

THE 30-DAY CLEAR SKIN SOLUTIONS4 PROGRAM

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30-DAY CLEAR SKIN PROGRAM

PROGRAM BREAKDOWN



✓	Products and Services Received	Price
1	Clear Skin Supplements and Products	\$719.00
4	Weekly Evaluations to review progress	\$120.00
4	Sauna Treatments for detoxification	\$200.00
1	Follow-Up Evaluation at the completion of this program	\$50.00
	24/7 Phone Access to the doctor and staff	Priceless!
Total Price for Everything		\$1,089.00

The 30-Day Clear Skin Solutions4 Program

Beautiful Skin Begins Within

The skin directly reflects the overall health of your body internally and externally. If you live an unhealthy, toxic lifestyle, your skin manifests externally your health condition internally.

While poor skin conditions may be aggravated by external toxins and sources (pollution, chemicals in skin care products, chemicals in water and foods we ingest) more important are toxins that are created and circulating inside the body.

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

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

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

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

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

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

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

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

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

THE SKIN

What Role Does The Skin Play?

- Gives shape to the body
- Acts as a barrier, protecting the body from invading bacteria, virus, etc.
- Works as a thermostat and helps to regulate body temperature
- Senses environmental hazards, such as excess heat or cold
- Acts as the largest eliminative organ of the body. The skin uses sweat to help get rid of waste fluid and purify the body. As the body detoxifies, the skin responds with acne, eczema, psoriasis, boils, etc. The pores of the skin allow the body to breathe to rid itself of toxins. Clogged pores interfere with this function.

Skin Structure

- The top layer of the skin is called the epidermis. This layer consists of flat, gray cells.
- The second layer of skin is the dermis. This layer contains hair follicles, oil, sweat glands, nerve endings, and blood vessels. It contains collagen and elastin. Deterioration of this layer causes aging, sagging, and wrinkles.
- The third layer of skin is the hypodermis (subcutaneous). This layer contains fat cells, veins and muscles. It acts as both a shock absorber and a thermal insulator. Cellular Stem Cell Moisturizer occurs in this third layer of skin. Transdermal products must be used in order to penetrate the layers of skin and stimulate the production of natural collagen and elastin.

Facts on the Skin

- The skin is the largest organ of the body.
- The skin of an average adult covers approximately 7 square feet of space.
- The skin is 16% of a person's total body weight.
- Every 24 hours, the skin sheds a layer of dead cells and totally Stem Cell Moisturizers itself every 3-4 weeks.
- 90% of what we see as household dust is really dead skin cells.
- A person discards as much as 88 pounds of dead skin cells in a lifetime.

CONVENTIONAL VS. HOLISTIC TREATMENTS

Orthodox medicine still insists that diet has nothing to do with acne and other skin disorders, and subjects its patients to strong antibiotics, such as acutane and tetracycline, and recommends irradiation or treatment with cortisone-based (steroid) medication. Holistic wellness, on the other hand, approaches skin disorders as more comprehensive and more than just "skin deep".

Holistic thinkers believe that dietary abnormalities (excesses and deficiencies) play a significant role in causing skin disorders. They have also found that skin maintenance, along with a nutritional approach in the treatment of acne offers the best results.

The skin acts as a shield between the body and millions of foreign substances that exist in our environment. It often reacts by exhibiting acne, rashes, bumps, scales, redness, eczema, psoriasis and

other skin problems. In addition to being one of the elimination systems of the body, the skin excretes toxins and chemicals that are present in the body, as do the kidneys and bowels.

THE SKIN REFLECTS BOTH INTERNAL AND EXTERNAL PROBLEMS

Acne and premature aging are typically a result of skin inflammation

Acne afflicts about 80% of all those between the ages of 12 and 24 in varying degrees. A sebaceous gland, located in each hair follicle or pore of the skin, produces oil that lubricates the skin. If some of the oil becomes trapped, bacteria multiply in the pit and the skin becomes inflamed. Most adolescents have acne because the sebaceous glands are stimulated by a hormone during puberty.

Blackheads form when sebum combines with skin pigments and plugs the pores. If pores below the surface of the skin become filled with sebum, whiteheads appear.

Factors that contribute to acne are:

- Oily skin
- Androgens (male hormones)
- Hormone contraceptives
- Hormonal imbalances
- Allergies
- Stress
- Junk food

Acne, from a mild case of scattered pimples to deep cysts over the face and back, is very likely caused by sensitivity to sugar and other refined, processed foods. Not getting enough zinc or the right type of essential fatty acids may also play a role. In a bad case, there is usually allergic involvement. An adult past 25 years of age with acne almost always has allergies.

The Development of Premature Aging

Intrinsic aging—intrinsic aging, also known as the natural aging process, is a continuous process that normally begins in our mid-20s. Within the skin, collagen production slows, and elastin, the substance that enables skin to snap back into place, has a bit less spring. Dead skin cells do not shed as quickly and turnover of new skin cells may decrease slightly. While these changes usually begin in our 20s, the signs of intrinsic aging are typically not visible for decades.

The signs of intrinsic aging are:

- Fine wrinkles
- Thin and transparent skin
- Loss of underlying fat, leading to hollowed cheeks and eye sockets as well as noticeable loss of firmness on the hands and neck

Extrinsic Aging—A number of extrinsic, or external, factors often act together with the normal aging process to prematurely age our skin. Most premature aging is caused by sun exposure. Other external factors that prematurely age our skin are:

- **The Sun:** Without protection from the sun's rays, excessive exposure each day over the years can cause noticeable changes to the skin.
- **Facial Expressions:** Repetitive facial movements actually lead to fine lines and wrinkles.
- **Gravity:** Gravity constantly pulls on our bodies. Changes related to gravity become more pronounced as we age. In our 50s, when the skin's elasticity declines dramatically, the effects of gravity become evident.
- **Sleeping Positions:** Resting your face on the pillow in the same way every night for years on end also leads to wrinkles. These wrinkles (also known as sleep lines) eventually become etched on the surface of the skin and no longer disappear when the head is not resting on the pillow.
- **Smoking:** Cigarette smoking causes biochemical changes in our bodies that accelerate aging. Research shows that a person who smokes 10 or more cigarettes a day for a minimum of 10 years is statistically more likely to develop deeply wrinkled, leathery skin than a nonsmoker.
- **Hormones:** Hormonal imbalances can cause severe skin abnormalities including premature aging as well as acne.
- **Lack of Daily Maintenance:** By not removing makeup and pollutants on a daily basis, your skin will be vulnerable to the effects of free radical damage.

