatology (ACR) published criteria for the diagnosis of fibromyalgia in 1990. These criteria have been widely accepted, as they result from research provided by

20 clinical investigators in the United States and Canada. The ACR Classification Criteria for fibromyalgia are: 1) widespread aching lasting more than three months ("chronic"), and 2) pain, and not just tenderness, in 11 of 18 specified sites during a physical examination. Eighteen "Tender Points", or "Hot Spots", have been detected on the body, most often near the place where a muscle attaches to a bone. The pressure need not be very hard at all to make the tender points hurt. Before the test, a person with FMS may not always be aware of discomfort at each tender point, which is why patients are often surprised at the degree of pain when a therapist palpates deeply or presses with the fingers at these sites. If you suspect fibromyalgia, it is very important to be tested and screened by a clinic that is familiar with FMS and willing to provide a tender point examination, as this is the only known way to receive an accurate diagnosis (please see the Fibromyalgia Touch Test below).



18 typical tender points common to Fibromyalgia sufferers.

SYMPTOMS OF FIBROMYALGIA

- Pain
- Fatigue
- Sleep Disorders
- Irritable Bowel Syndrome
- Neurological Symptoms
- Chronic Headaches
- TMJ (Temporomandibular Joint Dysfunction Syndrome
- Memory and Concentration Difficulties
- Interstitial Cystitis
- Joint Pain
- Chemical Sensitivity
- Parasites

CONDITIONS THAT COMMONLY OCCUR WITH FIBROMYALGIA

All of the following conditions are immune system disorders that may be experienced in conjunction with Fibromyalgia:

- Osteoarthritis
- Cervical and low back degenerative diseases
- Rheumatoid arthritis
- Systemic lupus
- Hypothyroidism
- Thoracic outlet syndrome
- Multiple sclerosis
- Lou Gehri's Disease
- Graves Disease
- Polymyalgia rheumatic
- Lyme disease
- Prolapsed mitral valve
- HIV
- Myofascial pain syndrome
- Sjogren's syndrome
- Chronic fatigue syndrome
- Candida

POSSIBLE CAUSES OF/OR CONTRIBUTIONS TO FIBROMYALGIA

- Immune System Disorder
- Overabundance or Stored Toxins
- Metabolic Dysfunction
- Heredity
- Illness or Injury
- Prolonged Stress
- Human Herpes Virus

CONVENTIONAL MEDICAL APPROACH TO FIBROMYALGIA

Fibromyalgia is often misdiagnosed or mistreated. As a person with FMS, you look healthy and you pass medical lab tests with flying colors. Doctors most frequently find nothing wrong with you. They may suggest that you have either an inflammatory or a psychiatric condition. However, no evidence of inflammation or arthritis has been found, and it is now believed that depression and anxiety, when present, are more often the result than the cause of fibromyalgia. Knowing that you want a solution, a doctor will give a prescription to treat the symptoms of pain, depression, and/or the inability to sleep. This is the training of the conventional medical doctor. These symptomatic treatments may or may not provide temporary relief, and most definitely do not get to the source of the problem. Most drugs have negative side effects. Following are some of the drugs most often prescribed to treat the symptoms of fibromyalgia and their most common side effects:

Lyrica—for the treatment and management of fibromyalgia

Most commonly used to control seizures and to treat fibromyalgia. Lyrica is also used to treat pain caused by nerve damage in people with diabetes (diabetic neuropathy) or herpes zoster (post-herpetic neuralgia).

Most common adverse events include easy bruising or bleeding, swelling in the hands or feet, rapid weight gain, dizziness or drowsiness, anxiety, blurred vision, loss of balance or coordination, problems with memory or concentration, dry mouth, skin rash or itching, constipation, stomach pain, increased appetite and joint or muscle pain. Get emergency medical help if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of the face, lips, tongue, or throat.

Warnings: You may have thoughts about suicide while taking Lyrica. Tell your doctor if you have new or worsening depression or suicidal thoughts during the first several months of treatment, or whenever your dose is changed. Your family or other caregivers should also be alert to changes in your mood or symptoms. Your doctor will need to check you at regular visits. Do not miss any scheduled appointments. This medication may be harmful to an unborn baby. If a man fathers a child while using this medication, the baby may have birth defects. Use a condom to prevent pregnancy during your treatment.

Paxil—an anti depressant

Most common adverse events include nausea, drowsiness, headache, dry mouth, weakness, constipation, dizziness, insomnia, ejaculatory disturbance, diarrhea, sweating, male genital disorders, tremor and decreased appetite.

In worldwide clinical trials, 20% of participants discontinued treatment due to adverse reactions. Paxil has not been systematically studied in animals or humans for its potential for abuse, tolerance, or physical dependence.

Warnings: There is a potential for interaction with Monoamine Oxidase inhibitors. In people receiving another serotonin re-uptake inhibitor, in combination with a monamine oxidase inhibitor (MAOI), there have been reports of serious, sometimes fatal reactions.

Source: Physicians' Desk Reference

Flexeril—a muscle relaxant

Used for relief of muscle spasm as an adjunct to rest and physical therapy for acute and painful musculoskeletal conditions. Should only be used for short periods of time (up to two or three weeks). Most common adverse events include drowsiness, dry mouth, dizziness, fatigue, asthenia, nausea, constipation, dyspepsia, blurred vision, headache, nervousness and confusion.

Warnings: May interact with (MAOIs). Hyperpyretic crisis, severe convulsions, and deaths have occurred in people receiving tricyclic antidepressants and MAOI drugs together. (Flexeril is a crystalline tricyclic amine salt). It has also been reported to produce arrhythmias (irregular heartbeat), sinus tachycardia (rapid heart action originating in the sinus), prolongation of the conduction time leading to myocardial infarction and stroke. (Myocardial relates to myocardium, which is the middle layer of the heart, consisting of cardiac muscle.) Flexeril may impair mental and/or physical abilities required for performance of hazardous tasks. It may also enhance the effects of alcohol, barbiturates, and other CNS depressants.

Source: Physicians' Desk Reference

Zoloft—for the treatment of depression—panic disorder

Most common adverse events include nausea, headache, insomnia, diarrhea, dry mouth, ejaculation failure, somnolence, dizziness, fatigue, tremor, dyspepsia, sweating increase, constipation, nervousness, and decreased libido.

Warnings: Cases of serious, sometimes fatal reactions in people receiving Zoloft, when taken with a monoamine oxidase inhibitor (MAOI). Anti-depression drugs that affect dopamine levels; phenelzine, isocarbox-acid, and tranylcromine. They can cause hypertensive crisis as can dopamine-containing foods when used with Zoloft (overripe or mature cheese). When used together, interaction symptoms may occur; hypothermia, rigidity, myoclonus spasm or twitching of a muscle or group of muscles, autonomic instability (nervous system problems, mental status changes including confusion, irritability, and extreme agitation progressing to delirium and coma).

Source: Physicians' Desk Reference and The MERCK MANUAL

Xanax—taken for anxiety disorder and panic disorder

Given for the treatment of: trembling, twitching, feeling shaky; muscle tension, aches, or soreness; restlessness; easily fatigued; shortness of breath or smothering sensations; palpitations or accelerated heart rate; sweating or cold clammy hands; dry mouth; dizziness or lightheadedness; nausea, diarrhea, or other abdominal distress; flushes or chills; frequent urination; trouble swallowing; feeling keyed up or on edge; exaggerated startle response; difficulty concentrating or mind going blank because of anxiety; trouble falling or staying asleep.

Most common adverse events include insomnia, light headedness, anxiety, fatigue, abnormal involuntary movement, headache, nausea/vomiting, sweating, weight loss, decreased appetite, diarrhea, tachycardia, cognitive disorder, irritability, and blurred vision.

Warnings: Episodes of hypomania and mania have been reported with the use of Xanax in patients with depression. Precautions in treating people with impaired renal, hepatic, or pulmonary function should be observed. There have been rare reports of death in people with severe pulmonary disease shortly after starting treatment with Xanax. It is recommended that the dosage be limited to the smallest

effective dose. When used at doses greater than 4 mg., which may or may not be required for your treatment, Xanax has the potential to cause severe emotional and physical dependence in some people. They may find it exceedingly difficult to terminate treatment.

Source: Physicians' Desk Reference

Soma-Carisoprodol—used for arthritis and other inflammatory disorders

Produces muscle relaxation in animals. Does not directly relax tense skeletal muscles in man. Used as an adjunct (something added to another thing but not essential to it) to rest, physical therapy, and other measures for the relief of discomfort associated with acute painful musculoskeletal conditions.

Most common adverse events include skin rash, erythema multiforme (inflammatory eruption—lesions of the skin), pruritus (itching), eosinophilia (an abnormal number of eosinophils in the blood), dizziness, vertigo & ataxia, tremor, agitation, irritability, headache, fainting, insomnia, and depressive reactions.

Warnings: Because of limited clinical experience, SOMA is not recommended for use in patients under 12 years of age. Safe usage of this drug in pregnancy or lactation has not been established. Therefore, use of this drug in pregnancy, in nursing mothers, or in women of childbearing potential requires that the potential benefits of the drug be weighed against the potential hazards to mother and child. People should be warned that this drug may impair the mental and/or physical abilities required for performance of potentially hazardous tasks. Use with caution in people with history of gastritis or peptic ulcer, in patients on anticoagulant therapy, and addiction-prone individuals.

Source: Physicians' Desk Reference

Elavil, Endep, Adapin, Sinequan, Aventyl, Pamelor—antidepressants/tricyclics

Most common adverse events include difficulty concentrating, dizziness, drowsiness, dry mouth, headache, increased appetite (including craving for sweets), nausea, sleep disturbances, unpleasant taste, urinary retention, weakness or tiredness, and weight gain.

Source: Arthritis.org Drug Guide 2001

Prozac—antidepressant/SSRI

Most common adverse events include anxiety and nervousness, diarrhea, dry mouth, headache, increased sweating, nausea, and trouble sleeping.

Source: Arthritis.org Drug Guide 2001

Depo-Provera—contraceptive by injection (or any other prescription form of oral contraceptive)

This drug is not necessarily prescribed to treat fibromyalgia, but is a common drug that is taken routinely by patients with fibromyalgia, that actually worsens the syndrome and its symptoms.

