

THE PAIN FREE NOW PROGRAM

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PAIN FREE NOW PROGRAM

PROGRAM BREAKDOWN



✓	Products and Services Received	Price
1	Pain Free Now Supplement Kit	\$960.00
8	Weekly Evaluations to review progress	\$240.00
8	Sauna Treatments for Detoxification	\$400.00
8	Self-Mastery Technology	\$240.00
1	Follow up Evaluation with Club Reduce Symptom Assessment	\$50.00
	24 Hours a day phone access to the Doctor and Staff	Priceless!
Total Price for Everything		\$1,890.00
You Pay		

THE PAIN FREE NOW PROGRAM

Approximately 80% of the people in the US will develop some sort of chronic pain in their life for a variety of reasons. Chronic pain can go on for days, weeks months and even years. It affects our nerves, organs, bones, and other parts in the body, even down to a cellular level. Damage to normal tissue may cause perpetual and chronic pain.

Frequently, there are many people who have failed surgeries, especially failed back surgeries (also called FBSS – Failed Back Surgery Syndrome). This is a generalized term that is often used to describe the condition of people who have not had a successful result from their back or spine surgery and have experienced continued pain well after the surgery. Unfortunately, 10-40% of people who undergo back or spinal surgery will have continued pain. Often, that 10-40% will seek alternative methods to reduce their pain. Unfortunately, the main things doctors these days prescribe are heavy pain medications, steroid and cortisone shots and other such things. These only *mask* the problem and tend to cause even more ailments in the body, which require the use of yet another drug to alleviate the problem created by the pain medication.

Inflammation is the primary cause of pain, but there are actually two types of pain: the first is acute pain while the second is chronic pain. Things like broken bones, toothaches, surgery, etc. are usually associated with acute pain, while arthritis pain, pain from damaged nerves and so on, cause chronic pain. It is possible though, that acute pain may eventually develop into chronic pain.

Inflammation is your body's own natural method of getting rid of or reducing the stress from physical, chemical or metabolic imbalances as a result of tissue damage. Inflammation is usually associated with swelling, allergies, loss of fluids, tissue damage, joint and muscle pain or stiffness.

In a healthy person, the inflammatory process will rid the body of the damaged tissue. When certain areas in the body, including the immune system, are lacking in certain essential nutrients, a chronic inflammatory process can occur, leading to prolonged and chronic inflammation, or pain.

What are some of the causes of chronic inflammation leading to chronic pain? Factors such as: an imbalance of certain essential fats and nutrients, mental stress, a diet high in insulin-spiking foods, lack of quality sleep, environmental toxins, microorganisms and even food sensitivity.

Within the past five years or so, researchers have also discovered that being overweight is a huge cause of inflammation. Obesity has been linked with many damaging diseases, including diabetes, high blood pressure, coronary heart disease and more.

Having too many extra fat cells essentially intensifies the inflammatory process. This is because fat cells produce hormones, such as estrogen, along with other molecules that signal the immune system. Excess fat thusly creates excess inflammation.

Not all of us realize that issues with weight and diet are interlinked with inflammation and chronic pain. How many of us want a little comfort food when we're feeling consistent pain? The problem is, we too

often eat comfort food, junk food and so on and forget about the rule of moderation. Problems begin to arise when we overindulge in junk food.

These days, most of the American population consumes way more calories than they actually need. Many of the foods we choose to eat happen to be loaded with undesirable ingredients, such as hydrogenated fats, sugars, salt and an exhaustive list of chemicals. A diet high in calories and concentrated trans fats not only makes us more likely to become obese, but may actually increase the intensity of chronic pain.

How many of us really eat fresh raw vegetables? A diet lacking in vegetables and fruits has been suggested to increase inflammation in the body, which can be particularly concerning if you have muscular or joint pain. For people with arthritis, junk foods (which are exceptionally high in calories) act as a double threat as the extra weight added on will only increase pressure on joints.