Treatments/Tips for combating Acne and Premature Aging:

Refined foods such as white sugar, white flour and refined vegetable oil can cause inflammation, which according to Nicholas Perricone, MD is the number one cause of acne.

A change in diet is highly effective in countering skin problems. Increasing antioxidants in your diet is a good way to prevent the damaging external forces such as pollution that affect our skin. Taking vitamins that are rich in antioxidants help to combat free radicals that we are inadvertently exposed to in day-to-day life. Turning to organic foods when possible is also another way to avoid free radicals.

An important way to combat a hormonal imbalance is ensuring that essential fatty acids are incorporated into the diet. They serve as building blocks for cell membranes and immediate energy, as well as energy storage. Some benefits from taking essential fatty acids are; reduction in risk of coronary artery disease, relief from dry skin, eyes, hair and nails, as well as relief from frequent bruising.

Solutions4 approach to skin disorders

The Solutions4 Holistic Skin Care Programs treat the underlying causes of skin disorders from internal to external.

Detoxification

Detoxification begins cleansing the body internally. When usual detoxifying organs such as the kidneys, bowels and liver are overloaded, the body uses the skin to throw off many systemic toxins. This results in skin eruptions, rashes, eczema and acne. Chronic constipation is one of the main causes of excessive systemic toxicity. Colon cleansing and detoxifying is the first, most important internal program for skin disorder.

Water

Drink half your body's weight in ounces of water per day for body and skin flushing.

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.

Nutrition and its Role in Skin Care

We know that a healthy body equals healthy skin—so whether your goal is to minimize and eradicate acne, rosacea, eczema, or fine lines and wrinkles, the answer comes from within.

Some of the benefits of the anti-inflammatory diets outlined within this section will be immediately noticeable, while other effects may take a bit longer. The Solutions4 Skin Programs contain many similarities, as the same factors that cause premature aging may also cause acne, rosacea and other skin disorders.

Supplementation

- Take a multivitamin/multimineral to give the balanced 100% nutritional support that is needed for total health, which reflects externally in the skin.
- Add evening primrose oil and flax seed oil, which aid in healing dermatitis, acne and other skin disorders. This is even more effective when combined with zinc.

Daily Skin Care Regime

Follow a daily skin care routine using the recommended maintenance products from your Solutions4 Educator.

Fitness and Exercise

The lack of exercise contributes to internal sluggishness and poor elimination, which in turn contribute to skin problems. Do cardiovascular exercises: 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.

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 (Day 23 & On)

Apples	Avocados**	Blackberries
Apricots	Bananas	Blueberries

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

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

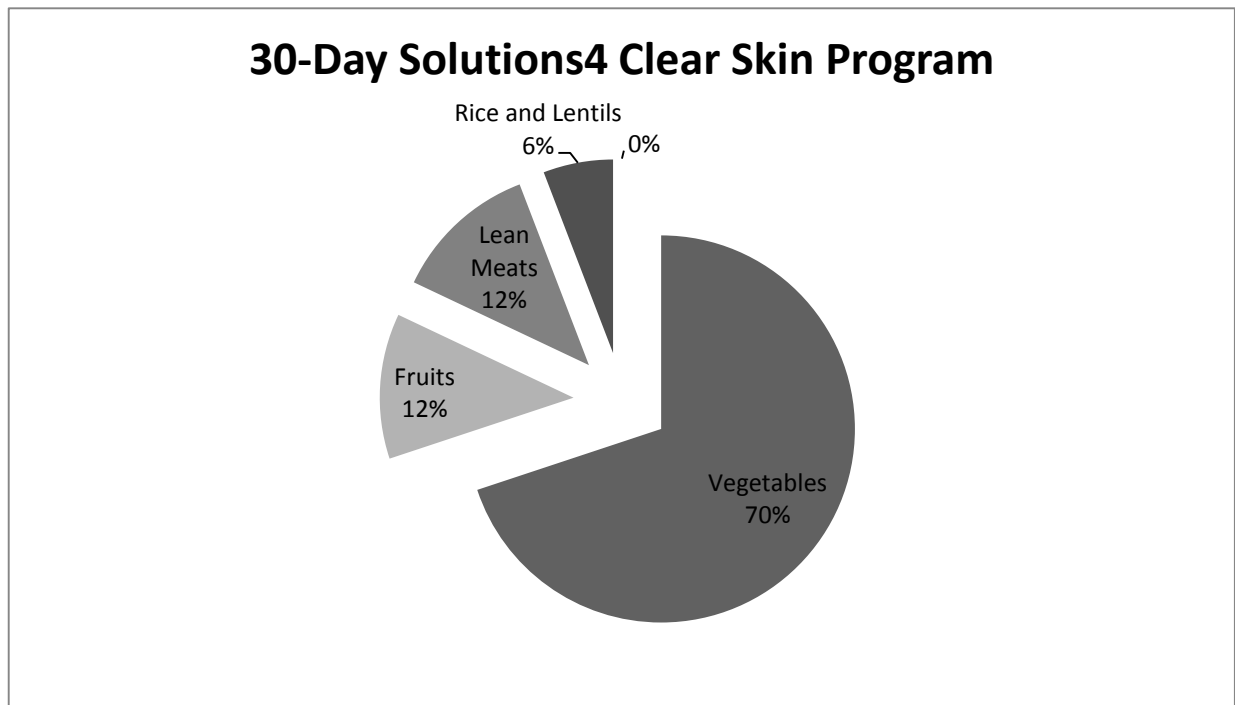
AVOID GROUP:

- 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
- Mixed seasonings and spice rubs like Mrs. Dash etc.
- All nuts or seeds
- 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.