Most common adverse events include menstrual irregularities, weight changes, headache, nervousness, abdominal pain or discomfort, dizziness, weakness or fatigue, decreased libido, backache, and leg cramps.

Warnings: Amenorrhea may develop (loss of menstrual function—55% in 12 months, 68% in 24 months). There may be mineral density changes (osteoporosis or bone loss, of which the rate is greatest in early years of use), increased risk of breast cancer, blood vessel inflammation or blockage, and ocular disorders (displacement of eyeball, double vision, or migraine).

Source: Physicians Desk Reference

Estatest—estrogen replacement therapy

Frequently taken by fibromyalgia sufferers that can worsen the syndrome and its symptoms.

Warnings: Estrogens have been reported to increase the risk of endometrial carcinoma. Three independent case control studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous (outside) estrogens for prolonged periods. These studies further show that the rates of endometrial cancer have increased sharply since 1969 along with the rapidly expanded use of estrogens during that time. These studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than non-users.

Source: Physicians' Desk Reference

When looking into the conventional medical treatments for Fibromyalgia, there are a few very important questions to consider: With these treatments, are we improving the health and wellness of the body? Are we allowing the immune system to become stronger, or are we creating bigger problems for our health down the road by using these prescription methods to treat symptoms? Our advice is to treat the body as a complete system, rather than treating individual symptoms through conventional methods.

THE CLUB REDUCE APPROACH TO FIBROMYALGIA

Following the concept that fibromyalgia is a progression of disease involving the re-manifestation of the Human Herpes Virus, the only way to become symptom free is to eradicate the virus from the body and rebuild the immune system. If the virus is not eradicated, then as symptoms subside, the virus merely becomes dormant again. It is then just waiting for a new immune system crash.

Detoxification

Just as is the case with any lifestyle change, a total cleanse of the system is the first step to improved health. Detoxification, along with a 30-day Nutritional Program, helps provide nutritional support to strengthen the immune system.

In order to start to get well, the first step is to cleanse the body through detoxification. This is a total body cleansing program, which cleans the liver, bowels, kidneys, and the blood supply. It helps restore the peristaltic action of the colon, and helps to rid the body of mucus, toxins and waste materials that are trapped in the colon (and may have been there for years). Detoxification will help to rid your body of this condition for life.

100% Nutrition

Nutrition is essential to health and wellness. 100% nutrition ensures that the organs of the body and the immune system are being strengthened, while getting what they need to function at their full potential. This is attainable by supplementing vitamins and minerals, as well as antioxidants, and essential fatty acids.

Implementing Friendly Bacteria

The human gastrointestinal tract is home to many types and high numbers of microbes, or bacteria. Microbes live in our skin, in our mouths, in women's vaginal tracts, and throughout our gastrointestinal tract. It is estimated that there are more microbes (bacterial cells) than there are human cells in and on the human body. There is also a very large diversity of the types of bacteria, with over 400 different species being present in humans. Because of the diversity and number, it has become evident that bacteria play an important role in human health. Most of these bacteria are not harmful, and in fact contribute positively to normal growth and development. Some of these bacteria, however, can have negative influences. A healthy balance of the bacteria, favoring beneficial bacteria over potentially harmful bacteria, is essential to the proper functioning of all systems of the body. Friendly bacteria strains can suppress harmful bacteria. They have been shown to improve intestinal tract health by aiding digestion and elimination, alleviating the symptoms of lactose intolerance, improving absorption of minerals and reducing toxins in the bloodstream, and improving immune function.

Enzymes

Diet and disease have now been linked together. In order to digest enzyme-free foods, the body calls upon digestive organs to work excessively. After a lifetime of overworking our body's vital organs, they wear out. When these organs are no longer performing at their optimal level, food is not digested properly which can lead to diet related diseases, disorders and death. For example, one form of adult onset diabetes is a result of over taxation of the pancreas. Supplemental digestive enzymes ease the burden of digestion therefore strengthening your immune system.

Water

Water is critical to the treatment of any health condition, including fibromyalgia. Every organ of the body requires water. The heart, lungs, skin and circulatory system all depend on water. To find your individual need, divide your weight in half. Half of your body weight gives you a good rule of thumb for how many ounces of water your body needs to function on a daily basis. For example, if you weigh 150 pounds, you should be drinking 75 ounces of water each day. Nothing will substitute for water, including; milk, juice, tea, soda etc. If you drink enough water each day, you will absolutely feel different. This is not to say that you cannot drink other liquids, but remember the importance of the quantity of water that you drink each day.

Fitness and Exercise

Though fatigue and soreness are symptoms fibromyalgia, exercise is vital. Do what you can and work up to cardiovascular exercise: walking briskly, swimming, treadmill, stairs, biking. Exercise at least three times per week, working up to 30 minutes each time. Get plenty of fresh air and sunshine—they have an excellent anti-depressant effect. Mental exercise is also important. Set aside times daily to relax, unwind, de-stress and allow positive emotional and psychological repair to begin.

Juicing

Recently, the National Cancer Institute began a campaign to get people to do one simple thing—EAT MORE FRUITS AND VEGETABLES. Specifically, the recommendation was to eat five servings of fruit and three servings of vegetables a day, and their reasoning was simple: a diet high in fruits and vegetables will prevent or cure a wide range of ailments. Juicing should be a part of any lifestyle change program because of the many health benefits. Fibromyalgia is no exception. It is the Solutions4 view that juicing is an essential step in the Fibromyalgia Program.

- Juice should be extracted from fresh, raw fruits and vegetables.
- Juice is digested and nutrients are assimilated in a matter of minutes rather than in hours.
- Fruit juices provide carbohydrates, natural sugars and vitamins.
- Vegetable juices provide amino acids, minerals, salts and enzymes.
- Fresh fruits are cleansers of the body.
- Fresh vegetables are regenerators and builders of the body.
- Juicing offers a tremendous source of live enzymes. Enzymes are the body's work force. Acting as catalysts in hundreds of thousands of chemical reactions that take place throughout the body, enzymes are essential for digestion and absorption of food, for conversion of food into body tissue, for the production of energy at the cellular level and for new cell growth. In fact, enzymes are critical for most of the metabolic activities taking place in the body every second of every day. Fresh squeezed juice is a must, as enzymes are destroyed by heat. When you eat cooked foods, whether it is meat, grains, fruits, or vegetables, if the food is cooked at temperatures above 118 degrees, the enzymes have been destroyed by the heat. Because fruits and vegetables are juiced raw, the enzymes are still viable when ingested.

FOOD LIST

Vegetables

The amount of vegetables consumed on the Solutions4 program is unlimited. Use the list below for successful eating.

- Standard serving size is $\frac{1}{2}$ cup
- Vegetable intake should be twice the amount of fruit intake
- Use organic whenever possible, frozen is okay, no dried or canned vegetables
- Fresh juices made from vegetables are allowed
- Vegetables may be steamed for four minutes or stir fried over low heat, however, for best results, $\frac{1}{2}$ of vegetable intake should be raw
- Fresh herbs and spices may be used. Organic dried spices may be used as long as they are not expired or old.

Vegetables (Always best eaten raw, but if you must cook, lightly steam them)

Artichokes	Chives	Pepper, Red
Alfalfa sprouts	Cucumber	Pimentos
Asparagus	Eggplant	Radish
Avocados	Fennel	Rhubarb
Bamboo shoots	Garlic	Rutabaga
Bean sprouts	Green Beans	Shallots
Beets	Green Onions	Snap Beans (Edible Pods)
Bok Choy	Jicama	Snow Peas (Sugar Peas)
Broccoli	Kohlrabi	String Beans
Brussels sprouts	Lima Beans	Sprouts
Buckwheat sprouts	Leek	Sunflower Sprouts
Cabbage, Chinese	Mung Bean Sprouts	Tomatillos
Cabbage, Red	Okra	Turnips
Carrots	Onion	Water Chestnuts
Cauliflower	Parsley	Wheat Grass
Celery	Parsnips	Zucchini
Chard	Pepper, Green	

Lettuce and Greens

Arugula	Dandelion Greens	Oakleaf
Beet Greens	Endive	Radicchio
Belgian endive	Endigia (Red Endive)	Red Leaf
Bib lettuce	Escarole	Romaine
Boston lettuce	Green Leaf	Spinach
Butter Lettuce	Iceberg	Swiss chard
Cress	Kale	Watercress
Collard Greens	Mesclun	
Curly Endive	Mustard Greens	

Fruits

Avocado	Grapes	Peaches
Apples	Guava	Pears
Apricots	Honeydew	Persimmon
Bananas	Kiwi	Pineapple
Blackberries	Lemon	Plums
Blueberries	Limes	Pomegranate
Boysenberries	Mango	Raspberries
Cantaloupe	Melons	Strawberries
Cherries	Mulberries	Tangelos
Dates	Nectarines	Tangerines
Figs	Oranges	Tomatoes
Grapefruit	Papaya	Watermelon

Dried Fruit

Currants
Dates
Figs
Raisins
Prunes

Nuts and Seeds (raw is best)

Almonds
Brazil Nuts
Cashews
Macadamia
Pecans
Pine Nuts
Pistachios
Sesame Seeds
Sunflower Seeds
Walnuts

Oils

Coconut Oil – (A great substitute for Butter!)
Extra-virgin olive oil
Flaxseed Oil – (Great for dressings. Keep refrigerated, do not heat)
Grape seed oil
Organic Butter - occasionally
*Use cold-pressed and unprocessed

Salt and Spices

Salt – Real Salt or Celtic Sea Salt
Fresh herbs and spices may be used. Organic dried spices may be used as long as they are not expired or old.

Juices:

Fresh Vegetable Juices

Fresh Fruit Juices

Water:

Distilled Water (Preferred)

Filtered Water

Pure Water

Spring Water

*Remember to drink a minimum of half your body weight in ounces

____(body weight)/2=____ounces of water intake a day

AVOID GROUP:

Alcohol, Caffeine, tobacco or other stimulants

All Coffee and tea (including herbal)

All Dairy – All hard cheese are made from mold. (With the exception of organic butter)

All sugars and sugar-contained food including: refined sugar, fructose, corn syrup, honey, molasses, date sugar and maple sugar. (Maple sugar is allowed on detox days)

All white flour and white flour products. All yeast – containing pastries, bread, crackers, pastas, etc.