Even if your chronic pain condition is not made worse by inflammation from other causes, it has been found that people with chronic pain who are also overweight tend to report more severe pain levels than those who maintain a healthier size and stay within their BMI (Body Mass Index) range.

Loading up on high-fat meats, sugar, and highly processed foods will probably increase the likelihood for inflammation in your body. By reducing your consumption of bad fats, cutting back (or ideally, completely eliminating) highly processed foods, red meats, and high-fat processed meats such as bacon and sausage, you are already reducing the risk of further inflammation. You also need to cut back on refined white flours in bread and pasta. It is necessary to eliminate sugars, especially refined or artificial sweeteners. This includes sodas, pastries, candy, rich desserts, and pre-sweetened cereals.

What can you do? Eat more vegetables, especially leafy greens. Drink more water. Unlike soda or juice, water will keep you hydrated without adding extra calories. Essentially, adjusting your diet and providing your body with the proper nutrients it needs allows the body to return to its natural balance so the body can heal itself.

By closely following this Solutions4 nutritional program, it will not only help you detoxify your body, but it will also help decrease the inflammation within your body. Doing this program will allow your body to heal from the inside out, which will help decrease your issues with chronic pain.

SOLUTIONS4'S APPROACH TO BEING PAIN-FREE

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 reducing pain. 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 of pain, 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. It is the Solutions4 view that juicing is an essential step in the Pain Free Now 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

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

- 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.
- Vegetable intake should be twice the amount of fruit intake.
- Use organic whenever possible, frozen is okay, no dried or canned fruits and vegetables.
- Fresh juices made from vegetables are allowed.
- Standard serving size is $\frac{1}{2}$ cup.
- 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	Cucumber	Pepper, Green
Alfalfa sprouts	Eggplant	Pepper, Red
Asparagus	Fennel	Pimentos
Bamboo shoots	Garlic	Radish
Bean sprouts	Green Beans	Rhubarb
Beets	Green Onions	Rutabaga
Bok Choy	Jicama	Shallots
Broccoli	Kohlrabi	Snap Beans (Edible Pods)
Brussels sprouts	Lima Beans	Snow Peas (Sugar Peas)
Buckwheat sprouts	Leek	String Beans
Cabbage, Chinese	Mung Bean Sprouts	Sprouts
Cabbage, Red	Okra	Sunflower Sprouts
Carrots	Olives	Tomatillos
Cauliflower	Onion	Turnips
Celery	Parsley	Water Chestnuts
Chard	Parsnips	Wheat Grass
Chives	Peas	Zucchini

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 (After Day 22)

Apples	Grapes	Pears
Apricots	Guava	Persimmon
Avocados**	Honeydew	Pineapple
Bananas	Kiwi	Plums
Blackberries	Lemon**	Pomegranate
Blueberries	Limes**	Raspberries
Boysenberries	Mango	Strawberries
Cantaloupe	Melons	Tangelos
Cherries	Mulberries	Tangerines
Coconut (no flakes)	Nectarines	Tomatoes**
Dates	Oranges	Watermelon
Figs	Papaya	
Grapefruit	Peaches	

** These fruits are permissible from Day 1

Lean Meat:

(Standard serving size is 3 oz. cooked. 2-4 servings per day, with 1-2 of those servings being fish)

Organic Poultry – Free range, antibiotic free and hormone free is best

Chicken

Turkey

Wild Caught Fish (not farm raised)

Cod

Shellfish

Halibut

Mahi Mahi

Salmon

Sea Bass

Sole

Swordfish

Tilapia

Trout

Tuna

Canned Fish - Water packed tuna

Lentils and Rice:

(For best results on the Candida program, Lentils are recommended over rice because of the higher protein content of lentils.)

Brown Lentils

Red Lentils

Brown Basmati Rice

Brown Rice

Wild Rice

Dairy:

Organic Eggs or Organic Egg Beaters

Organic Butter – use sparingly

Oils: (Serving size for oils is 1 tsp, no more than 7 servings per day)

Coconut Oil – (A great substitute for Butter!)