Structuring your diet on the CLEAR SKIN 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 23) 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 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. For this reason, Candida is difficult to get rid of, but it can be eradicated if proper steps are taken. Candida feeds on:

- Red meat and pork
- All sugars and sugar-containing food including: table sugar, fructose, corn syrup, honey, molasses, maple sugar, date sugar and rice syrups.
- All white flour and white flour products. All yeast-containing pastries, breads, crackers, pastas, etc.
- Brewer's yeast, B vitamins made from yeast, yeast breads, pastries, crackers and pretzels that contain yeast.

- All cheese and dairy (except butter)
- Alcoholic beverages
- All fruit juices and fruits
- All coffee and tea (including herbal)
- Old leftovers
- Obvious fungus foods: mushrooms, blue cheese, etc.
- Peanuts and peanut products, pistachios.
- All processed meats: such as bacon, sausage, ham hot dogs, luncheon meats, corned beef and pastrami.
- All vinegar-soaked products or vinegar dressings, pickles, pickle relish etc.
- Corn and corn products

Because Candida and acne are closely related, we have eliminated these items from your diet during this program. The only exception is fruit, which we allow you to have after day 23, in which the Candida is usually starved and not alive in the body.

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 help the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only restores new energy to the vital organs, but to the entire body as well.

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

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

Benefits of Detoxification

- An increase in energy is experienced
- The digestive tract can rid itself of accumulated waste and putrefied bacteria. (Typical loss is between 2-8 lbs. of water and waste during a 3 day cleanse.)
- Liver, kidneys and blood are 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.

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 if it is more gradual. This is why detoxification preparation days are so important. Each healing crisis is followed by increased vitality and improved wellbeing.

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

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

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

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

FREQUENTLY ASKED QUESTIONS ABOUT DETOXIFICATION

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

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

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

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

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

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

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

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

SUPPLEMENTS INCLUDED IN THE CLEAR SKIN PROGRAM

Internal Products

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.

BODY PURIFIER

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. 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 Stem Cell Moisturizer. 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.

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 Stem Cell Moisturizer.

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 30-Day Clear Skin 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.

External Products

GREEN TEA CLEANSER

Green Tea Cleanser will leave the skin clean, soothed and moisturized. Studies show that green tea is effective in the prevention and treatment of abnormal skin conditions, such as acne, psoriasis and eczema. Green tea's anti-oxidant power protects the skin from environmental factors and free radicals that lead to premature aging of the skin. Combined in this superior Green Tea Cleanser are gentle emollients, vitamins, antibacterial properties, hydrators, anti-inflammatory and UV protectors. This Green Tea Cleanser is for all skin types for balanced protection on a daily basis.

Use: Apply a light film over the face and neck. Using the fingertips gently work into pores and let sit for 60 seconds. Rinse with warm water. Keep out of eyes. Use daily.

APRICOT EXFOLIATOR

Apricot Exfoliator is a grape seed oil based Apricot Exfoliator that combines a perfect blend of vitamins, anti-oxidants, UV protectors, hydrators, moisturizers and collagen and elastin builders to provide superior protection and gentle exfoliation.

Use: Lather a small amount in palms then massage gently onto wet face and neck. Rinse with warm water. Use 3-5 times per week after cleanser. Keep out of eyes.

STEM CELL MOISTURIZER

Apple Moisturizer is changing the skin care industry in ways never before realized through the use of apple stem cells. By combining plant-derived stem cells with other anti-aging actives such as nutrients, antioxidants, anti-inflammatory botanicals and UV protectors, we can rejuvenate skin cell DNA, and literally give aging skin a fresh new start.

Use: Gently massage a small amount of Apple Moisturizer into clean skin until invisible. Keep out of eyes. Use daily.

GREEN CLAY MASK

Green Clay Mask is an intensive, therapeutic masque for problem skin conditions. The masque is a combination of Montreuil Green Clay Mask, Tissue Respiratory Factors, Aloe, and Herbal Extracts. It actively absorbs excess oils, purifies, refines texture, and supports the skin in the fight against blemishes, including acne and blackheads. This Green Clay Mask works as a poultice to the skin, which helps to remove the buildup of dead cells and embedded impurities in the skin, and is a great complement to any skin, and is a great complement to any skin care regime.

Use: Apply Green Clay Mask with clean fingers or a sturdy facial brush in upward strokes beginning at the neck. Leave on for 30 minutes, flush with warm water to remove. Use twice weekly.

SKIN REPAIR CREAM

Skin Repair Cream was originally formulated to minimize scar tissue formation following both regular and plastic surgery. Through the interaction of my doctors and patients over several years, this formula has advanced to the point that it can even help reverse the scarring process and diminish most types of

newly formed scar tissue. This cream nourishes, softens, and conditions ultra dry and damaged skin, and will help prevent stretch marks from occurring during pregnancy.

Use: For best results apply evenly several times a day to problem areas. The cream must be used once or more daily, until problem is alleviated. To extend the shelf life of the cream, keep opened product in the refrigerator.

TONER SPRAY

Botanical extract and Aloe Vera are combined in a spritz formula to enliven the skin while softening the appearance of facial lines. Toner Spray invigorates and refreshes the skin while producing a smooth, soft feeling.

Use: Apply morning and evening after cleansing with Green Tea Cleanser, and throughout the day to refresh and revitalize or use as a spritz over finished makeup to set the color.