Grains (With the exception of Wild or Brown Rice)

Mixed seasonings and spice rubs like Mrs. Dash etc.

Meat: Beef, Lamb, Pork, Veal and Shellfish. No cured, smoked or luncheon meats

Processed or Refined Foods

 Refined White Flour

 Refined White Sugar

MSG or Chemicals

Starchy Vegetables:

 Hominy

 White Rice

 Yams

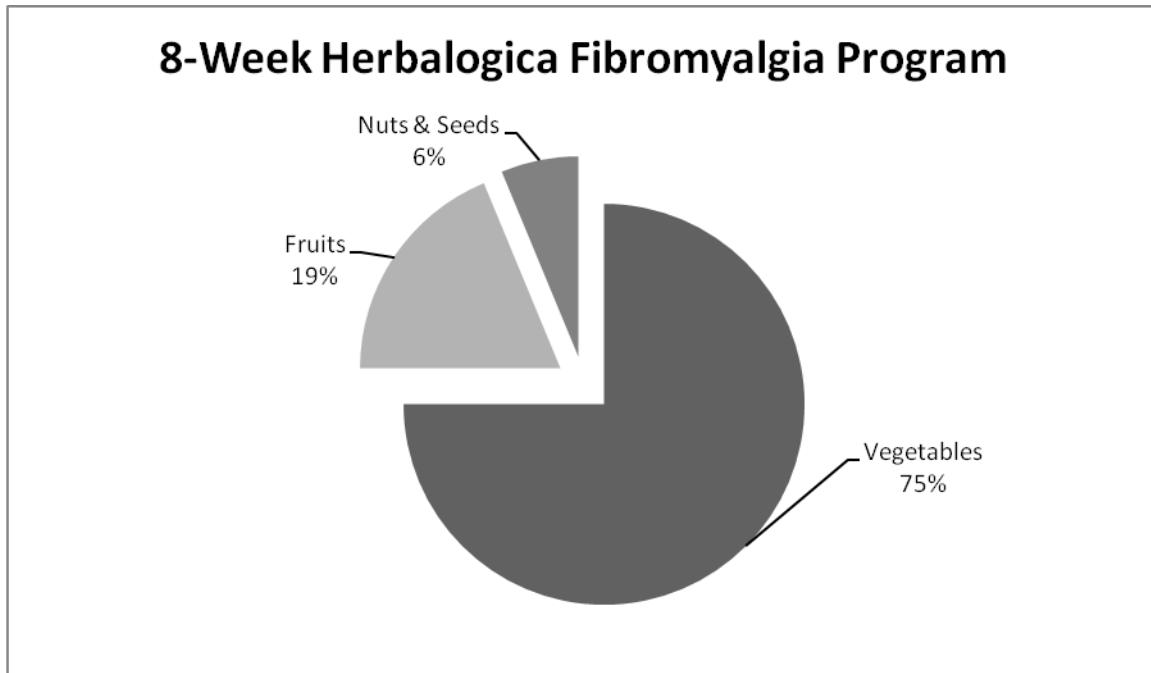
 Potatoes

 Corn

 Dried Beans

Structuring your diet on the FIBROMYALGIA PROGRAM

When not detoxing or just juicing, your diet should consist mostly of green leafy vegetables. Use the graph below to guide your choices when planning meals. The easiest way to incorporate more greens into your diet is to plan meals around salads. An easy way to get your daily amount of fruit is to have it for breakfast in the morning or to add it to a Nutritional Shake.



DETOXIFICATION

The Solutions4 Company and your Health care Practitioner are committed to your health, vitality and appearance. We continue to research and develop products and programs that offer total body wellness.

Because of the need for individuals to regularly rid their bodies of accumulated toxins and waste materials, Beneficial International, the parent company of Solutions4, has spent many years in the development and perfection of the ultimate detoxification and body cleansing program. Designed with the aid and interaction of physicians, nutritionists, and herbalists, the Solutions4 Detoxification Program has helped thousands of people in their quest for health and vitality.

Detoxification is one of the most important factors in the promotion of good health and disease prevention. The Solutions4 Program help the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only restores new energy to the vital organs, but to the entire body as well.

Solutions4 offers one of the original Detoxification Programs. Our natural formulas have been in use since 1979 – long before detoxification was a popular concept. This history gives you confidence that you are using a program that is safe and effective.

Detoxification can be part of a health maintenance and prevention program when used 3 to 4 times per year. Though it is not a “cure-all”, it is a positive way to start addressing many undesirable body conditions, such as allergies, acne, arthritis, skin problems, cellulite, obesity, etc.

Benefits of Detoxification

- An increase in energy is experienced
- The digestive tract can rid itself of accumulated waste and putrefied bacteria. (Typical loss is between 2-8 lbs. of water and waste during a 3 day cleanse.)
- Liver, kidneys and blood are putrefied and function more effectively.
- The peristaltic action of the colon is strengthened.
- A mental clarity occurs that is not possible under the constant bombardment of chemicals and food additives.
- Physical dependency on habit-forming substances such as refined sugar, caffeine, nicotine, alcohol and drugs is greatly diminished.
- Bad eating habits are broken. As you come off the program, it is easier to make wiser food choices.
- The stomach has a chance to return to normal size, making it easier to control the quantity of food eaten.

HEALING CRISIS

The body has natural cleansing abilities that help to expel unnecessary or harmful substances. Four eliminative organs of the body are: the bowels, the skin, the lungs, and the kidneys. These systems are in use all the time, working to keep the body clean and healthy.

When an invader enters the body, the natural process is for the body to remove that invader through eliminative organs. This can happen through diarrhea, vomiting, perspiration (fever), coughing, mucus, or nasal discharge. These natural healing abilities are often under used, as the common response to illness or discomfort it to take chemical medications for symptom relief. We suppress the body's natural eliminative processes through anti-diarrhea drugs, antihistamines, fever reducers, antibiotics and others to keep our bodies from cleansing in the natural way. The "stuffing drugs" that we use drive the virus and bacteria back into the tissues where it can remain until the next immune system crash. Immediate symptoms are managed, but long-term health problems are often the result. For instance, a steroid (cortisone) ointment used for a skin condition may clear up immediate symptoms, but later a more serious problem may occur, such as asthma. In turn, bronchodilators may control the asthma, but may cause depression. In the effort to relieve a patient's symptoms, the real causes of the patient's condition have been overlooked. In addition to environmental toxins and the unhealthy foods that we consume, these types of chemical stuffers contribute to our need to detoxify regularly. A cleansing process such as Detoxification takes these substances out of storage and into circulation to be eliminated. This occasionally causes unpleasant symptoms for a short time. The consumption of caffeine, refined sugar, alcohol and other substances also contributes to the effect that is known as a "healing crisis."

During detoxification and the days following, many people experience some of the signs of a healing crisis, which may include: headaches, skin breakouts, bowel sluggishness, diarrhea, fatigue, sweating, frequent urination, congestion, nasal discharge, or body aches. A few may also briefly experience anxiety, irritability or mental depression.

You must understand that your body is going through cleansing and detoxification. It is throwing out poisons using the energy it has saved from the hard-to-digest meals that have been discontinued. This is your body's natural way of cleansing, and is a positive occurrence.

The best way to encourage your body's natural cleansing methods is to not use over the counter drugs to stop the cleansing process. (Prescription medication should NOT be discontinued without a medical doctor's approval). They may make you feel better in the short term, but do so by driving toxins back into the tissues. Drink plenty of water to facilitate the process and get some rest.

The healing crisis generally lasts from just a few hours to a few days. The healthier one's body is to begin with, the fewer symptoms there will be. The more the body has to clean up, the harder and longer the cleansing side effects will be. Symptoms will also be more pronounced if the change in the diet is abrupt, and less if it is more gradual. This is why detoxification preparation days are so important. Each healing crisis is followed by increased vitality and improved wellbeing.

Please be aware that it is just as important for your body to come off detoxification correctly as it is to detoxify. Your body is in a cleansing mode and will continue until clogging foods are reintroduced. As you finish Detoxification, continue taking the herbs until they are gone. Many of the ill-feeling

symptoms that you may have been experiencing will have already begun to disappear. In fact, the three day cleanse is pretty dramatic. You will have lost 2-8 pounds, and will have begun eliminating some of the 5-27 pounds of waste that are being stored in the colon. If you are on medication, ask your prescribing doctor to work with you as you go through this program. Start consuming fresh fruit, salads and vegetables. Some people choose to juice live foods for a few days before eating solid foods, allowing the body more time and energy to heal and gain strength. Slowly work your way back into foods after detoxification. Your body is now clean and will no longer tolerate abuse. A couple of beers will make you drunk, and may become ill after eating pizza, and a candy bar may give you a headache. All these foods are very unhealthy and your clean body is simply more sensitive to toxins.

Contact your Health Care Practitioner for specific questions on Healing Crisis.

Detoxification is a wonderful way to begin a healthy lifestyle. Done 3-4 times per year, the body is stronger, cleanser, and better able to resist illness.

FREQUENTLY ASKED QUESTIONS ABOUT DETOXIFICATION

Will the lemon juice mixture cause too much acid for my sensitive stomach? Although the lemon is an acidic fruit, it turns alkaline as it is digested and aids in attaining a proper pH balance within the body.

Is detoxification safe? Absolutely. Body cleansing for health is a concept that has been in use for thousands of years. This type of internal cleanse has been used safely for periods of up to 2 months over the last 30 years. Solutions4 recommends detoxification for 3-10 days only, 3 to 4 times per year. See you Health Care Practitioner for specific directions.

Can I detoxify if I have hypoglycemia? Detoxifying is especially beneficial to those with hypoglycemia. Just be sure to use only pure maple syrup in the lemon juice mixture. Honey or other sweeteners will trigger an unhealthy insulin response. Solutions4 APPETITE APPEASER will also help to regulate blood sugar levels.

How does detoxification affect cellulite? Cellulite is waste materials trapped in connective tissue and fat cells, and it is very resistant to ordinary dieting and exercise. While Detoxification will not remove cellulite, it does cleanse the intestinal tract and the body's liquid waste system, thereby speeding up the elimination of toxins from the body, which aids in cellulite removal. Improved results can be achieved when done in conjunction with Solutions4 Body Contouring Wraps.