Extra Virgin Olive Oil

Flaxseed Oil – (Great for dressings. Keep refrigerated, do not heat)

Grape Seed Oil

*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.

Dressings: (Must be sugar free and vinegar free)

Annie's Lemmon and Chive Dressing

Broth:

Low sodium organic vegetable broth

Low sodium organic chicken broth

Nutritional Shakes:

3 scoops a day except on detox-days

Juices:

Fresh Vegetable Juices

Coconut Water (raw, from a coconut)

Water:

Distilled Water (Use during lemonade detox.)

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 Products– All hard cheese is made from mold. Avoid milk, buttermilk, whipped cream, sour cream, ice cream, etc. (With the exception of organic eggs and organic butter)
- All sugars including: refined sugar, fructose, corn syrup, honey, molasses, date sugar and maple sugar. (Maple syrup is allowed on detox days)
- All fruit juices
- All white flour and white flour products.
- All yeast – contained in pastries, bread, crackers, pastas, yeast breads, pretzels, etc.
- All Grains- Wheat, oats, barley, rye, sorghum, etc (With the exception of Wild or Brown Rice)
- All processed meats- such as bacon, sausage, ham, hot dogs, luncheon meats, corned beef and pastrami.
- Meat: Beef, Lamb, Pork, and Veal. No cured, smoked or luncheon meats
- All nuts or seeds
- Mixed seasonings and spice rubs like Mrs. Dash etc.
- Brewer's yeast, B vitamins made from yeast.
- Processed or Refined Foods
- MSG or Chemicals
- Starchy Vegetables: Hominy, White Rice, Yams, Potatoes and Dried Beans
- Corn and corn products
- Artificially sweetened drinks and food products.
- All fruits (fresh, canned or dried) until the yeast are abated. Fresh Lemon and Limes may be used in water, or as a substitute for vinegar in salad dressings and recipes.
- Fungus Foods: mushrooms, blue cheese, etc.
- All vinegar and vinegar soaked products or vinegar dressings: pickles, pickle relish, etc.
- Old leftovers. If a food has been in the fridge for more than 3 days, do not eat it. Leftovers may be frozen and consumed at a later date.

It's important to totally rid the diet of grains and sugars during this program.

According to research, eliminating grains and sugars from your diet is critical to optimizing your health. Along with sugar, grains pose as a challenge and often unidentified risk.

Most grains break down to sugar very rapidly and can cause the same problems with insulin deregulation.

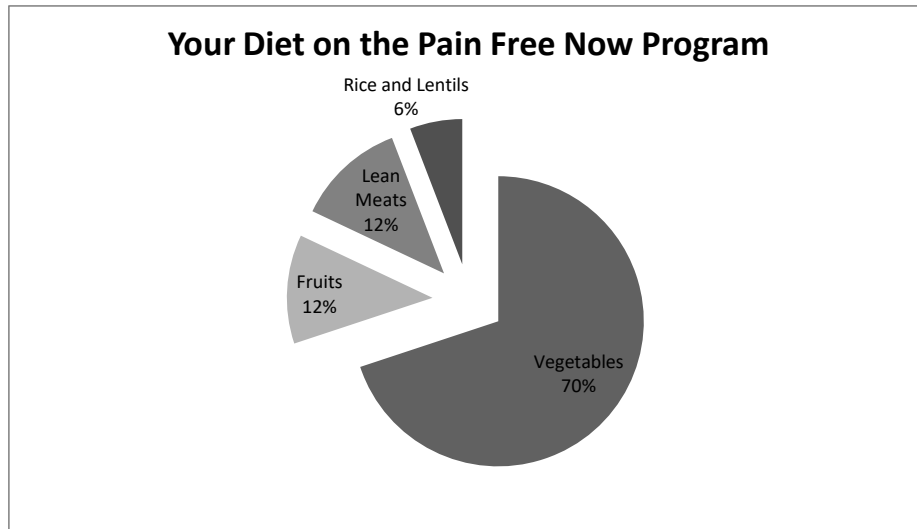
For some people it will be very important to eat every two hours to avoid symptoms of hypoglycemia. This is usually necessary for several days to several weeks.