ADDITIONAL SKINCARE PRODUCTS YOU'LL LOVE:

VITAMIN C HYDRATOR

The Vitamin C Hydrator is a superior moisturizer that contains vitamin C and hyaluronic acid – two major anti-aging compounds. Each time you use it, you'll leave your skin looking absolutely radiant!

PROTEIN LIFT MASK

The Protein Lift Mask tightens and tones the skin with all-natural ingredients! This incredible mask contains natural egg protein, soy protein, bee pollen extract, and RNA factor for healthy, radiant skin.

ALOE ACTIVATOR

The Aloe Activator works as a hydrator and a skin softener. It also has natural antiseptic, anti-fungal, and anti-biotic properties that help fight blemishes the all-natural way! It may be used alone or along with the Protein Lift Mask.

DAY 1

Date: __/__/__

Eliminate red meat, dairy, fruit, refined sugars and flours.

AM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 2

Date: __/__/__

Eliminate red meat, dairy, fruit, refined sugars and flours.

AM INTERNAL SUPPLEMENTS:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM INTERNAL SUPPLEMENTS:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Apricot Exfoliator → | <input type="checkbox"/> Green Clay Mask → | <input type="checkbox"/> Toner Spray→ |
| <input type="checkbox"/> Apple Moisturizer | | | |

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | | |
|--|--|
| <input type="checkbox"/> Did you take all of your supplements? | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
| <input type="checkbox"/> Did you follow your skin care regimen? | |
| <input type="checkbox"/> Follow nutrition guidelines for the day? | |
| <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. | |
| <input type="checkbox"/> Did you exercise? ____ Min | |

DAY 3

Date: __/__/__

Continue as day before.

AM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 4

Date: __/__/__

Continue as day before.

AM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | | |
|--|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? _____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|--|--|

DAY 5

Date: __/__/__

Continue as day before.

AM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 6

Date: __/__/__

Continue as day before.

AM INTERNAL SUPPLEMENTS:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM INTERNAL SUPPLEMENTS:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Apricot Exfoliator → | <input type="checkbox"/> Green Clay Mask → | <input type="checkbox"/> Toner Spray→ |
| <input type="checkbox"/> Apple Moisturizer | | | |

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | | |
|--|--|
| <input type="checkbox"/> Did you take all of your supplements? | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
| <input type="checkbox"/> Did you follow your skin care regimen? | |
| <input type="checkbox"/> Follow nutrition guidelines for the day? | |
| <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. | |
| <input type="checkbox"/> Did you exercise? ____ Min | |

DAY 7

Date: __/__/__

Eliminate all meat. Prep day for DETOX #1

AM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | |
|--|
| <input type="checkbox"/> Did you take all of your supplements? |
| <input type="checkbox"/> Did you follow your skin care regimen? |
| <input type="checkbox"/> Follow nutrition guidelines for the day? |
| <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. |
| <input type="checkbox"/> Did you exercise? _____ Min |

- | |
|--|
| Rate your stress level today (1=low, 10=high) |
| 1 2 3 4 5 6 7 8 9 10 |
| <input type="checkbox"/> If stressed, did you use any relaxation techniques? |
| <input type="checkbox"/> Hours of Sleep received last night ____hrs |

DAY 8

Date: __/__/__

Eliminate all meat. Prep day for DETOX #1

AM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM INTERNAL SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 9 – DETOX #1

Date: __/__/__

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

AM SUPPLEMENTS:

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

AM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

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

PM EXTERNAL REGIMAN

☐ Green Tea Cleanser → ☐ Apricot Exfoliator → ☐ Green Clay Mask → ☐ Toner Spray →
☐ Apple Moisturizer

✓ = 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 10 – DETOX #1

Date: __/__/__

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

AM SUPPLEMENTS:

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

AM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

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

PM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

✓ = 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 11 – DETOX #1

Date: __/__/__

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

AM SUPPLEMENTS:

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

AM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

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

PM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

✓ = 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 12

Date: __/__/__

Uncooked, fresh veggies only today. The body is still in cleansing mode.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

√ = YES x = NO (Check Daily)

<input type="checkbox"/> Did you take all of your supplements? <input type="checkbox"/> Did you follow your skin care regimen? <input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. <input type="checkbox"/> Did you exercise? ____ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Hours of Sleep received last night ____hrs
---	--

DAY 13

Date: __/__/__

Continue as day before.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Apricot Exfoliator → | <input type="checkbox"/> Green Clay Mask → | <input type="checkbox"/> Toner Spray→ |
| <input type="checkbox"/> Apple Moisturizer | | | |

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | | |
|--|---|
| <input type="checkbox"/> Did you take all of your supplements? | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10 |
| <input type="checkbox"/> Did you follow your skin care regimen? | |
| <input type="checkbox"/> Follow nutrition guidelines for the day? | |
| <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. | |
| <input type="checkbox"/> Did you exercise? ____ Min | |
| <input type="checkbox"/> If stressed, did you use any relaxation techniques? | Hours of Sleep received last night ____hrs |
| <input type="checkbox"/> Hours of Sleep received last night ____hrs | |

DAY 14

Date: __/__/__

Add steamed veggies and lean protein.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- ☐ Did you take all of your supplements?
- ☐ Did you follow your skin care regimen?
- ☐ Follow nutrition guidelines for the day?
- ☐ Drink ½ your body weight in ounces? ____oz.
- ☐ Did you exercise? ____ Min

- Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
- ☐ If stressed, did you use any relaxation techniques?
 - ☐ Hours of Sleep received last night ____hrs

DAY 15

Date: __/__/__

Continue as day before.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 16

Date: __/__/__

Everything on the "Food List" is permitted.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|--|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray → | <input type="checkbox"/> Apple Moisturizer |
|---|--|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Apricot Exfoliator → | <input type="checkbox"/> Green Clay Mask → | <input type="checkbox"/> Toner Spray → |
| <input type="checkbox"/> Apple Moisturizer | | | |