Will I have energy during the cleanse? As toxins are expelled from the system, the energy levels rise. It may take a day or two for this effect to occur. If you are not as energetic as you feel you should be, add a little more maple syrup to the lemon juice mixture to raise and maintain your blood sugar level. It is also helpful to make the mixture last throughout the day rather than drinking it all at once. Solutions4 recommends reducing physical activity on detoxification days.

Why is it important to use distilled water? Distilled water is pure, which means it has no chemicals or bacteria to interfere with the cleansing process. We recommend continuing to use distilled and /or pure spring water after your cleansing program. Do not use bottled mineral water since it may contain concentrations of heavy metals. Soft water is also a poor choice because of its high sodium content.

Will I suffer hunger pains during detoxification? Yes, you might and if you do, simply drink the lemon juice mixture more often. Since this mixture is food already in liquid form, it gets into the bloodstream faster and allays hunger. You might think you are hungry because you aren't chewing food, but with the mixture you getting the nutrients you need.

Why is it important to use pure maple syrup? First, pure maple syrup contains many minerals and vitamins. For this reason, it will provide the body with energy. Second, pure maple syrup is a balanced, natural sweetener and can be used without causing an insulin response. Because of this, hypoglycemics can use the program without fear of lowering or raising blood sugar levels.

SUPPLEMENTS INCLUDED IN THE FIBROMYALGIA PROGRAM

ANTIOXIDANT

To successfully lose weight permanently, you must have a strong immune system. Vitals are especially critical in immune re-building. ANTIOXIDANT combines the most effective nutrients used in the fight against free radicals.

APPETITE APPEASER

Helps to appease the appetite naturally and lessens nervous tension while dieting. This blend of 11 natural herbs also works together to assist the body in breaking down and dissipating excess fat from around the heart and other vital organs. It produces the “fat burning” enzymes, and increases energy levels naturally.

BODY PURIFIER

Solutions4's Body Purifier is a combination of 11 herbs that work together to help rid the liver, kidneys, and bowels of accumulated toxins and other waste materials. Helps purify the blood stream and cleanse the lymphatic system.

DHEA

DHEA (Dehydroepiandrosterone), is in the adrenal glands, is the single-most abundant steroid in the human bloodstream. It is often called the “mother” or precursor hormone, because the body readily converts it on demand into active hormones such as estrogen, testosterone, cortisone and progesterone. DHEA declines with age more rapidly in both men and women beginning at the age of 40. This decline triggers age-related issues and increased susceptibility to disease.

DIGESTIVE ENZYME BLEND

Helps the body to digest and assimilate all nutrients necessary for proper, healthy, and permanent weight-loss. This Digestive Enzyme restores natural energy to the body while promoting weight control by heightening absorption of vitamins, minerals and other nutrients from food.

EVENING PRIMROSE OIL

Helps lower fat mass through metabolic increase. Lowers blood cholesterol, alleviates serious skin conditions, lessens arthritic symptoms and relieves PMS. During the weight loss process, EVENING PRIMROSE OIL has been known to be helpful in overcoming plateaus.

FIBER BLEND

This superior source of fiber is essential in the fight against obesity. By speeding up the body's food processing time, the important vitamins, minerals, and other nutrients are absorbed from the food, maximizing efficiency without calories. This formula also helps lower cholesterol levels in the blood, cleanses the intestinal tract, and combats constipation.

FLAX SEED OIL

An Organic source of omega-3 and other essential fatty acids, which play a vital role in healthy cell renewal. Regulates cholesterol levels, reduces risk of strokes, cancer and diabetes.

HERBAL STRESS RELIEF

This enhanced Valerian Root formula which acts as a natural and relaxing stress-reliever has the unique ability to help the body maintain and restore maximum performance.

EXERCISE GEL

Using HEAT on your feet at night will increase the circulation in your feet and will also help expel toxic waste fluid thus helping with the detoxification process.

INTESTINAL CLEANSER

This formula is a superb combination of 9 herbs that have an extremely beneficial effect on the entire intestinal tract. It is also a bowel tonic and rebuilding formula. It helps improve intestinal absorption of vital nutrients while decreasing the absorption of toxins.

JOINT AND MUSCLE RELIEF

A natural treatment for arthritis, stiffness, swollen joints, and muscular aches and pains. Solutions4 JOINT AND MUSCLE RELIEF assists in body healing through a combination of herbs that help rebuild and strengthen body tissue, increase joint lubrication, and reduce inflammation around the joints.

LIQUID CALCIUM

Three capsules per day provide 100% of the US RDA of Calcium, offering the balance that the body needs to lose weight safely and permanently, while maintaining healthy body function and strong bone structure. Solutions4 offers a liquid gel capsule to ensure the body's absorption in this soluble form. For best absorption, take with magnesium-rich foods.

MULTIVITAMIN/MINERAL

Two capsules per day provide 100% RDA of all essential vitamins and minerals. The only way to lose weight permanently and maintain a well functioning body is to get 100% nutrition in the daily diet.

NUTRITIONAL SHAKE

An all-natural, 180-calorie, sugar free balanced meal replacement. Used for healthy weight loss and blood sugar management. This shake easily mixes with water and is available in Chocolate, Vanilla, and Orange Cream, and Strawberry.

PROBIOTIC BLEND

This supplement, which provides 10 billion units of friendly bacteria per dose, nutritionally controls acne, encourages a balance of good bacteria in the body, improves immune function and encourages healthy cell renewal.

VITAMIN D

Vitamin D3 (Cholecalciferol) offers many health benefits, including bone strengthening, lower risk of disease and infection, and immune boosting. It comes in an easily absorbable liquid gel-cap form

How to Take Your Supplements during Your 8-Week Fibromyalgia Program

Your Solutions4 supplements are radically different than any other supplements you have taken before. Solutions4 strives to keep their products as pure as possible – unlike a myriad of supplement companies that can allow for a large percentage of fillers in each bottle.

Due to the purity of the product you are receiving, it is essential you follow proper instruction on how to take your daily supplements.

Here are our recommendations:

- Place all your supplements in bags according to the time of day you will be taking them.
 - AM bag
 - Noon Bag
 - PM Bag
- Always take your supplements with food in your stomach.
- During Lemonade detox days, take with mixture in your stomach.
- Only take 3-4 supplements at a time and wait 30 minutes before taking more.
- Continue this process until all supplements are gone.
- Finish taking all supplements before 6:00pm.

DAY 1**Date: ___ / ___ / ___**

Eliminate meat, dairy, flour and sugar.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice

NOON SUPPLEMENTS:

Digestive Enzyme: 2 Joint and Muscle Relief: 3 Probiotic Blend: 1

2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 2**Date: ___ / ___ / ___**

Eliminate meat, dairy, flour and sugar.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.** 8-12 oz. of fresh juice 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)**10:00 a.m. to 12:00 p.m.** 8-12 oz. of fresh juice**12:00 p.m. to 2:00 p.m.** 8-12 oz. of fresh juice**NOON SUPPLEMENTS:**

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m. 8-12 oz. of fresh juice 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)**4:00 p.m. to 6:00 p.m.** 8-12 oz. of fresh juice**PM SUPPLEMENTS:**

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 3 – DETOX #1 (Day 1)**Date: ___ / ___ / ___****Notice a change in supplementation and diet today. Today is about cleansing the body!****AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary**

<input type="checkbox"/> Apply EXERCISE GEL to sore areas of the body.	<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> Intestinal Cleanser: 2
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9:00 a.m. to 2:00 p.m.

<input type="checkbox"/> Lemon Mixture #1	<input type="checkbox"/> Water Bottle #1
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2:00 p.m. to 7:00 p.m.

<input type="checkbox"/> Lemon Mixture #2	<input type="checkbox"/> Water Bottle #2
---	--

PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> Intestinal Cleanser: 2
---	---	---	---

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did you follow the DETOX guidelines?	<input type="checkbox"/> Did you take all of your supplements?	<input type="checkbox"/> Did you drink half of your body weight in ounces? _____ oz.
<input type="checkbox"/> Hours of Sleep received last night _____ hrs	<input type="checkbox"/> If stressed, did you use any relaxation techniques?	

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 4 – DETOX #1 (Day 2)**Date: ___ / ___ / ___****Notice a change in supplementation and diet today. Today is about cleansing the body!****AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary**

Apply EXERCISE GEL to sore areas of the body.
 Antioxidant: 1 Body Purifier: 2 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

Lemon Mixture #1
 Water Bottle #1

2:00 p.m. to 7:00 p.m.

Lemon Mixture #2
 Water Bottle #2

PM SUPPLEMENTS:

Antioxidant: 1 Body Purifier: 2 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

Did you follow the DETOX guidelines?
 Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 5 – DETOX #1 (Day 3)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

<input type="checkbox"/> Apply EXERCISE GEL to sore areas of the body.	<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> Intestinal Cleanser: 2
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9:00 a.m. to 2:00 p.m.

<input type="checkbox"/> Lemon Mixture #1	<input type="checkbox"/> Water Bottle #1
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2:00 p.m. to 7:00 p.m.

<input type="checkbox"/> Lemon Mixture #2	<input type="checkbox"/> Water Bottle #2
---	--

PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> Intestinal Cleanser: 2
---	---	---	---

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did you follow the DETOX guidelines?	<input type="checkbox"/> Did you take all of your supplements?	<input type="checkbox"/> Did you drink half of your body weight in ounces? _____ oz.
<input type="checkbox"/> Hours of Sleep received last night _____ hrs	<input type="checkbox"/> If stressed, did you use any relaxation techniques?	