Again, foods that can be a cause of yeast infections are grain foods such as, wheat, oats, barley, rye, sorghum, corn, red apples, and peanuts are also universally contaminated with fungus. These foods find their way into our systems from cereals, pastas, breads, potato chips, crackers, peanut butter, cooking oils, etc.

Grains are usually stored in silos for extended periods of time. They can be stored for years before they are ever sold and brought to market for food processing. During this time, they grow mold in these silos. You would assume when they go to process these grains for human consumption they would wash them, but the molds and mycotoxins will enter into the inside of the grain as they try to break them down into dirt. The grains get ground up for processing, and the rest is history. The worst of these grains, as far as mold contamination, are sold for livestock feed and alcohol processing--beer mostly.

Structuring Your Diet on the Pain Free Now Program

When not detoxing, 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 (after day 22) is to have it for breakfast in the morning or to add it to a Nutritional Shake. Rice and lentils are allowed on the program, but use them sparingly. Add your rice or lentils to a green salad to get more greens in the meal.



Why should my diet consist mostly of raw green leafy vegetables?

Foods that require cooking to be consumed probably are not very good nutritionally for humans, even before cooking. By cooking them, we further compromise their nutritional value, because the vitamins, minerals, enzymes, co-enzymes, carbohydrates, proteins, and fats are damaged or destroyed by the heat of cooking. What we get with grains after they have been cooked is the maximum amount of calories with the minimum amount of nutrients.

Salads are central to a raw diet and should be used to structure your meals. Structure your diet by building every meal around salads.

Keep the following tips in mind:

1. Remember that everything you need to live can be found in the produce section.
2. Shop two times a week in order to get fresh produce. Most leafy greens have a refrigerator shelf life of 4-5 days.

3. Buy your produce first. It is the most important food. If you are on a budget, shopping for produce will maximize your dollar as you will avoid junk food while you have a cart full of produce.
4. Wash leafy greens by separating the leaves. Rise well in order to remove pesticides.
5. Keep your refrigerator well stocked with fresh vegetables. This way you will always have what you need for a delicious salad.
6. While shopping, ask, "How will this go with a salad." Try to consider everything as something that will go into a salad or alongside it.

Successful eating for Candida:

1. Take Solutions4 Digestive Enzyme Blend Supplements with every meal.
2. Eat a variety of foods in a rainbow of colors.
3. If using salt, use Real Salt or Sea Salt.
4. Eat 5-6 small meals throughout the day. It will keep your metabolism going.
5. Eat last meal of the day before 6 pm.
6. Track calories, Women: 1000-1100 per day, Men: 1200-1300 per day.
7. Go to bed early and get at least 8 hours of sleep.

Why can't I have fruit for the first 22 days on this program?

One of the reasons people get acne is because there is an overabundance of yeast in the body. This yeast is also known as "Candida."

Candida is an over-infestation of yeast in the body. It invades the brain and every tissue of the body. Candida grows and lives on what you eat, and makes your body crave what it needs to survive. For this reason, Candida is difficult to get rid of, but it can be eradicated if proper steps are taken. See the Avoid list on page 12 for additional items in which Candida feeds on.

DETOXIFICATION

We 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.

