

5-WEEK DIABETES PROGRAM

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5-WEEK DIABETES

PROGRAM BREAKDOWN



✓ Products and Services Received	Price
1 Diabetes Supplement Kit	\$728.00
5 Weekly Evaluations to review progress	\$150.00
5 Personal Training visits customized specifically for you	\$250.00
5 Sauna treatments for detoxification	\$250.00
1 Follow up Evaluation at the completion of this program	\$50.00
24 Hours a day phone access to the Doctor and Staff	Priceless!
Total Price for Everything	\$1,428.00

The 5-Week Solutions4 Diabetes Program

Our goal is to help the body heal itself naturally. When your body is really healthy, you will be able to easily maintain healthy blood sugar levels and keep your Diabetes under control.

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 with Diabetes.

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 Solutions4 Supplements will help nourish and cleanse vital organs that perform blood sugar regulation functions. Specific supplements will slow the rate of blood sugar spikes and help to control appetite. The Solutions4 Nutritional Shake is a great way to replace a balanced meal. The Nutritional Shake as well as the included supplements in the Diabetes Program will all work together to help maintain healthy blood glucose levels.

We are honored to partner with you in the new and exciting adventure into improved health!

What is Diabetes?

Diabetes Mellitus is an ailment that occurs when the Pancreas is unable to secrete enough Insulin to maintain a normal blood sugar level, leading to high Blood Sugar levels. Diabetes can lead to serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.

From the *American Diabetes Association*®

Diabetes often goes undiagnosed because many of its symptoms seem so harmless. Recent studies indicate that the early detection of diabetes symptoms and treatment can decrease the chance of developing the complications of diabetes.

Symptoms of Diabetes:

Type 1 Diabetes

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue and Irritability

Type 2 Diabetes*

- Any of the type 1 symptoms
- Frequent infections
- Blurred vision
- Cuts/bruises that are slow to heal
- Tingling/numbness in the hands/feet
- Recurring skin, gum, or bladder infections

*often people with Type 2 Diabetes have no symptoms at all

More Comments about Diabetes

Diabetes cases are growing at lightning speed. Nearly 14 percent of men and 12 percent of women over 30 in the United States have diabetes, and close to one-third of them don't know it. In most cases they also have a hard time losing weight.

But even worse are those with pre-diabetes, who are a hair's breath away from the full-blown disease. Nearly one in four people in the U.S. have pre-diabetes. That is just absolutely amazing. Again, many are walking around clueless that they have this illness. This is why we had you fill out the symptom assessment to enable us to see if you were in this danger zone of Diabetes.

Further, in the next 25 years the number of people with diabetes is expected to double to over 44 million, while annual costs for treating those patients are expected to nearly triple from the current \$113 billion to \$336 billion.

It's a disease that is becoming so commonplace that it's easy to overlook the very serious consequences it can have on your health.

But diabetes is not a disease to be taken lightly. It increases your risk of heart disease and brings on fatal and non-fatal heart attacks, strokes and other cardiovascular events 15 years earlier than in those without diabetes, as well as significantly shortens your lifespan.

The additional health complications that diabetes fosters are numerous, and quite serious, including:

- Heart disease and stroke
- High blood pressure
- Blindness
- Kidney disease
- Nervous system disease
- Amputations
- Dental disease
- Pregnancy complications

Why are Diabetes Cases Surging?

The latest statistics on diabetes in the US are a very sad testament and a major clue that conventional medicine has it all wrong; their standard diabetes recommendations -- both in terms of medication and nutrition -- are incorrect.

At best, they simply do not work. At worst, they're aggravating your problem and speeding up the deteriorating disease process.

By some estimates, diabetes has increased more than 700 percent in the last 50 years. What does this tell you about the advice you've been given and the direction you've been led in by conventional medicine?

Unfortunately, the vast majority of physicians are still seriously confused about this issue.

Serious Problems With Conventional Diabetes Recommendations

Diabetes is NOT a blood sugar disease like your doctor may have led you to believe.

Type 2 diabetes is a disease caused by insulin resistance and faulty leptin signaling, both of which are regulated through your diet.

Until that concept becomes well-known in both the medical community and by the public at large, the misconception about what diabetes is and the appropriate way to treat it will continue to be promoted. Conventional treatment that is focused on fixing the symptom of elevated blood sugar, rather than addressing the underlying disease, is doomed to fail in most cases. Treatments that concentrate merely on lowering blood sugar while raising insulin levels can actually worsen rather than remedy the actual problem of metabolic miscommunication. It just trades one evil for another.