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 6**Date: ___ / ___ / ___**

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 7**Date: ___ / ___ / ___**

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1
--	---	---

2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?
 Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 8**Date: ___ / ___ / ___**

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?
 Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 9**Date: ___/___/___**

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 10

Date: ___ / ___ / ___

Add fresh fruit and vegetables. Continue to drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 11**Date: ___ / ___ / ___**

Continue as day before. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 12**Date: ___ / ___ / ___**

Continue as day before. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 13**Date: ___ / ___ / ___**

Add raw nuts and seeds. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 14**Date: ___ / ___ / ___**

Add steamed vegetables. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 15**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 16**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?
Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 17**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 18**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 19**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 20**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 21**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 22**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 23**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 24**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 25 – DETOX #2 (Day 1)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

- Apply EXERCISE GEL to sore areas of the body.
- Body Purifier: 2 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

- Body Purifier: 2 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 26 – DETOX #2 (Day 2)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

- Apply EXERCISE GEL to sore areas of the body.
- Body Purifier: 3 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

- Body Purifier: 3 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 27 – DETOX #2 (Day 3)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

- Apply EXERCISE GEL to sore areas of the body.
- Body Purifier: 4 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

- Body Purifier: 4 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 28**Date: ___ / ___ / ___**

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.** 8-12 oz. of fresh juice. 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)**10:00 a.m. to 12:00 p.m.** 8-12 oz. of fresh juice.**12:00 p.m. to 2:00 p.m.** 8-12 oz. of fresh juice.**NOON SUPPLEMENTS:**

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m. 8-12 oz. of fresh juice. 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)**4:00 p.m. to 6:00 p.m.** 8-12 oz. of fresh juice.**PM SUPPLEMENTS:**

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 29**Date: ___ / ___ / ___**

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:			
<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.** 8-12 oz. of fresh juice. 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)**10:00 a.m. to 12:00 p.m.** 8-12 oz. of fresh juice.**12:00 p.m. to 2:00 p.m.** 8-12 oz. of fresh juice.**NOON SUPPLEMENTS:**

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m. 8-12 oz. of fresh juice. 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)**4:00 p.m. to 6:00 p.m.** 8-12 oz. of fresh juice.**PM SUPPLEMENTS:**

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 30**Date: ___ / ___ / ___**

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.** 8-12 oz. of fresh juice. 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)**10:00 a.m. to 12:00 p.m.** 8-12 oz. of fresh juice.**12:00 p.m. to 2:00 p.m.** 8-12 oz. of fresh juice.**NOON SUPPLEMENTS:**

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m. 8-12 oz. of fresh juice. 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)**4:00 p.m. to 6:00 p.m.** 8-12 oz. of fresh juice.**PM SUPPLEMENTS:**

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 31**Date: ___ / ___ / ___**

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.** 8-12 oz. of fresh juice. 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)**10:00 a.m. to 12:00 p.m.** 8-12 oz. of fresh juice.**12:00 p.m. to 2:00 p.m.** 8-12 oz. of fresh juice.**NOON SUPPLEMENTS:**

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m. 8-12 oz. of fresh juice. 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)**4:00 p.m. to 6:00 p.m.** 8-12 oz. of fresh juice.**PM SUPPLEMENTS:**

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 32**Date: ___ / ___ / ___**

Add fresh fruits and vegetables. Continue to drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 33**Date: ___ / ___ / ___**

Continue as day before. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 34**Date: ___ / ___ / ___**

Continue as day before. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:			
<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 35**Date: ___ / ___ / ___**

Add raw nuts and seeds. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 36

Date: ___ / ___ / ___

Add steamed vegetables. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES ✗ = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 37**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 38**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 39

Date: ___ / ___ / ___

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 40**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?
 Rate your stress level today (1=low, 10=high)
 1 2 3 4 5 6 7 8 9 10

DAY 41**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ____ oz.
 Hours of Sleep received last night ____ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 42**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 43

Date: ___ / ___ / ___

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 44

Date: ___ / ___ / ___

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.** 8-12 oz. of fresh juice or nutritional shake. 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)**10:00 a.m. to 12:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**12:00 p.m. to 2:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**NOON SUPPLEMENTS:**

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m. 8-12 oz. of fresh juice or nutritional shake. 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)**4:00 p.m. to 6:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**PM SUPPLEMENTS:**

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 45

Date: ___ / ___ / ___

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?
 Rate your stress level today (1=low, 10=high)
 1 2 3 4 5 6 7 8 9 10

DAY 46

Date: ___ / ___ / ___

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:			
<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 47**Date: ___ / ___ / ___**

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 48

Date: ___ / ___ / ___

Rotate fresh juices or a nutritional shake, fruits, fresh vegetables, steam vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.** 8-12 oz. of fresh juice or nutritional shake. 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)**10:00 a.m. to 12:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**12:00 p.m. to 2:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**NOON SUPPLEMENTS:**

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m. 8-12 oz. of fresh juice or nutritional shake. 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)**4:00 p.m. to 6:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**PM SUPPLEMENTS:**

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 49 – DETOX #3 (Day 1)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

- Apply EXERCISE GEL to sore areas of the body.
- Body Purifier: 2 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

- Body Purifier: 2 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 50 – DETOX #3 (Day 2)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

- Apply EXERCISE GEL to sore areas of the body.
- Body Purifier: 3 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

- Body Purifier: 3 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 51 – DETOX #3 (Day 3)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

- Apply EXERCISE GEL to sore areas of the body.
- Body Purifier: 4 Fiber Blend: 8 Intestinal Cleanser: 2

9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

- Body Purifier: 4 Fiber Blend: 8 Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 52

Date: ___ / ___ / ___

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 53

Date: ___ / ___ / ___

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?
 Rate your stress level today (1=low, 10=high)
 1 2 3 4 5 6 7 8 9 10

DAY 54

Date: ___ / ___ / ___

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.** 8-12 oz. of fresh juice or nutritional shake. 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)**10:00 a.m. to 12:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**12:00 p.m. to 2:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**NOON SUPPLEMENTS:**

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
--	---	---	--

2:00 p.m. to 4:00 p.m. 8-12 oz. of fresh juice or nutritional shake. 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)**4:00 p.m. to 6:00 p.m.** 8-12 oz. of fresh juice or nutritional shake.**PM SUPPLEMENTS:**

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 3	

V = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 55

Date: ___ / ___ / ___

Fresh fruit and vegetable juice ONLY today. Utilize the recipes in the back. Drink every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 56

Date: ___ / ___ / ___

Add fresh fruit and vegetables. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2	

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?
Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10

DAY 57

Date: ___ / ___ / ___

Continue as day before. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

8-12 oz. of fresh juice or nutritional shake.
 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Vitamin D: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1		

✓ = YES x = NO (Check Daily)

Did you take all of your supplements?
 Did you drink half of your body weight in ounces? ___ oz.
 Hours of Sleep received last night ___ hrs
 If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 58

Date: ___ / ___ / ___

Add raw nuts and seeds. Drink fresh juice or a nutritional shake every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2	

 Apply EXERCISE GEL to sore areas of the body.**8:00 a.m. to 10:00 a.m.**

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Vitamin D: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1		

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?
Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10

DAY 59

Date: ___ / ___ / ___

Add steamed veggies. Drink fresh juice every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Vitamin D: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1		

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

DAY 60

Date: ___ / ___ / ___

Rotate fresh juice, fruits, fresh vegetables, steamed vegetables, nuts and seeds every two hours.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> DHEA: 1
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 1	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2	

Apply EXERCISE GEL to sore areas of the body.

8:00 a.m. to 10:00 a.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 8:00 a.m. to 2:00 p.m.)

10:00 a.m. to 12:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

12:00 p.m. to 2:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Probiotic Blend: 1	
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2:00 p.m. to 4:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.
- 32 oz. of water (drink from 2:00 p.m. to 6:00 p.m.)

4:00 p.m. to 6:00 p.m.

- 8-12 oz. of fresh juice or nutritional shake.

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Vitamin D: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Joint and Muscle Relief: 3	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1		

✓ = YES x = NO (Check Daily)

- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ___ oz.
- Hours of Sleep received last night ___ hrs
- If stressed, did you use any relaxation techniques?
Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10

DAY 61 and Beyond

Once someone has gone through an 8-Week Fibromyalgia Program, they should be feeling like a completely new person. Symptoms will have diminished or be gone altogether, and a new level of vitality and health will have been reached. Now each person must decide how they will live to maintain this level of wellness, and even improve upon it.

Use the following list to ensure lasting health.

- Body cleansing and detoxification — everyone should detoxify at least four times per year. We still live in a toxic society, and this becomes a cleansing lifestyle.
- Proper food choices — consist of foods that heal the body, rather than foods that destroy health.
- Exercise — at least 40 minutes per day. Alternate weight-bearing and cardiovascular.
- Learn to deal positively with stress.
- Listen to the body. The body will tell you what it needs and what it doesn't need.
- Become educated on how the body works.
- Live a positive, happy, healthy life.
- 100% nutrition — there will always be a need to supplement nutrients, as it is impossible to get complete nutrition by eating food sources as they are in today's world.
- Solutions4 recommends these supplements each day for a healthy body
 - Multivitamin / Multimineral
 - Antioxidant
 - Flax Seed Oil
 - Evening Primrose Oil
 - Vitamin D
 - Liquid Calcium
- Eat twice as many veggies as fruits
- Begin adding meat back into your diet one to two times per week
- Fresh and organic produce is always best
- Have one Solutions4 Nutritional shake daily to replace a meal
- Take all recommended supplements – ask about specific supplementation for your particular needs
- If using salt, use Real Salt or Sea Salt
- DRINK WATER: You should be drinking half your weight in ounces – not tap water!
- Get to bed early and get 8 hours of sleep if possible
- No processed foods!
- No MSG and NO CHEMICALS

Recipes for the Fibromyalgia Program

Juicing Recipes

Energy Shake	5 min	Serves 1
<ul style="list-style-type: none">▪ Handful parsley▪ 4-6 carrots, greens removed▪ Parsley sprig for garnish		
Combine all ingredients in a Juicer, enjoy!		
✓ LOVED IT!	✓ Didn't like it	

Ginger Juicer	5 min	Serves 1
<ul style="list-style-type: none">▪ 1/4 inch slice ginger root▪ 4-5 carrots, greens removed▪ 1/2 apple, seeded		
Combine all ingredients in a Juicer, enjoy!		
✓ LOVED IT!	✓ Didn't like it	

Pink Morning Tonic	5 min	Serves 1
<ul style="list-style-type: none">▪ 1 pink grapefruit, peeled (leave white pithy part)▪ 1 Red Delicious apple, seeded		
Combine all ingredients in a Juicer, enjoy!		
✓ LOVED IT!	✓ Didn't like it	

Morning Energizer	5 min	Serves 1
<ul style="list-style-type: none">▪ Handful parsley▪ 5 carrots, greens removed▪ 1/2 apple, seeded		
Combine all ingredients in a Juicer, enjoy!		
✓ LOVED IT!	✓ Didn't like it	