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 17

Date: __/__/__

Continue as day before.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 18

Date: __/__/__

Continue as day before.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 19

Date: __/__/__

Continue as day before.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

- | |
|--|
| <input type="checkbox"/> Did you take all of your supplements? |
| <input type="checkbox"/> Did you follow your skin care regimen? |
| <input type="checkbox"/> Follow nutrition guidelines for the day? |
| <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. |
| <input type="checkbox"/> Did you exercise? ____ Min |

- | |
|--|
| Rate your stress level today (1=low, 10=high) |
| 1 2 3 4 5 6 7 8 9 10 |
| <input type="checkbox"/> If stressed, did you use any relaxation techniques? |
| <input type="checkbox"/> Hours of Sleep received last night ____hrs |

DAY 20

Date: __/__/__

Continue as day before.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|--|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray → | <input type="checkbox"/> Apple Moisturizer |
|---|--|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 2 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Apricot Exfoliator → | <input type="checkbox"/> Green Clay Mask → | <input type="checkbox"/> Toner Spray → |
| <input type="checkbox"/> Apple Moisturizer | | | |

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 21

Date: __/__/__

Continue as day before.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

√ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 22

Date: __/__/__

Continue as day before.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

√ = YES x = NO (Check Daily)

- ☐ Did you take all of your supplements?
- ☐ Did you follow your skin care regimen?
- ☐ Follow nutrition guidelines for the day?
- ☐ Drink ½ your body weight in ounces? ____oz.
- ☐ Did you exercise? ____ Min

- Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
- ☐ If stressed, did you use any relaxation techniques?
 - ☐ Hours of Sleep received last night ____hrs

DAY 23

Date: __/__/__

Add Fruit Today!

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Apricot Exfoliator → | <input type="checkbox"/> Green Clay Mask → | <input type="checkbox"/> Toner Spray→ |
| <input type="checkbox"/> Apple Moisturizer | | | |

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | | |
|--|---|
| <input type="checkbox"/> Did you take all of your supplements? | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10 |
| <input type="checkbox"/> Did you follow your skin care regimen? | |
| <input type="checkbox"/> Follow nutrition guidelines for the day? | |
| <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. | |
| <input type="checkbox"/> Did you exercise? ____ Min | |
| <input type="checkbox"/> If stressed, did you use any relaxation techniques? | |
| <input type="checkbox"/> Hours of Sleep received last night ____hrs | |

DAY 24

Date: __/__/__

Eliminate all meat. Prep day for DETOX #2

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | |
|--|
| <input type="checkbox"/> Did you take all of your supplements? |
| <input type="checkbox"/> Did you follow your skin care regimen? |
| <input type="checkbox"/> Follow nutrition guidelines for the day? |
| <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. |
| <input type="checkbox"/> Did you exercise? ____ Min |

- | |
|--|
| Rate your stress level today (1=low, 10=high) |
| 1 2 3 4 5 6 7 8 9 10 |
| <input type="checkbox"/> If stressed, did you use any relaxation techniques? |
| <input type="checkbox"/> Hours of Sleep received last night ____hrs |

DAY 25

Date: __/__/__

Eliminate all meat. Prep day for DETOX #2

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- ☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- ☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

√ = YES x = NO (Check Daily)

- | | |
|---|--|
| <input type="checkbox"/> Did you take all of your supplements?
<input type="checkbox"/> Did you follow your skin care regimen?
<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Drink ½ your body weight in ounces? ____oz.
<input type="checkbox"/> Did you exercise? ____ Min | Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____hrs |
|---|--|

DAY 26 – DETOX #2

Date: __ / __ / __

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

AM SUPPLEMENTS:

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

AM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

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

PM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

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 27 – DETOX #2

Date: __ / __ / __

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

AM SUPPLEMENTS:

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

AM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

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

PM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Apricot Exfoliator → ☐ Green Clay Mask → ☐ Toner Spray →
☐ Apple Moisturizer

✓ = 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 – DETOX #2

Date: __/__/__

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

AM SUPPLEMENTS:

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

AM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

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

PM EXTERNAL REGIMEN:

☐ Green Tea Cleanser → ☐ Toner Spray → ☐ Apple Moisturizer

✓ = 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 29

Date: __/__/__

Uncooked, fresh veggies only today. The body is still in cleansing mode.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

√ = YES x = NO (Check Daily)

<input type="checkbox"/> Did you take all of your supplements? <input type="checkbox"/> Did you follow your skin care regimen? <input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. <input type="checkbox"/> Did you exercise? ____ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Hours of Sleep received last night ____hrs
---	--

DAY 30

Date: __/__/__

All food on "Food List" is permitted.

AM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

AM EXTERNAL REGIMEN:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Toner Spray→ | <input type="checkbox"/> Apple Moisturizer |
|---|---------------------------------------|--|

Breakfast:	Calories

NOON SUPPLEMENTS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Probiotic Blend: 1 |
| <input type="checkbox"/> Vitamin D: 1 | | | |

Lunch:	Calories

PM SUPPLEMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Antioxidant: 1 | <input type="checkbox"/> Body Purifier: 2 | <input type="checkbox"/> Digestive Enzyme: 2 | <input type="checkbox"/> Evening Primrose Oil: 3 |
| <input type="checkbox"/> Fiber Blend: 8 | <input type="checkbox"/> Flax Seed Oil: 2 | <input type="checkbox"/> Herbal Stress Relief: 1 | <input type="checkbox"/> Intestinal Cleanser: 2 |
| <input type="checkbox"/> Liquid Calcium: 1 | <input type="checkbox"/> Multivitamin/Multimineral: 1 | <input type="checkbox"/> Probiotic Blend: 1 | <input type="checkbox"/> Vitamin D: 2 |