Since most treatments for type 2 diabetes utilize drugs that either raise insulin or lower blood sugar, the tragic result is that the typical, conventional medical treatment for diabetes contributes to the additional diseases and the shortened lifespan that diabetic's experience.

Let me assure you, the cure for type 2 diabetes has **NOTHING** to do with giving insulin. Giving someone with type 2 diabetes insulin is one of the **WORST** things that can be done. Any physician doing this is suffering from ignorance of insulin physiology.

If You Have Diabetes, You Need to Know About Leptin

The hormone leptin is largely responsible for the accuracy of insulin signaling and whether you become insulin resistant or not.

Leptin, a relatively recently discovered hormone produced by fat, tells your body and brain how much energy it has, whether it needs more (saying "be hungry"), whether it should get rid of some (and stop being hungry) and importantly what to do with the energy it has (reproduce, upregulate cellular repair, or not).

In fact, the two most important organs that may determine whether you become (type 2, insulin resistant) diabetic or not are your liver and your brain, and it is their ability to listen to leptin that will determine this.

When your blood sugar becomes elevated it is a signal for insulin to be released to direct the extra energy into storage. A small amount is stored as a starch called glycogen in your body, but the majority is stored as your main energy supply -- fat. Thus, in this regard insulin's major role is not to lower sugar, but to take the extra energy and store it for future times of need, causing obesity.

Insulin lowers your blood sugar as a side effect of directing the extra energy into storage.

This is why treatments that concentrate merely on lowering blood sugar for diabetes while raising insulin levels can actually worsen rather than remedy the actual problem of metabolic miscommunication.

Please understand that if you only implement strategies to treat your blood sugar level, you are destined for premature death. Taking insulin is one of the **WORST** things you can do, as it will actually make your insulin and leptin resistance worse over time.

According to recent estimates, the total number of Americans with diabetes will almost double in the next 25 years -- from the current 23.7 million to 44.1 million in 2034. Annual costs for treating those patients are expected to soar, nearly tripling from the current \$113 billion to some \$336 billion.

The figures are, if anything, on the conservative side, since they are based on the notion that obesity levels will plateau, and even decline, by 2033. If actual prevalence outpaces these estimates, the cases of diabetes, and resulting costs, could be even higher.

Past estimates often dramatically underestimated just how quickly the problem would grow. Figures from 1991 projected that some 11.6 million Americans would have diabetes by 2030. In fact, that's fewer than half of the total number of Americans with diabetes right now.

Sources:

- **Time November 27, 2009**
- **Diabetes Care December 2009, vol. 32 no. 12 2225-2229**

Most Diabetes Cases Can be Cured With Lifestyle Changes

Nearly 100 percent of type 2 diabetics can be successfully treated -- meaning you will no longer have the symptoms of diabetes, or the high risk of developing health complications -- if you are willing to implement the diabetes program correctly.

If you follow these recommendations, your likelihood of successfully going off of drugs (under the direction of your prescribing physician) and having normal blood sugars is close to 100%, as treating type 2 diabetes is simply a matter of implementing some basic strategies to improve your insulin and leptin resistance:

1. Exercise

Exercise is an absolutely essential factor, without which you're highly unlikely to get this disease under control. It is clearly one of the most potent ways to lower your insulin and leptin resistance.

Typically, you'll need large amounts of exercise, until you get your blood sugar levels under control. You may need up to an hour or two a day. Naturally, you'll want to gradually work your way up to that amount, based on your current level of fitness.

2. Eliminate Grains and Sugars

For the last 50 years, many people have been following the nutritional recommendations dictated by conventional health agencies, which advise a high complex carbohydrate, low saturated fat diet. The end result has been a 700 percent increase in diabetes in the same time frame and many have come to view diabetes as an incurable chronic disease...

This is clearly not true; rather, it's the inevitable result of seriously flawed dietary recommendations. Instead, you'll want to eliminate foods that your body will react to by creating insulin, which includes all types of sugars and grains -- even "healthy" grains such as whole, organic grains. This means avoiding all breads, pasta, cereals, rice, potatoes, and corn (which is in fact a grain). You may even need to avoid fruits until your blood sugar is under control.

3. Monitor Your Fasting Insulin Level

This is every bit as important as your fasting blood sugar. You'll want your fasting insulin level to be between 2 to 4. The higher your level, the worse your insulin receptor sensitivity is. The recommendations mentioned above are the key steps you need to achieve this reduction.