Green Surprise	5 min	Serves 1
<ul style="list-style-type: none">▪ 1 large kale leaf▪ 2-3 green apples, seeded▪ Lime twist for garnish		
Combine all ingredients in a Juicer, enjoy!		
✓ LOVED IT!	✓ Didn't like it	

Waldorf salad		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 green apple, seeded ▪ 1 stalk celery 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Cherie's Cleansing Cocktail		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/4 inch slice ginger root ▪ 1 beet ▪ 1/2 apple, seeded ▪ 4 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Blood Regenerator		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful spinach ▪ 4 lettuce leaves ▪ 4 sprigs parsley ▪ 6 carrots, greens removed ▪ 1/4 turnip 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Lung Tonic		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Small handful parsley ▪ 4 sprigs watercress ▪ 1/4 potato, peeled ▪ 6 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Zippy Spring Tonic		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful dandelion greens (unsprayed) ▪ 3 pineapple rings, with skin ▪ 3 radishes. 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Year-Round Cleansing		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 parsley sprigs ▪ Small handful wheatgrass ▪ 4-6 carrots, greens removed ▪ 2 stalks celery ▪ 1 apple, seeded ▪ 1/2 beet 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!	✓ Didn't like it		

Maureen's Spicy Tonic		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/4 pineapple, with skin ▪ 1/2 apple, seeded ▪ 1/4 inch slice ginger root 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!	✓ Didn't like it		

Digestive Special		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful spinach ▪ 4-5 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!	✓ Didn't like it		

Liver Mover		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 small beet ▪ 2-3 apples, seeded 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!	✓ Didn't like it		

Berry Cantaloupe Shake		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/2 cantaloupe, with skin ▪ 5-6 strawberries 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!	✓ Didn't like it		

Watermelon Juice		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 inch slice watermelon, with rind ▪ Orange slice for garnish 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Garden Salad Special		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 3 broccoli flowerets ▪ 1 garlic clove ▪ 4-5 carrots or 2 tomatoes ▪ 2 stalks celery ▪ 1/2 green pepper 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Alkaline Special		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/4 head cabbage (red or green) ▪ 3 stalks celery 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Bromelain Special		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/4 pineapple, with skin 			
Combine 1 ingredient in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

High-Calcium Drink		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 3 kale leaves ▪ Small handful parsley ▪ 4-5 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Maureen's Secret		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful parsley ▪ 2-3 garlic cloves ▪ 3 stalks celery ▪ 3 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Stress Reliever		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 kale leaf ▪ 1 collard leaf ▪ Small handful parsley ▪ 1 stalk celery ▪ 1 carrot, greens removed ▪ 1/2 red pepper ▪ 1 tomato ▪ 1 broccoli floweret ▪ Celery stalk for garnish 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Veggie Cocktail		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful parsley ▪ 3 beet tops ▪ 2 stalks celery ▪ 4 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Mineral Tonic		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful parsley ▪ 2 turnip leaves ▪ 1 kale leaf ▪ 4-5 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Ginger Roger		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 3 pineapple rings, with skin ▪ 1/4 inch slice ginger root 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Bioflavonoid Special		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 3 oranges, peeled (leave white pithy part) 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Body Cleanser		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/2 cucumber ▪ 1 beet ▪ 1/2 apple, seeded ▪ 4 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Spiced Orange Foam		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/4 inch slice ginger root ▪ 2 large oranges, peeled (leave white pithy part) ▪ 1/2 apple, seeded ▪ Orange twist for garnish 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Magnesium Drink		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 garlic clove ▪ Small handful parsley ▪ 4-5 carrots, greens removed ▪ 2 stalks celery ▪ Parsley sprig for garnish 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Tropical Squeeze		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 firm papaya, peeled ▪ 1/4 inch slice ginger root ▪ 1 pear 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Evening Regulator		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 apples, seeded ▪ 1 pear 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Spice Cantaloupe Shake		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/4 inch ginger root ▪ 1/2 cantaloupe, with skin 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Immune Builder		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful parsley ▪ 1 garlic clove ▪ 5 carrots, greens removed ▪ 3 stalks celery 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Blood Enricher		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 turnip leaf ▪ 1 kale leaf ▪ Handful parsley ▪ 4-5 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Garlic Express		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful parsley ▪ 1 garlic clove ▪ 4-5 carrots, greens removed ▪ 2 stalks celery 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Traditional Sleep Potion		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 3-4 lettuce leaves ▪ 1 stalk celery 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Monkey Shake		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/2 orange, peeled (leave white pithy part) ▪ 1/2 papaya, peeled ▪ 1 banana ▪ Orange twist for garnish 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

K-Cooler		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 turnip green ▪ 1 stalk broccoli ▪ 1 red apple, seeded ▪ Parsley sprig for garnish 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Summer Breeze		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 orange, peeled (leave white, pithy part) ▪ 1 medium bunch green grapes ▪ 2 cups watermelon pieces, with rind ▪ Mint sprig for garnish 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Sweet Potassium Shake		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/4 cantaloupe ▪ 1 banana 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Wheatgrass Express		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful wheatgrass ▪ 2 mint sprigs ▪ 3 inch slice pineapple, with skin 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Calcium-Rich Cocktail		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 3 kale leaves ▪ Small handful parsley ▪ 4-5 carrots, greens removed ▪ 1/2 apple, seeded 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Very Veggie Cocktail		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful wheatgrass ▪ 1/2 handful parsley ▪ Handful watercress ▪ 4 carrots, greens removed ▪ 3 stalks celery ▪ 1/2 cup chopped fennel ▪ 1/2 apple, seeded 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Green Goddess		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful spinach ▪ 3 collard leaves ▪ 4 carrots, greens removed ▪ 2 stalks celery ▪ 1/2 cucumber ▪ 1 apple, seeded 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Traditional Nerve Soother		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 stalk celery ▪ 3-4 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Folic Acid Special		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 kale leaves ▪ Small handful parsley ▪ Small handful spinach ▪ 4-5 carrots, greens removed 			
Combine all ingredients in a Juicer, enjoy!			
✓ LOVED IT!		✓ Didn't like it	

Vegetable Express		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 lettuce leaves ▪ 1 small wedge cabbage ▪ 4-5 carrots, greens removed ▪ 3 broccoli flowerets ▪ 1/2 apple, seeded 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Carotene Cocktail		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Handful parsley ▪ Handful spinach ▪ 4-5 carrots, greens removed ▪ 1/2 apple, seeded 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Gazpacho Express		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 4 tomatoes ▪ 1/2 cucumber ▪ 1/4 green pepper ▪ 1 garlic clove ▪ 2 stalks celery ▪ Dash Tabasco sauce 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Iron-Rich Drink		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 3 beet tops ▪ 4-5 carrots, greens removed ▪ 1/2 green pepper ▪ 1/2 apple, seeds 			
Combine all ingredients in a Juicer, enjoy!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Shakes

Standard Shake	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 cup water ▪ $\frac{1}{2}$ banana (frozen optional) ▪ 3-5 frozen strawberries 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ orange ▪ 1 tbsp flaxseed oil ▪ 2 scoops Solutions4's Strawberry, Orange Cream or Vanilla 	
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Citrus Berry Splash	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 scoops Solutions4's Orange ▪ $\frac{1}{2}$ cup blackberries ▪ $\frac{1}{4}$ cup blueberries ▪ $\frac{1}{2}$ cup strawberries 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ banana (optional) ▪ The juice from 2 freshly squeezed oranges ▪ 1-2 cups ice cubes 	
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Snack Shake	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 scoop of Chocolate, Vanilla, Strawberry, or Orange Cream Solutions4's Nutritional Shake ▪ Ice and water to equal 8 oz. 		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Strawberry Twist	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 cup strawberries ▪ 1 cup freshly juiced carrots ▪ 1 tbsp flaxseed oil ▪ $\frac{1}{2}$ banana (optional) 	<ul style="list-style-type: none"> ▪ The juice from 2 freshly squeezed oranges ▪ 1-2 cups ice cubes ▪ 2 scoops Solutions4's Strawberry or Vanilla 	
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Banana Berry Blast	5 min	Serves 1
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ c. blackberries ▪ $\frac{1}{4}$ c. blueberries ▪ $\frac{1}{2}$ c. strawberries ▪ $\frac{1}{2}$ banana (optional) 	<ul style="list-style-type: none"> ▪ The juice from 2 freshly squeezed oranges ▪ 1-2 cups ice cubes ▪ 2 scoops Strawberry or Vanilla Solutions4's Nutritional Shake 	
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Triple Delight		5 min	Serves 1
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup fresh pineapple ▪ $\frac{1}{2}$ banana ▪ $\frac{1}{2}$ cup Frozen peaches 	<ul style="list-style-type: none"> ▪ 1-2 cups ice cubes ▪ 2 scoops Vanilla Solutions4's Nutritional Shake 		
Combine all ingredients in a blender and blend well.			
✓ LOVED IT!	✓ Didn't like it		

Spinach Shake		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 cup fresh raw spinach ▪ 1 tbsp simply sweet ▪ $\frac{1}{2}$ banana ▪ 1 orange ▪ $\frac{1}{2}$ cup fresh pineapple chunks 	<ul style="list-style-type: none"> ▪ 2 scoops Strawberry or Orange Solutions4's Nutritional Shake 		
Combine all ingredients in a blender and blend well.			
✓ LOVED IT!	✓ Didn't like it		

Carrot Lemonade		5 min	Serves 1
<ul style="list-style-type: none"> ▪ 4-5 medium carrots ▪ 1 mildly tart apple (Fuji or gala work nicely) 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ medium lemon ▪ 1 small 1.5"-2" wedge red cabbage ▪ 1 round of ginger (the size of a quarter) 		
Combine all ingredients in a blender and blend well.			
✓ LOVED IT!	✓ Didn't like it		

Strawberry Shake		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Ice and water to equal 8 oz. ▪ 1 banana 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup of strawberries ▪ 2 scoops Solutions4's of Chocolate or Vanilla Nutritional shake 		
Combine all ingredients in a blender and blend well.			
✓ LOVED IT!	✓ Didn't like it		