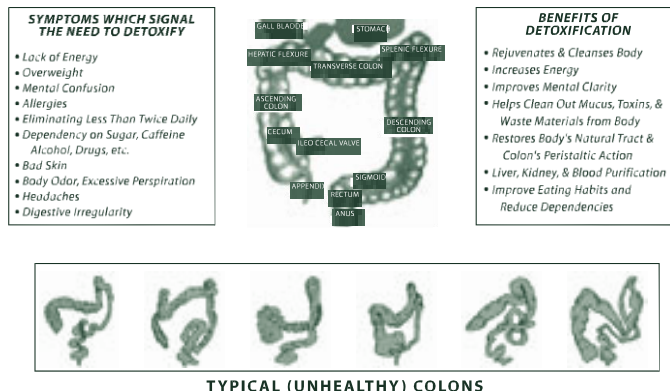
Detoxification is one of the most important factors in the promotion of good health and disease prevention. The Solutions4 Program helps the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only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



TYPICAL (UNHEALTHY) COLONS

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 is 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 so if it is 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 (after day 22), 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. To further avoid extra acidity, alternate drinking water and the lemonade detox mixture.

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 lemon 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 PAIN FREE NOW 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.

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.

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 Pain Free 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"/> Vitamin D: 3 |
| <input type="checkbox"/> Digestive Enzyme: 1 | <input type="checkbox"/> Evening Primrose Oil: 3 | <input type="checkbox"/> Fiber Blend: 2 | <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 | | |

- ☐ Apply ANTI-INFLAMMATORY 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: 2 |
| <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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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☐ Apply ANTI-INFLAMMATORY 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 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 ANTI-INFLAMMATORY 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**V = 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☐ Apply ANTI-INFLAMMATORY 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**V = 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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2 |
| <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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 3	<input type="checkbox"/> Fiber Blend: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 3	<input type="checkbox"/> Fiber Blend: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 3	<input type="checkbox"/> Fiber Blend: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 3	<input type="checkbox"/> Fiber Blend: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 3	<input type="checkbox"/> Fiber Blend: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 3	<input type="checkbox"/> Fiber Blend: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 ANTI-INFLAMMATORY 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 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 ANTI-INFLAMMATORY 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 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 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 ANTI-INFLAMMATORY 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 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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2	<input type="checkbox"/> Fiber Blend: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2 |
| <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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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 ANTI-INFLAMMATORY 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

V = 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 ANTI-INFLAMMATORY 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 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 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 ANTI-INFLAMMATORY 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 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 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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 3
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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 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"/> Vitamin D: 2
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 2
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 2
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 2
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 2
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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: 2
<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"/> Vitamin D: 2
<input type="checkbox"/> Digestive Enzyme: 1	<input type="checkbox"/> Evening Primrose Oil: 1	<input type="checkbox"/> Fiber Blend: 2	<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		

- ☐ Apply ANTI-INFLAMMATORY 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"/> Vitamin D: 2	<input type="checkbox"/> Fiber Blend: 2
<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 Pain Free Now 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!	✓ 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!		
✓ LOVED IT!	✓ Didn't like it	

Bromelain Special		5 min	Serves 1
<div>▪ 1/4 pineapple, with skin</div>			
Combine 1 ingredient in a Juicer, enjoy!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!		✓ 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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!	✓ 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
<div><div><div>▪ 1 stalk celery</div><div>▪ 3-4 carrots, greens removed</div></div></div>			
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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!	✓ 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!			
✓ LOVED IT!	✓ Didn't like it		

Shakes

Standard Shake		5 min	Serves 1
<ul style="list-style-type: none"> 1 cup water ½ banana (frozen optional) 3-5 frozen strawberries 	<ul style="list-style-type: none"> ¼ 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 ½ cup blackberries ¼ cup blueberries ½ cup strawberries 	<ul style="list-style-type: none"> ½ 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 ½ 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"> ½ c. blackberries ¼ c. blueberries ½ c. strawberries ½ 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">▪ ½ cup fresh pineapple▪ ½ banana▪ ½ 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▪ ½ banana▪ 1 orange▪ ½ 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">▪ ½ 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">▪ ½ 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">▪ ½ 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
<ul style="list-style-type: none">▪ Ice and water to equal 8 oz.▪ 1 banana	<ul style="list-style-type: none">▪ ½ 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
<ul style="list-style-type: none">▪ Ice and water to equal 8 oz.▪ 1 banana	<ul style="list-style-type: none">▪ ½ 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
<ul style="list-style-type: none">One head of romaine lettuce tossed½ cup Cherry Tomatoes¼ of an Onion, sliced	<ul style="list-style-type: none">¼ cup diced Celery¼cup shredded Carrots		
Combine all ingredients with desired amount of dressing.			
✓ LOVED IT!	✓ Didn't like it		