4. Optimize Your Vitamin D Level

Interestingly, optimizing your vitamin D levels can not only help improve type 2 diabetes if you have it, but can likely eliminate the risk of type 1 diabetes in your children if you are pregnant. It's also vital for infants to receive the appropriate amounts of vitamin D in their early years for these same reasons.

Ideally, you'll want to do this by exposing a large amount of your skin to appropriate amounts of sunshine (or a safe tanning bed) on a regular basis, year-round. Your body can safely create up to 20,000 units of vitamin D a day this way.

However, if neither of these options are available, you may want to use an oral vitamin D3 supplement. Solutions4 has a great vitamin D3 supplement. Maintaining your vitamin D levels around 2000 iu's per day can significantly help control your blood sugar.

These are the top steps you should take, starting today, if you have type 2 diabetes. Doing so will virtually guarantee that your diabetes will disappear. And if you want to make sure you are not one of the millions impacted by the coming diabetes epidemic, these same steps will help you to stay healthy and diabetes-free.

The Solutions4 Diabetes Program:

The goal of this program is to rid the body of toxins to achieve a healthy state in which the body is better suited to regulate blood sugar. In doing so you will eliminate the following from your diet; all refined sugar, all flour, all grains (except those specified), all dairy, red meat, pork. Doing so will give you amazing results in restoring health to your body. Instead of the latter your diet will consist mainly of Vegetables, Fruit, Lean Meats, Lentils, Rice and Healthy Oils.

The Solutions4 supplements will help nourish and cleanse vital organs that perform blood sugar regulation functions. Specific supplements will slow the rate of blood sugar spikes and help to control appetite. Using the supplements in this program will help your blood sugar levels at a healthy constant.

FOOD LIST

Vegetables

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

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

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

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

Lettuce and Greens

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

Fruits

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

Lean Meat:

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
Halibut	Trout
Mahi Mahi	Tuna
	Canned Fish - Water packed tuna

Lentils and Rice:

Brown Lentils
Red Lentils
Basmati Rice
Brown Rice
Wild Rice

Oils:

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

Salt and Spices:

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

Juices:

Fresh Vegetable Juices
Fresh Fruit Juices

Water:

Distilled Water (Preferred)

Filtered Water

Pure Water

Spring Water

*Remember to drink a minimum of half your body weight in ounces
 $\text{_____ (body weight)/2 = _____ ounces of water intake a day}$

AVOID GROUP:

Alcohol, Caffeine, Tobacco or other stimulants

All Coffee and Tea (including herbal)

All Dairy – All hard cheeses are made from mold. (Organic eggs and organic butter are exceptions.)

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

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

Grains (With the exception of wild or brown rice)

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

Mixed seasonings and spice rubs like Mrs. Dash etc.

Processed or Refined Foods

Refined White Flour

Refined White Sugar

MSG or Chemicals

Starchy Vegetables:

Hominy

White Rice

Yams

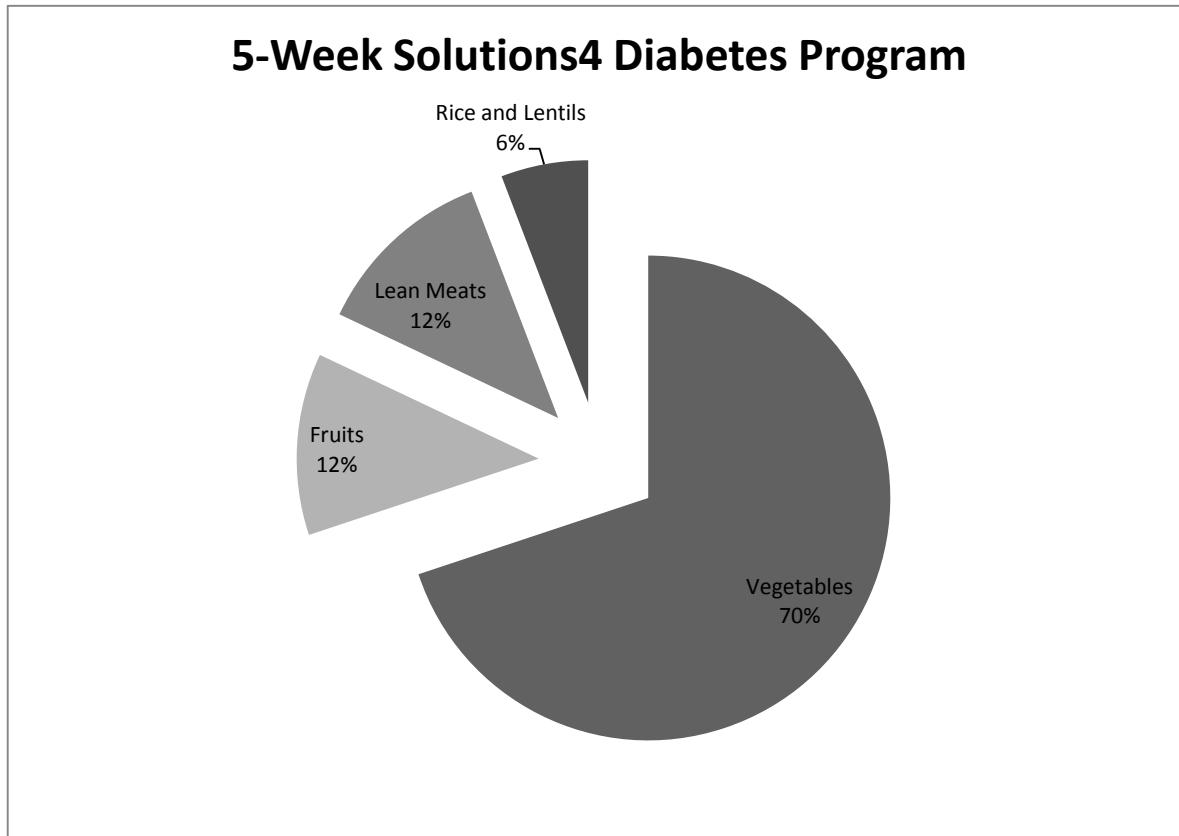
Potatoes

Corn

Dried Beans

Structuring your diet on the DIABETES PROGRAM

Your diet should consist mostly of green leafy vegetables. Use the graph below to guide your choices when planning meals. The easiest way to incorporate more greens into your diet is to plan meals around salads. An easy way to get your daily amount of fruit is to have it for breakfast in the morning or to add it to one of your two Nutritional Shakes per day. 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.



DETOXIFICATION

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

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

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

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

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

Benefits of Detoxification

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

HEALING CRISIS

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

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

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

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

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

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

Please be aware that it is just as important for your body to come off detoxification correctly as it is to detoxify. Your body is in a cleansing mode and will continue until clogging foods are reintroduced. As

you finish Detoxification, continue taking the herbs until they are gone. Many of the ill-feeling symptoms that you may have been experiencing will have already begun to disappear. In fact, the three day cleanse is pretty dramatic. You will have lost 2-8 pounds, and will have begun eliminating some of the 5-27 pounds of waste that are being stored in the colon. If you are on medication, ask your prescribing doctor to work with you as you go through this program. Start consuming fresh fruit, 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 DIABETES PROGRAM

ANTIOXIDANT

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

APPETITE APPEASER

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

BODY PURIFIER

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.

CELLULITE CLEANSER

Stimulates the circulatory system and the lymphatic system to prevent water retention, and sweeps away toxins and waste materials harboring in the connective tissues. It then promotes the elimination function for these unwanted substances to eliminate from the body.

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 renewal. Regulates cholesterol levels, reduces risk of strokes, cancer and diabetes.

HEAT – EXCERSIZE GEL

Cold feet may be a sign of circulation problems and lack of blood flow to the feet and toes is common for those with diabetes. Using HEAT on your feet at night will increase the circulation in your feet and will also help expel toxic waste fluid thus helping with the detoxification process.

INTESTINAL CLEANSER

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

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.

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 5-Week Diabetes Program

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

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

Here are our recommendations:

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

DAY 1

Date: ___ / ___ / ___

No meat, lentils or rice today. Prep day #1 for DETOX #1.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Rub Exercise Gel on Feet

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY**TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 1?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 2

Date: ___ / ___ / ___

No meat, lentils or rice today. Prep day #2 for DETOX #1.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.

9:00 a.m. to 12:00 p.m. – Mid-Morning:

		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.

3:00 p.m. to 6:00 p.m. – Mid-Afternoon:

		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Rub Exercise Gel on Feet

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Did you applaud yourself for a great day # 2?	

DAY 3 – 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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Cranberry Mix: 16 ounces

12:00 p.m. to 3:00 p.m.

Continue to drink Cranberry Mix

3:00 p.m. to 6:00 p.m.

Nutritional shake: 2 scoops

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a completing the first detox day?