Creamy Shake		5 min	Serves 1
<ul style="list-style-type: none"> ▪ Ice and water to equal 8 oz. ▪ 1 banana 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup of strawberries ▪ 2 scoops Solutions4's of Orange Cream or Vanilla Nutritional shake 		
Combine all ingredients in a blender and blend well.			
✓ LOVED IT!	✓ Didn't like it		

Tropical Shake		5 min	Serves 1
▪ Ice and water to equal 8 oz.	▪ 1 banana	▪ $\frac{1}{2}$ cup of pineapple	▪ 2 scoops Solutions4's of Orange Cream or Vanilla Nutritional shake
Combine all ingredients in a blender and blend well.			
✓ LOVED IT!		✓ Didn't like it	

Peach Shake		5 min	Serves 1
▪ Ice and water to equal 8 oz.	▪ 1 banana	▪ $\frac{1}{2}$ cup of peaches	▪ 2 scoops Solutions4's of Orange Cream or Vanilla Nutritional shake
Combine all ingredients in a blender and blend well.			
✓ LOVED IT!		✓ Didn't like it	

Salads

Garden Salad		15 min	Serves 1
▪ One head of romaine lettuce tossed	▪ $\frac{1}{4}$ cup diced Celery	▪ $\frac{1}{2}$ cup Cherry Tomatoes	▪ $\frac{1}{4}$ cup shredded Carrots
Combine all ingredients with desired amount of dressing.			
✓ LOVED IT!		✓ Didn't like it	

Crunchy Salad		15 min	Serves 1
▪ $\frac{1}{2}$ Head of Romaine lettuce	▪ $\frac{1}{4}$ cup sliced Mushrooms	▪ $\frac{1}{4}$ cup chopped Kale	▪ $\frac{1}{2}$ Red Pepper, sliced
Place all ingredients in a bowl and toss.			
✓ LOVED IT!		✓ Didn't like it	

Veggie Salad		15 min	Serves 1
▪ 1 Head of Romaine lettuce ▪ 1 Roma Tomato, diced ▪ $\frac{1}{2}$ Avocado, sliced	▪ $\frac{1}{4}$ cup Broccoli ▪ $\frac{1}{4}$ cup Cauliflower ▪ $\frac{1}{4}$ cup sliced Radishes		
Place all ingredients in a bowl and toss.			
✓ LOVED IT!	✓ Didn't like it		

Cabbage and Tomato Salad		10 min	Serves 1
▪ 2 cups of Shredded cabbage or Cole slaw mix ▪ $\frac{1}{2}$ cup Grape tomatoes or sliced tomatoes	▪ 2 tsp. Annie's Natural Lemon and Chive Dressing ▪ Salt and Pepper to taste		
In a portable container mix the cabbage, tomatoes and dressing, and salt and pepper. If you let it sit over night it's even better.			
✓ LOVED IT!	✓ Didn't like it		

Mediterranean Salad		15 min	Serves 2
▪ 4 tomatoes ▪ 2 cucumbers ▪ $\frac{1}{2}$ cup chopped black olives ▪ 1 cup chopped fresh parsley	▪ $\frac{1}{2}$ chopped basil ▪ $\frac{1}{4}$ cup extra-virgin olive oil ▪ $\frac{1}{2}$ tsp Celtic salt ▪ Juice of 2 lemons		
Combine all ingredients in bowl and toss well.			
✓ LOVED IT!	✓ Didn't like it		

Strawberry Salad		10 min	Serves 1
▪ 2 cups of Fresh Spinach ▪ $\frac{1}{2}$ cup of strawberries ▪ $\frac{1}{2}$ Avocado, sliced			
Place all ingredients in a bowl and toss.			
✓ LOVED IT!	✓ Didn't like it		

Brussels Salad		15 min	Serves 1
▪ 5-6 Brussels sprouts ▪ 5-6 whole white mushrooms	▪ 1 orange pepper ▪ 1/8 c. olive oil		
Lightly steam Brussels sprouts. Slice mushrooms and pepper. Combine sprouts, mushrooms, pepper and oil. Toss. Add salt/spices to taste.			
✓ LOVED IT!	✓ Didn't like it		

Dressings

Fruit Toppers

Top your salad with pureed fresh or frozen raspberries, freshly squeezed lemon, avocado, or other fruit to add zing to your greens.

Italian Marinade or Dressing	15 min	Serves 2
<ul style="list-style-type: none">▪ $\frac{1}{2}$ c. fresh lemon juice▪ $\frac{1}{4}$ c. water▪ $\frac{1}{3}$ c. olive oil	<ul style="list-style-type: none">▪ 1-2 cloves garlic, peeled and minced▪ $\frac{1}{4}$ t. sea salt, optional▪ 1 T. each coarsely chopped oregano and basil	
Refrigerate in jar 2-4 hours before using. Shake well before using.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

Apple Cider Vinaigrette	15 min	Serves 2
<ul style="list-style-type: none">▪ 3 Tbs. organic apple cider vinegar▪ $\frac{1}{2}$ c. extra-virgin olive oil▪ $\frac{1}{4}$ tsp. sea salt	<ul style="list-style-type: none">▪ 1 tsp. oregano▪ $\frac{1}{8}$ tsp. freshly ground pepper	
Mix all ingredients together and refrigerate in a sealed container. Let dressing sit out for a few minutes before using.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

Garlic Olive Oil Dressing	15 min	Serves 2
<ul style="list-style-type: none">▪ 2 cloves of fresh garlic▪ $\frac{1}{8}$ tsp sea salt	<ul style="list-style-type: none">▪ Juice from half of a freshly squeezed lemon▪ $\frac{1}{3}$ cup flax oil	
Mash garlic cloves with Salt. Squeeze lemon juice into the mixture. Taste...if needed; add more salt, garlic, or juice. Add flax oil. Mix all ingredients together and pour over salad.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

Lunches

Lettuce Wraps		20 min	Serves 6-8
▪ 2 very ripe avocados	▪ 3 cloves fresh garlic, minced		
▪ 3 tomatoes, diced	▪ 2 tsp lime juice		
▪ $\frac{1}{2}$ jalapeno pepper, diced	▪ 6-8 large romaine lettuce leaves		
1. In a medium bowl mash the avocado.			
2. Add remaining ingredients and stir until well mixed.			
3. Spread 2-3 tbsp onto lettuce leaves and wrap			
✓ LOVED IT!	✓ Didn't like it		

Fresh Mango Salsa		10 min	Serves 2
▪ 3 large mangos, peeled	▪ 2 tablespoons fresh lime juice		
▪ 1 tablespoon crushed jalapeno peppers	▪ Pinch of finely chopped red chili peppers		
▪ 4 green onions, chopped			
1. Chop the mango into small pieces.			
2. Combine mango with remaining ingredients in a medium sized bowl and stir.			
3. Wrap tightly and refrigerate for one day before serving or leave covered at room temperature to allow flavors to blend. May be stored in fridge for up to 5 days; try serving with celery or cucumber, or zucchini slices.			
✓ LOVED IT!	✓ Didn't like it		

Pineappled Carrots		10 min	Serves 2
▪ 10 medium carrots, sliced			
▪ 2 c. pineapple, peeled and cut into chunks			
▪ $\frac{1}{2}$ c. water			
In saucepan over low heat in water cook carrots until tender-crisp. Drain. Add pineapple chunks and heat. 10 servings.			
✓ LOVED IT!	✓ Didn't like it		

BananaAvo Pudding		10 min	Serves 6
▪ 2 bananas	▪ Mint leaves (optional)		
▪ 2 avocados	▪ $\frac{1}{2}$ cup berries of choice		
Place 2 bananas and 2 avocados in a good blender. Let 'er rip! You're done! . Garnish with berries or other fruit, and/or mint leaves.			
✓ LOVED IT!	✓ Didn't like it		

Mango Grape Cabbage Infusion		10 min	Serves ---
<ul style="list-style-type: none"> ▪ Juice fresh green cabbage. ▪ Juice red grapes 			
The ratio of cabbage to grapes is up to you. Cabbage creates a slightly nutty/bitter taste and the grapes make it sweeter. Blend a mango then add the grape/cabbage mixture red grapes			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Dinners

Wonderful Steamed Artichokes		50 min	Serves 4
<ul style="list-style-type: none"> ▪ 4 artichokes ▪ 1 bay leaf ▪ Several slices of lemon 		<ul style="list-style-type: none"> ▪ 6 peppercorns ▪ 1 garlic clove 	
<ol style="list-style-type: none"> 1. Wash artichokes. 2. Put water in a steaming pot. Add bay leaf, lemon slices, peppercorns, and garlic. Put a steamer tray over the water and bring to a boil. 3. Place artichokes on a tray with their leaves down and stems up. 4. Steam for 30 to 45 minutes. When an inner leaf is easily removed you know they are done. 5. Cut off the stem of the artichoke. Cut in half lengthwise and remove the fuzzy chokes with a spoon. 6. Rub the cut sides with the lemon wedge. 7. Place in medium saucepan and add water. Bring to a boil. Cover and reduce the heat to low and cook until tender. (25-30 minutes) 8. In a small bowl, combine the oil, lemon juice and garlic. 9. Drain the artichoke and serve with dip on the side 			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Brussels Sprouts and Chicken Delight		15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/8 cup olive oil ▪ 5-6 Brussels sprouts ▪ 1-2 cloves garlic, peeled and quartered 		<ul style="list-style-type: none"> ▪ ½ onion, diced ▪ 3-4 ounces of chicken, cubed 	
Combine all in frying pan. Brown the Brussels sprouts, onion, garlic and chicken. Enjoy.			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Sautéed Asparagus		20 min	Serves 4		
<ul style="list-style-type: none"> ▪ ½ pound asparagus, cut diagonally ▪ 4 cups of water ▪ 1 tbsp coconut oil 		<ul style="list-style-type: none"> ▪ Grated fresh gingerroot, to taste ▪ 1 garlic clove, minced ▪ ½ tsp sea salt, optional 			
<ol style="list-style-type: none"> 1. Cover asparagus with water in pan. Bring to boil, reduce heat and cook 5 minutes. Drain. 2. Heat oil in large skillet. Add seasonings and asparagus. Sauté, stirring often, until tender. 					
<input checked="" type="checkbox"/> LOVED IT!					
Sautéed Spinach		10 min	Serves 3-4		