PM EXTERNAL REGIMEN:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Green Tea Cleanser → | <input type="checkbox"/> Apricot Exfoliator → | <input type="checkbox"/> Green Clay Mask → | <input type="checkbox"/> Toner Spray→ |
| <input type="checkbox"/> Apple Moisturizer | | | |

Dinner:	Calories
CALORIES YOU ARE ALLOTTED FOR THE DAY	
TOTAL CALORIES YOU ATE	

✓ = YES x = NO (Check Daily)

- | |
|--|
| <input type="checkbox"/> Did you take all of your supplements? |
| <input type="checkbox"/> Did you follow your skin care regimen? |
| <input type="checkbox"/> Follow nutrition guidelines for the day? |
| <input type="checkbox"/> Drink ½ your body weight in ounces? ____oz. |
| <input type="checkbox"/> Did you exercise? ____ Min |

- | |
|--|
| Rate your stress level today (1=low, 10=high) |
| 1 2 3 4 5 6 7 8 9 10 |
| <input type="checkbox"/> If stressed, did you use any relaxation techniques? |
| <input type="checkbox"/> Hours of Sleep received last night ____hrs |

DAY 31 and Beyond

Once someone has gone through a 30-Day Clear Skin Program, they should be feeling like a completely new person. Acne 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
- 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

Standard Shake	5 min	Serves 1
<ul style="list-style-type: none"> 1 cup water ½ banana (frozen optional) 3-5 frozen strawberries 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
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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 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
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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
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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) 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) 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 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	

Breakfast

Stir-Fried Vegetable Scramble	20 min	Serves 2-3
<ul style="list-style-type: none"> 2 tbsp butter 2 tbsp chopped onion 2 tbsp chopped green pepper 1/2 cup fresh chopped tomato 1 cup cooked vegetables 2-4 slightly beaten eggs 		
<ol style="list-style-type: none"> Heat skillet, add oil, onions and green peppers. Stir-fry until tender. Add tomato and other vegetables. Bring to boil, stirring constantly. Add eggs and cook, stirring gently. Serve immediately. 		
✓ LOVED IT!	✓ Didn't like it	

Tasty Omelet	15 min	Serves 1
<ul style="list-style-type: none"> 2 large eggs 1 tomato, diced ½ avocado, peeled and diced 2 green onion, chopped 1 tbsp coconut oil 		
<ol style="list-style-type: none"> Beat eggs. Add tomato, avocado, and onion. Mix. Melt oil in skillet. Add egg mixture; cook over medium heat until bottom is set. Turn half of omelet over on top of other half; cover. Cook at low heat until egg is set 		
✓ LOVED IT!	✓ Didn't like it	

Veggie Scramble	15 min	Serves 2
<ul style="list-style-type: none"> 2 tbsp coconut oil or organic butter 2 tbsp chopped onion 2 tbsp chopped green onion ½ cup chopped tomato 1 cup cooked vegetables 2-4 eggs slightly beaten 		
Heat skillet, add oil, onions and green peppers. Stir fry until tender. Add tomato and other vegetables. Bring to boil, stir constantly. Add eggs and cook gently		
✓ LOVED IT!	✓ Didn't like it	

Southwestern Omelet	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 large eggs ▪ 1 tomato, diced ▪ ½ avocado, peeled and diced ▪ 1 chili pepper, chopped ▪ Sliced ripe olives, optional ▪ 1-2 green onion, chopped ▪ 1 T. coconut 		
<ol style="list-style-type: none"> 1. Beat eggs. Add tomato, avocado, pepper, onion and olives. 2. Mix. Melt oil in skillet. Add egg mixture; cook over medium heat until bottom is set. 3. Turn half of omelet over on top of other half; cover. 4. Cook at low heat until egg is set. 1 serving 		
✓ 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 ▪ 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	

Garlic Olive Oil Dressing	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 cloves of fresh garlic ▪ 1/8 tsp sea salt ▪ 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	

Classic Guacamole	10 min	Serves 8-10
<ul style="list-style-type: none"> ▪ 2 ripe avocados ▪ ¼ tsp garlic powder ▪ 1 tbsp fresh lemon juice ▪ ½ tsp dried oregano ▪ ¼ tsp ground cumin ▪ Fresh pepper and sea salt to taste 		
Throw ingredients in a food processor. Chill, if desired, before serving.		
✓ LOVED IT!	✓ Didn't like it	

Fresh Tomato Salsa	15 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 3 large Roma tomatoes, peeled ▪ 1 tbsp crushed jalapeno peppers ▪ 4 green onions, chopped ▪ 2 tbsp fresh lime juice ▪ Pinch of finely chopped red chili peppers 		
<ol style="list-style-type: none"> 1. Chop the tomatoes into small pieces. 2. Combine tomatoes with remaining ingredients in a medium sized bowl and stir. 3. Wrap tightly and refrigerate for one day before serving or leave covered at room temperature to allow flavors to blend. May be stored in fridge for up to 2 days 		
✓ LOVED IT!	✓ Didn't like it	

Homemade Tomato Sauce	25 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 2 leaves fresh basil ▪ Small handful loosely packed parsley leaves (about ½ ounce) ▪ 1 small onion (about 2 ounces) – peeled and cut into 8 pieces ▪ 1 tbsp extra virgin olive oil ▪ 3 medium ripe tomatoes (about 18 ounces total) cored and quartered ▪ dash of salt ▪ dash freshly ground black pepper 		
<ol style="list-style-type: none"> 1. Process the fresh basil and parsley until finely chopped. 2. Add the onion and chop. 3. Transfer into saucepan with the oil and cook, stirring, for 2 minutes. 4. Process the tomatoes until coarsely chopped and add to saucepan. 5. Bring to a boil; reduce heat and cook, partially covered, for 20 minutes, stirring occasionally. 6. Process the mixture all together. 7. Strain the sauce. Add salt, pepper and cook uncovered for 10 minutes more or until thick. 		
✓ LOVED IT!	✓ Didn't like it	