Crunchy Salad		15 min	Serves 1
<ul style="list-style-type: none">▪ ½ Head of Romaine lettuce▪ ¼ cup chopped Kale▪ ½ Bell Pepper, sliced	<ul style="list-style-type: none">▪ ¼ cup sliced Mushrooms▪ ½ Red Pepper, sliced		
Place all ingredients in a bowl and toss.			
✓ LOVED IT!	✓ Didn't like it		

Veggie Salad		15 min	Serves 1
<ul style="list-style-type: none">1 Head of Romaine lettuce1 Roma Tomato, diced½ Avocado, sliced	<ul style="list-style-type: none">¼ cup Broccoli¼ cup Cauliflower¼ 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
<ul style="list-style-type: none">▪ 2 cups of Shredded cabbage or Cole slaw mix▪ ½ cup Grape tomatoes or sliced tomatoes	<ul style="list-style-type: none">▪ 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
<ul style="list-style-type: none">4 tomatoes2 cucumbers½ cup chopped black olives1 cup chopped fresh parsley	<ul style="list-style-type: none">½ chopped basil¼ cup extra-virgin olive oil½ tsp Celtic saltJuice of 2 lemons		
Combine all ingredients in bowl and toss well.			
✓ LOVED IT!	✓ Didn't like it		

Strawberry Salad		10 min	Serves 1
<ul style="list-style-type: none">▪ 2 cups of Fresh Spinach▪ ½ cup of strawberries▪ ½ Avocado, sliced			
Place all ingredients in a bowl and toss.			
✓ LOVED IT!	✓ Didn't like it		

Brussels Salad		15 min	Serves 1
<ul style="list-style-type: none">5-6 Brussels sprouts5-6 whole white mushrooms	<ul style="list-style-type: none">1 orange pepper1/8 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"> ▪ ½ c. fresh lemon juice ▪ ¼ c. water ▪ 1/3 c. olive oil 	<ul style="list-style-type: none"> ▪ 1-2 cloves garlic, peeled and minced ▪ ¼ t. sea salt, optional ▪ 1 T. each coarsely chopped oregano and basil 		
Refrigerate in jar 2-4 hours before using. Shake well before using.			
✓ LOVED IT!	✓ Didn't like it		

Apple Cider Vinaigrette		15 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 Tbs. organic apple cider vinegar ▪ ½ c. extra-virgin olive oil ▪ ¼ tsp. sea salt 	<ul style="list-style-type: none"> ▪ 1 tsp. oregano ▪ 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.			
✓ LOVED IT!	✓ Didn't like it		

Garlic Olive Oil Dressing		15 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 cloves of fresh garlic ▪ 1/8 tsp sea salt 	<ul style="list-style-type: none"> ▪ Juice from half of a freshly squeezed lemon ▪ 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.			
✓ LOVED IT!	✓ Didn't like it		