<ul style="list-style-type: none"> 2 tbsp extra virgin olive oil ¼ cup sliced onion 1 – 10 oz package fresh spinach, rinsed and torn 	<ul style="list-style-type: none"> 1 clove garlic, sliced Sea salt, to taste
Coat skillet with oil and heat to low heat. Add spinach and garlic, stirring often until spinach is wilted. Season with salt.	
✓ LOVED IT!	✓ Didn't like it

Spicy Taco Crunch Wraps	10 min	Serves 2
<ul style="list-style-type: none"> 1 ripe avocado ½ large onion ¼ cup fresh lemon juice 	<ul style="list-style-type: none"> 1/8 cup fresh parsley, chopped 1 ½ tsp sea salt Romaine or leaf lettuce 	
1. Cut the avocado into chunks, and pour lemon juice over it.		
2. Chop onion in a food processor, and then add the rest of the ingredients and process until smooth.		
3. Spoon into a lettuce leaf and wrap! This tastes like a taco!		
✓ LOVED IT!	✓ Didn't like it	

Vegetable Delight	10 min	Serves 5
<ul style="list-style-type: none"> 1 cup Swiss chard 1 cup cauliflower 1 cup broccoli 	<ul style="list-style-type: none"> 1 cup carrots 1 cup onions 4 tsp coconut oil 	
1. Steam Swiss chard, cauliflower, broccoli, carrots, and onions until tender-crisp (about 3 minutes).		
2. Coat skillet with oil and add vegetables. Stir fry about 3 minutes.		
✓ LOVED IT!	✓ Didn't like it	

Veggie Kabobs	30 min	Serves 6
Marinade		Kabob
2 tbsp coconut oil 3 tbsp chopped fresh rosemary 2 garlic cloves, peeled and crushed Juice of 2 lemons		1 red bell pepper, seeded and cut into 2" cubes 1 yellow pepper, seeded and cut into 2" cubes 1 green pepper, seeded and cut into 2" cubes 1 onion cut into 2" cubes 24 cherry or grape tomatoes 12 wooden skewers
1. Mix marinade. Add vegetables, turning to coat all sides.		
2. Refrigerate 1 hour.		
3. Divide the vegetables among 12 skewers and grill for 3 – 5 minutes, brushing on extra marinade and turning		
✓ LOVED IT!	✓ Didn't like it	

Tasty Marinated Vegetables		20 min	Serves 6
<ul style="list-style-type: none"> ▪ 2/3 cup fresh lemon juice ▪ 2-4 garlic cloves, chopped ▪ 2 tsp total dried parsley, basil, dill, celery seed or fennel 	<ul style="list-style-type: none"> ▪ 1 cup cold-pressed olive oil ▪ 4 pounds vegetables and/or sprouts ▪ 1/2 tsp sea salt, optional 		
<ol style="list-style-type: none"> 1. Combine lemon juice, garlic and herbs. Simmer 5 minutes. Cover and set aside. 2. Add oil when cooled to lukewarm. Cut vegetables in 1-2" pieces. 3. Steam vegetables such as cauliflower, broccoli or green beans first. 4. Toss all ingredients together. Add green onion if desired. 5. Pour marinade over and toss. 6. Marinate overnight in refrigerator 			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Vegetable Stuffed Green Peppers		15 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 Green Pepper ▪ 1-2 Cups of cooked vegetables 			
<ol style="list-style-type: none"> 1. Cut peppers in half, remove stem and seeds. 2. In saucepan over low heat in 1 inch water cook covered until tender. 3. Drain. Fill with drained combination of cooked vegetables of your choice 			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Tomato Cups		15 min	Serves 6
<ul style="list-style-type: none"> ▪ 6 medium tomatoes ▪ 1/2 small cucumber ▪ 2 sticks of celery ▪ 1/2 cup fresh parsley ▪ 1 tbsp fresh mint 	<ul style="list-style-type: none"> ▪ 1 clove fresh garlic ▪ 2 tsp kelp ▪ 1 tbsp lemon juice ▪ 1 tbsp extra virgin olive oil ▪ Sea salt to taste 		
Cut tomatoes in half, scoop out the center and add tomato guts to the other ingredients. Finely chop all the ingredients, mix well and fill tomato halves			
<input checked="" type="checkbox"/> LOVED IT!			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Chicken with Melted Tomato & Zucchini		20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tbsp coconut oil ▪ 1/2 cup thinly sliced zucchini rounds ▪ 1/2 large tomato, chopped 	<ul style="list-style-type: none"> ▪ 1/2 medium yellow onion, finely chopped ▪ Garlic powder, to taste ▪ Basil, to taste ▪ 2 chicken breasts 		
<ol style="list-style-type: none"> 1. Preheat oven to 350 degrees F. Heat oil in skillet. 2. Add vegetables and seasonings; sauté until tender. 3. Place lightly grilled chicken breasts in a baking pan. 4. Spoon vegetables on zucchini rounds; cover dish with foil. Bake 10 minutes 			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

Layered Zucchini		15 min	Serves 4
▪ 1 lb. zucchini, cut into $\frac{1}{2}$ " slices	▪ $\frac{1}{2}$ tsp sea salt		
▪ 1 lb. tomatoes, peeled and diced	▪ $\frac{1}{2}$ tsp garlic powder		
▪ 1 tsp oregano	▪ $\frac{1}{4}$ tsp cayenne pepper		
▪ 1 tsp minced onion			
Combine all in saucepan. Simmer until zucchini is tender			
✓ LOVED IT!	✓ Didn't like it		

Stir Fried Cucumbers		15 min	Serves 1
▪ 3 medium cucumbers	▪ 2 cloves garlic, slice		
▪ 2 tbsp coconut oil			
Peel and halve cucumbers lengthwise; remove seeds. Cut into 1" chunks. In skillet heat oil on low heat.			
Add cucumbers and garlic			
✓ LOVED IT!	✓ Didn't like it		

Stir Fried Cabbage		15 min	Serves 4
▪ 1 small head cabbage, coarsely shredded			
▪ 3 tbsp coconut oil			
▪ Sea salt to taste			
Heat oil in skillet on low. Add cabbage, stirring until coated. Cook until tender-crisp. Season with salt, if desired			
✓ LOVED IT!	✓ Didn't like it		

Carrot "Stuffing"		15 min	Serves 4
▪ 3-5 lbs. Carrots, juiced, and then save the pulp.			
▪ 1 head celery			
▪ 1 red onion			
▪ 2 tomatoes			
1. Mix the celery and onions in a food processor, or with the champion juicer with the blank in			
2. Add this to the carrot pulp.			
3. Add diced tomatoes to the mixture.			
4. Mash up 3 large ripe avocados.			
5. Add and mix thoroughly. Mix up and eat! (You may want to add a little bit of the carrot juice back to the mix for extra moistness and sweetness, another option is to not even juice the carrots, and just run them through the champion juicer with the blank in.)			
6. This can be eaten alone, added to a salad, placed on lettuce leaves, stuffed in a pepper, etc.			
✓ LOVED IT!	✓ Didn't like it		

Filled Eggplant		30 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 1 medium eggplant, peeled and cubed ▪ 1 tsp sea salt ▪ 8 tsp coconut oil 	<ul style="list-style-type: none"> ▪ 1 medium green pepper, cored, seeded and chopped ▪ 2 cloves garlic, chopped 		
Cover eggplant in water, add the sea salt and soak for 20 minutes. Drain. Coat heated skillet in oil. Add eggplant, pepper and garlic. Cover and reduce heat to low. Cook until tender, 6-7 minutes.			
✓ LOVED IT!	✓ Didn't like it		

Detox Mixture

Detox Mixture	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 ½ cups fresh lemon juice ▪ 2 quarts Distilled Water ▪ 1/3 cup pure maple syrup (for women) Or ▪ ½ cup pure maple syrup (for men) 		

SHOPPING LIST

Vegetables

Fresh or frozen only, organic if possible
Artichokes
Alfalfa sprouts
Asparagus
Avocados
Bean sprouts
Beets
Bok Choy
Broccoli
Brussels sprouts
Cabbage, Chinese
Cabbage, Red
Carrots
Cauliflower
Celery
Cucumber
Eggplant
Garlic
Green Beans
Green Onions
Lima Beans
Leek
Onion
Parsley
Parsnips
Pepper, Green
Pepper, Red
Snap Beans (Edible Pods)
Snow Peas (Sugar Peas)
String Beans
Sprouts
Zucchini

Greens

Arugula
Boston lettuce
Butter Lettuce
Collard Greens
Green Leaf
Iceberg
Kale
Mesclun
Radicchio
Red Leaf
Romaine

Spinach
Swiss chard
Watercress

Fruits

Avocado
Apples
Apricots
Bananas
Blackberries
Blueberries
Boysenberries
Cantaloupe
Cherries
Dates
Grapefruit
Grapes
Honeydew
Kiwi
Lemon
Limes
Mango
Melons
Nectarines
Oranges
Papaya
Peaches
Pears
Persimmon
Pineapple
Plums
Raspberries
Strawberries
Tangerines
Tomatoes
Watermelon

Dried Fruits

Currants
Dates
Figs
Raisins
Prunes

Nuts and Seeds

Almonds
Brazil Nuts
Cashews
Macadamia

Pecans
Pine Nuts
Pistachios
Sesame Seeds
Sunflower Seeds
Walnuts

Lentils / Rice

Brown Lentils
Red Lentils
Basmati Rice
Brown Rice
Wild Rice

Oils

Coconut Oil
Flaxseed Oil
Grape seed oil
Organic Butter

Condiments

Real Sea Salt

Beverages

Distilled water

EXAMPLE MENU

Date: ___ / ___ / ___

Excluding detox days and juicing days.

8:00 a.m. to 10:00 a.m.

Bowl of sliced fruit with squeeze of lemon.

Banana

OR

Morning Energizer

Sliced Pineapple

10:00 a.m. to 12:00 p.m.

8 oz. of fresh orange juice

12:00 p.m. to 2:00 p.m.

Garden Salad with Garlic Olive Oil Dressing

Sliced Apple

OR

Lettuce Wrap with Fresh Mango Salsa

Orange slices

2:00 p.m. to 4:00 p.m.

8 oz. Energy shake

4:00 p.m. to 6:00 p.m.

Garden Salad

Sautéed Asparagus

OR

Spicy Taco Crunch

Tomato Cups