DAY 4 – 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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Cranberry Mix: 16 ounces

12:00 p.m. to 3:00 p.m.

Continue to drink Cranberry Mix

3:00 p.m. to 6:00 p.m.

Nutritional shake: 2 scoops

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a completing the second detox day?

DAY 5

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Rub Exercise Gel on Feet

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 5?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 6

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Rub Exercise Gel on Feet

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALOTTED FOR THE DAY**TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 6?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 7

Date: ___ / ___ / ___

Choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Rub Exercise Gel on Feet

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALOTTED FOR THE DAY**TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 7?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 8 – WEEK 2

Date: ___ / ___ / ___

Notice today's supplements have changed slightly. Prep day #1 for DETOX #2. No meat, lentils or rice today.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you exercise? ___ Min	<input type="checkbox"/> If stressed, did you use any relaxation
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	techniques?
<input type="checkbox"/> Did you applaud yourself for a great day # 8?	

DAY 9

Date: ___ / ___ / ___

Prep day #2 for DETOX #2. No meat, lentils or rice today.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY**TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you exercise? ___ Min	<input type="checkbox"/> If stressed, did you use any relaxation
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	techniques?
<input type="checkbox"/> Did you applaud yourself for a great day # 9?	

DAY 10 – DETOX #2

Date: ___ / ___ / ___

Notice the DETOX Mix is different from the Cranberry Mix:

AM SUPPLEMENTS:

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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Detox Mix ½ strength.

Mix 1 oz. or pure maple syrup (1/8 cup) with 3 oz. or pure lemon juice. Fill Solutions4 sipper bottle to the top with water. Makes 32 oz.

12:00 p.m. to 3:00 p.m.

Continue to drink Detox Mix

3:00 p.m. to 6:00 p.m.

Nutritional shake: 2 scoops

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a great day #10?

DAY 11 – DETOX #2

Date: ___ / ___ / ___

Last DETOX day for the week.

AM SUPPLEMENTS:

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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Detox Mix ½ strength.

Mix 1 oz. or pure maple syrup (1/8 cup) with 3 oz. or pure lemon juice. Fill Solutions4 sipper bottle to the top with water.

Makes 32 oz.

12:00 p.m. to 3:00 p.m.

Continue to drink Detox Mix

3:00 p.m. to 6:00 p.m.

Nutritional shake: 2 scoops

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a completing your second day on your second DETOX!!!
-

DAY 12

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you exercise? ___ Min	<input type="checkbox"/> If stressed, did you use any relaxation
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	techniques?
<input type="checkbox"/> Did you applaud yourself for a great day # 12?	

DAY 13

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you exercise? ___ Min	<input type="checkbox"/> If stressed, did you use any relaxation
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	techniques?
<input type="checkbox"/> Did you applaud yourself for a great day # 13?	

DAY 14

Date: ___ / ___ / ___

Choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

Calories	Circle One
	Hungry / Emo.
	Hungry / Emo.
	Hungry / Emo.

9:00 a.m. to 12:00 p.m. – Mid-Morning:

			Hungry / Emo.
			Hungry / Emo.
			Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

Calories	Circle One
	Hungry / Emo.
	Hungry / Emo.
	Hungry / Emo.

3:00 p.m. to 6:00 p.m. – Mid-Afternoon:

			Hungry / Emo.
			Hungry / Emo.
			Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

Calories	Circle One
	Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you exercise? ___ Min	<input type="checkbox"/> If stressed, did you use any relaxation
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	techniques?
<input type="checkbox"/> Did you applaud yourself for a great day # 14?	

DAY 15 – WEEK 3

Date: ___ / ___ / ___

Notice a change in supplementation and plan accordingly. No meat, lentils or rice today. Prep day #1 for DETOX #3.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 6	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If r emotional reasons, did you use SMT?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	<input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you applaud yourself for a great day # 15?	

DAY 16

Date: ___ / ___ / ___

No meat, lentils or rice today. Prep day #2 for DETOX #3.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 6	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DAY 17 – DETOX #3

Date: ___ / ___ / ___

You know what to expect by now. Be proud of yourself for the way you are treating your body!

AM SUPPLEMENTS:

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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Detox Mix ½ strength.

(Mix 1 oz. or pure maple syrup (1/8 cup) with 3 oz. or pure lemon juice. Fill Solutions4 sipper bottle to the top with water. Makes 32 oz.)

12:00 p.m. to 3:00 p.m.

Continue to drink Detox Mix

3:00 p.m. to 6:00 p.m.