CONDIMENTS

Candida Friendly Mayonnaise	15 min	Serves 6-8
<ul style="list-style-type: none"> ▪ 6 large egg yolks ▪ 2 cups extra virgin olive oil ▪ ¼ cup lemon juice ▪ ¼ cup water ▪ 1 tsp salt (optional) ▪ 1 tsp dry mustard 		
<ol style="list-style-type: none"> 1. Beat Yolks in blender. Drizzle oil into yolks, while beating. 2. Add lemon juice, water, salt and mustard; mix. 3. Refrigerate in jar until ready to use. 		
✓ 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"> In a medium bowl mash the avocado. Add remaining ingredients and stir until well mixed. Spread 2-3 tbsp onto lettuce leaves and wrap 		
✓ LOVED IT!	✓ Didn't like it	

Turkey Lettuce Wraps	10 min	Serves 2
<ul style="list-style-type: none"> 2 stalks celery, finely chopped 1 T. chopped fresh basil 1 T. chopped fresh parsley 	<ul style="list-style-type: none"> 6 slices cooked turkey (not deli) Iceberg Lettuce Leafs 	
Mix celery, and seasonings. Spread over turkey slices and place on lettuce. Roll each tightly.		
✓ LOVED IT!	Didn't like it	

Chicken Salad	20 min	Serves 2-3
<ul style="list-style-type: none"> 2 cups finely chopped cooked chicken ½ cup finely chopped celery 2 hard boiled eggs, chopped 	<ul style="list-style-type: none"> 1 medium onion, chopped 1 head romaine lettuce chopped 1 cup of spinach 	
Combine chicken, celery, eggs and onion. Toss lettuce and spinach, and (Add protein if wanted) mixture to the top of the salad. Serve with your choice of dressing.		
✓ LOVED IT!	✓ Didn't like it	

Fresh Mango Salsa	10 min	Serves 2
<ul style="list-style-type: none"> 3 large mangos, peeled 1 tablespoon crushed jalapeno peppers 4 green onions, chopped 	<ul style="list-style-type: none"> 2 tablespoons fresh lime juice Pinch 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, sliced ▪ 2 c. pineapple, peeled and cut into chunks ▪ ½ 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 bananas ▪ 2 avocados ▪ 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 6 peppercorns 1 garlic clove 		
<ol style="list-style-type: none"> Green Tea Cleanser artichokes. 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. Place artichokes on a tray with their leaves down and stems up. Steam for 30 to 45 minutes. When an inner leaf is easily removed you know they are done. Cut off the stem of the artichoke. Cut in half lengthwise and remove the fuzzy chokes with a spoon. Rub the cut sides with the lemon wedge. 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) In a small bowl, combine the oil, lemon juice and garlic. 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 1/2 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"> 1/2 pound asparagus, cut diagonally 4 cups of water 1 tbsp coconut oil Grated fresh gingerroot, to taste 1 garlic clove, minced 1/2 tsp sea salt, optional 		
<ol style="list-style-type: none"> Cover asparagus with water in pan. Bring to boil, reduce heat and cook 5 minutes. Drain. 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 1/4 cup sliced onion 1 – 10 oz package fresh spinach, rinsed and torn 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 ▪ 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 ▪ 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
<p><u>Marinade</u></p> <p>2 tbsp coconut oil 3 tbsp chopped fresh rosemary 2 garlic cloves, peeled and crushed Juice of 2 lemons</p>	<p><u>Kabob</u></p> <p>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</p>	
<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 ▪ 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. 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"> 1. Cut peppers in half, remove stem and seeds. 2. In saucepan over low heat in 1 inch water cook covered until tender. 3. Drain. Fill with drained combination of cooked vegetables of your choice 		
✓ LOVED IT!	✓ Didn't like it	

Tomato Cups	15 min	Serves 6
<ul style="list-style-type: none"> ▪ 6 medium tomatoes ▪ 1 clove fresh garlic ▪ ½ small cucumber ▪ 2 tsp kelp ▪ 2 sticks of celery ▪ 1 tbsp lemon juice ▪ ½ cup fresh parsley ▪ 1 tbsp extra virgin olive oil ▪ 1 tbsp fresh mint ▪ Sea salt to taste 		
Cut tomatoes in half, scoop out the center and add tomato guts to the other ingredients. Finely chop all the ingredients, mix well and fill tomato halves		
✓ LOVED IT!	✓ Didn't like it	

Chicken with Melted Tomato & Zucchini	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tbsp coconut oil ▪ ½ medium yellow onion, finely chopped ▪ ½ cup thinly sliced zucchini rounds ▪ Garlic powder, to taste ▪ ½ large tomato, chopped ▪ Basil, to taste ▪ 2 chicken breasts 		
<ol style="list-style-type: none"> 1. Preheat oven to 350 degrees F. Heat oil in skillet. 2. Add vegetables and seasonings; sauté until tender. 3. Place lightly grilled chicken breasts in a baking pan. 4. Spoon vegetables on zucchini rounds; cover dish with foil. Bake 10 minutes 		
✓ LOVED IT!	✓ Didn't like it	

Chicken Cacciatore	75 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 pound chicken, chopped ▪ 1 tbsp chopped fresh basil ▪ 1 tsp garlic powder, to taste ▪ 1-8 oz Candida friendly tomato sauce (see ▪ 1 tbsp chopped fresh oregano Homemade Tomato Sauce Recipe) 		
<ol style="list-style-type: none"> 1. Preheat oven to 375 degrees F. 2. Place chicken pieces, skin side up, in a greased baking pan. Sprinkle with 1/3 seasonings. 3. Bake 30 minutes; turn and season with 1/3 seasonings. 4. Bake 20 minutes longer. 5. Pour half of the tomato sauce over chicken. Sprinkle with remainder of seasonings. 6. Turn and cover with rest of tomato sauce. Bake 10-15 minutes more. 		
✓ 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 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 cloves garlic, slice 2 tbsp coconut oil 		
Peel and halve cucumbers lengthwise; remove seeds. Cut into 1" chunks. In skillet heat oil on low heat. Add cucumbers and garlic		
✓ LOVED IT!	✓ Didn't like it	