Lunches

Lettuce Wraps		20 min	Serves 6-8
<ul style="list-style-type: none">▪ 2 very ripe avocados▪ 3 tomatoes, diced▪ ½ jalapeno pepper, diced	<ul style="list-style-type: none">▪ 3 cloves fresh garlic, minced▪ 2 tsp lime juice▪ 6-8 large romaine lettuce leaves		
<ol style="list-style-type: none">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
<ul style="list-style-type: none">3 large mangos, peeled1 tablespoon crushed jalapeno peppers4 green onions, chopped	<ul style="list-style-type: none">2 tablespoons fresh lime juicePinch of finely chopped red chili peppers		
<ol style="list-style-type: none">Chop the mango into small pieces.Combine mango with remaining ingredients in a medium sized bowl and stir.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
<ul style="list-style-type: none">10 medium carrots, sliced2 c. pineapple, peeled and cut into chunks½ 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
<ul style="list-style-type: none">2 bananas2 avocados	<ul style="list-style-type: none">Mint leaves (optional)½ 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			
✓ LOVED IT!	✓ 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			
✓ LOVED IT!		✓ 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.			
✓ LOVED IT!		✓ 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.			
✓ LOVED IT!		✓ Didn't like 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		
<ol style="list-style-type: none">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		
<ol style="list-style-type: none">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
<u>Marinade</u> 2 tbsp coconut oil 3 tbsp chopped fresh rosemary 2 garlic cloves, peeled and crushed Juice of 2 lemons	<u>Kabob</u> 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		
<ol style="list-style-type: none">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▪ ½ 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			
✓ LOVED IT!		✓ 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"> Cut peppers in half, remove stem and seeds. In saucepan over low heat in 1 inch water cook covered until tender. Drain. Fill with drained combination of cooked vegetables of your choice 			
✓ LOVED IT!		✓ Didn't like it	

Tomato Cups		15 min	Serves 6
<ul style="list-style-type: none">6 medium tomatoes½ small cucumber2 sticks of celery½ cup fresh parsley1 tbsp fresh mint	<ul style="list-style-type: none">1 clove fresh garlic2 tsp kelp1 tbsp lemon juice1 tbsp extra virgin olive oilSea 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			
✓ LOVED IT!		✓ Didn't like it	

Chicken with Melted Tomato & Zucchini		20 min	Serves 2
<ul style="list-style-type: none">1 tbsp coconut oil½ cup thinly sliced zucchini rounds½ large tomato, chopped	<ul style="list-style-type: none">½ medium yellow onion, finely choppedGarlic powder, to tasteBasil, to taste2 chicken breasts		
<ol style="list-style-type: none">Preheat oven to 350 degrees F. Heat oil in skillet.Add vegetables and seasonings; sauté until tender.Place lightly grilled chicken breasts in a baking pan.Spoon vegetables on zucchini rounds; cover dish with foil. Bake 10 minutes			
✓ LOVED IT!		✓ Didn't like it	

Layered Zucchini		15 min	Serves 4
<ul style="list-style-type: none">▪ 1 lb. zucchini, cut into ½” slices▪ 1 lb. tomatoes, peeled and diced▪ 1 tsp oregano▪ 1 tsp minced onion	<ul style="list-style-type: none">▪ ½ tsp sea salt▪ ½ tsp garlic powder▪ ¼ tsp cayenne pepper		
Combine all in saucepan. Simmer until zucchini is tender			
✓ LOVED IT!		✓ Didn't like it	

Stir Fried Cucumbers		15 min	Serves 1
<ul style="list-style-type: none">▪ 3 medium cucumbers▪ 2 tbsp coconut oil	<ul style="list-style-type: none">▪ 2 cloves garlic, slice		
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
<ul style="list-style-type: none">▪ 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
<ul style="list-style-type: none"> ▪ 3-5 lbs. Carrots, juiced, and then save the pulp. ▪ 1 head celery ▪ 1 red onion ▪ 2 tomatoes 			
<ol style="list-style-type: none"> 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. Mush 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) <p>Or</p> <ul style="list-style-type: none"> ▪ 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

Lean Meats

Organic Poultry – Free range, antibiotic free and hormone free is best
Chicken
Turkey
Wild Caught Fish (not farm raised)
Cod
Halibut
Mahi Mahi
Salmon
Sea Bass
Sole
Swordfish
Tilapia
Trout
Tuna
Canned Fish - Water packed
Tuna

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