Stir Fried Cabbage	15 min	Serves 4
<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"> Mix the celery and onions in a food processor, or with the champion juicer with the blank in Add this to the carrot pulp. Add diced tomatoes to the mixture. Mush up 3 large ripe avocados. 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.) 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	

Best Chicken Soup	60 min	Serves 2
<ul style="list-style-type: none"> ▪ 8 oz chicken wings ▪ ½ can (17 ½ oz) organic chicken broth ▪ 1 ½ cup water ▪ ½ medium yellow onion, chopped ▪ 1 carrot, peeled and cut into rounds 	<ul style="list-style-type: none"> ▪ 1 stalk celery, diced ▪ ¼ tsp sea salt (optional) ▪ ½ tsp nutmeg ▪ ¼ cup lentils 	
Place chicken, broth and water in a pan. Bring to a boil and skim foam. Reduce heat; add vegetables, seasonings and rice. Cover; simmer 40-50 minutes or until chicken is tender. Remove check and save for other use.		
✓ LOVED IT!	✓ Didn't like it	

Bunches of Broccoli	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 bunch of broccoli ▪ 2 tbsp butter 	<ul style="list-style-type: none"> ▪ Sea salt & cayenne pepper, to taste ▪ 1 tsp fresh lemon juice 	
Steam broccoli tops until tender crisp. Drain. Melt butter in skillet over low heat. When butter begins to brown, add lemon juice, salt and pepper. Pour over hot broccoli. 3-4 servings		
✓ LOVED IT!	✓ Didn't like it	

Broccoli and Chicken Divine	60 min	Serves 4
<ul style="list-style-type: none"> ▪ 1 – 3 pound chicken ▪ ¼ pound broccoli, sliced ▪ ½ cup Candida friendly mayonnaise 	<ul style="list-style-type: none"> ▪ 1 medium sweet yellow onion, chopped ▪ 1 tsp garlic powder ▪ Sea salt to taste, optional 	
<ol style="list-style-type: none"> 1. Cover chicken with water in pan. Boil uncovered; reduce heat and cover. Simmer 40 minutes or until tender; cool. 2. Remove bones and skin. Cut into small cubes. 3. Cook broccoli separately until tender; drain, cool and chop. 4. Mix chicken, broccoli, mayonnaise, onion and seasonings in bowl. This may be reheated before serving or serve cold.		
✓ LOVED IT!	✓ Didn't like it	

Stir Fry	20 min	Serves 2-3
<ul style="list-style-type: none"> 4 tsp Coconut oil 1 pound vegetables: Broccoli, cauliflower, onions, and green pepper 	<ul style="list-style-type: none"> 1 tbsp minced garlic 1 tsp fresh lemon juice 	
<ol style="list-style-type: none"> Heat oil in skillet over low heat. Add garlic and veggies. Cook until tender-crisp. Stir in lemon juice. 4 servings 		
✓ LOVED IT!	✓ Didn't like it	

Brussels Delight	60 min	Serves 2
<ul style="list-style-type: none"> 1/8 c. olive oil 5-6 Brussels sprouts 1-2 cloves garlic, peeled and quartered 	<ul style="list-style-type: none"> 3-4 ounces of chicken, cubed 1/2 onion, diced 	
Combine all in frying pan, when sprouts, onion, and garlic have caramelized, or browned, and when chicken is cooked through, take off heat, enjoy.		
✓ LOVED IT!	✓ Didn't like it	

Clam Chowder	25 min	Serves 4
2 large tomatoes, peeled, cored and pureed 1 c. water 1 medium red bell pepper, diced 1 medium yellow onion, finely chopped	1 garlic clove, minced 1 T. fresh parsley, chopped 1 T. fresh sage, chopped 1 T. fresh thyme, chopped	
Combine all ingredients in large pan; mix and bring to a boil. Reduce heat and simmer 10-15 minutes or until vegetables are tender.		
✓ LOVED IT!	✓ Didn't like it	

Detox Mixture

Detox Mixture	5 mins	Serves 1
<ul style="list-style-type: none"> 1 1/2 cups fresh lemon juice 2 quarts Distilled Water 1/3 cup pure maple syrup (for women) Or <ul style="list-style-type: none"> 1/2 cup pure maple syrup (for men) 		
✓ LOVED IT!	✓ Didn't like it	

SHOPPING LIST

Vegetables

Fresh or frozen only, organic if possible

Artichokes
Alfalfa sprouts
Asparagus
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 (Beginning on Day 23)

Avocados**
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

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
Brown Basmati Rice
Brown Rice
Wild Rice

Dairy

Organic Free Range Eggs
Organic Butter

Oils

Coconut Oil
Flaxseed Oil
Grape seed Oil
Extra Virgin Olive Oil

Condiments

Real Sea Salt
Fresh Spices and seasonings
Fresh Basil/ oregano etc.
Bragg's Liquid Aminos

Beverages

Distilled water (during detox)
Spring Water
Purified Water

**** These fruits are
permissible from Day 1 ****

EXAMPLE MENU

Excluding detox days.

BREAKFAST

Veggie Scramble

OR

Chocolate Dream Shake

LUNCH

Confetti Salad

OR

Mediterranean Salad

DINNER

Broccoli and Rice

OR

Stir Fry

EXAMPLE MENU (Starting Day 23)

Excluding detox days.

BREAKFAST

Bowl of sliced fruit with squeeze of lemon

OR

Fruit Smoothie

LUNCH

Garden Salad with Energy Dressing

OR

Creamy Celery Soup

DINNER

Mock "Mashed Potatoes"

OR

Spicy Taco Crunch Wraps