Continue to drink Detox Mix

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a great day #17?

DAY 18 – DETOX #3

Date: ___ / ___ / ___

Last day of detox.

AM SUPPLEMENTS:

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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Detox Mix ½ strength.

(Mix 1 oz. or pure maple syrup (1/8 cup) with 3 oz. or pure lemon juice. Fill Solutions4 sipper bottle to the top with water. Makes 32 oz.)

12:00 p.m. to 3:00 p.m.

Continue to drink Detox Mix

3:00 p.m. to 6:00 p.m.

Continue to drink Detox Mix

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a great day #18?

DAY 19

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 6	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<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	
<input type="checkbox"/> Did you applaud yourself for a great day # 19?	

DAY 20

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 6	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<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	
<input type="checkbox"/> Did you applaud yourself for a great day # 20?	

DAY 21

Date: ___ / ___ / ___

Choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

Calories	Circle One
	Hungry / Emo.
	Hungry / Emo.
	Hungry / Emo.

9:00 a.m. to 12:00 p.m. – Mid-Morning:

Calories	Circle One
	Hungry / Emo.
	Hungry / Emo.
	Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1	

12:00 p.m. to 3:00 p.m. – Lunch:

Calories	Circle One
	Hungry / Emo.
	Hungry / Emo.
	Hungry / Emo.

3:00 p.m. to 6:00 p.m. – Mid-Afternoon:

Calories	Circle One
	Hungry / Emo.
	Hungry / Emo.
	Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 3
<input type="checkbox"/> Fiber Blend: 6	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

Calories	Circle One
	Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you 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"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 21?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 22 – WEEK 4

Date: ___ / ___ / ___

Notice a change in supplementation and plan accordingly. No meat, lentils or rice today. Prep day #1 for DETOX #4.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Body Purifier: 3	<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"/> Intestinal Cleanser: 3
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1	

6:00 p.m. to 9:00 p.m. – Dinner:	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Did you applaud yourself for a great day # 22?	

DAY 23

Date: ___ / ___ / ___

No meat, lentils or rice today. Prep day #2 for DETOX #4.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Intestinal Cleanser: 3

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Did you applaud yourself for a great day # 23?	

DAY 24 – DETOX #4

Date: ___ / ___ / ___

AM SUPPLEMENTS:

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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Detox Mix full strength

Mix 1 oz of pure maple syrup with 2 oz. of pure lemon juice. Fill to top of Solutions4 sipper bottle with distilled water. (Or just follow the instructions on the sipper bottle.) Makes 32 oz.

12:00 p.m. to 3:00 p.m.

Continue to drink detox mix.

3:00 p.m. to 6:00 p.m.

Continue to drink detox mix.

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a great day #17?

DAY 25 – DETOX #4

Date: ___ / ___ / ___

Last day of detox.

AM SUPPLEMENTS:

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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Detox Mix full strength

Mix 1 oz of pure maple syrup with 2 oz. of pure lemon juice. Fill to top of Solutions4 sipper bottle with distilled water. Makes 32 oz.

12:00 p.m. to 3:00 p.m.

Continue to drink detox mix.

3:00 p.m. to 6:00 p.m.

Continue to drink detox mix.

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a great day #25?

DAY 26

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Body Purifier: 3	<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"/> Intestinal Cleanser: 3
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1	

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you exercise? ___ Min	<input type="checkbox"/> If stressed, did you use any relaxation
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	techniques?
<input type="checkbox"/> Did you applaud yourself for a great day # 26?	

DAY 27

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Body Purifier: 3	<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"/> Intestinal Cleanser: 3	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<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	
<input type="checkbox"/> Did you applaud yourself for a great day # 27?	

DAY 28

Date: ___ / ___ / ___

Choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Body Purifier: 3	<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"/> Intestinal Cleanser: 3	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 28?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 29 – WEEK 5

Date: ___ / ___ / ___

Notice a change in supplementation and plan accordingly. No meat, lentils or rice today. Prep day #1 for DETOX #5.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<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: 1	<input type="checkbox"/> Intestinal Cleanser: 3	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE		
✓ = YES x = NO (Check Daily)		

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 29?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 30

Date: ___ / ___ / ___

No meat, lentils or rice today. Prep day #2 for DETOX #5.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<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: 1	<input type="checkbox"/> Intestinal Cleanser: 3	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 30?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 31 – DETOX #5

Date: ___ / ___ / ___

Congratulations! This is your last DETOX!

AM SUPPLEMENTS:

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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Detox Mix full strength

Mix 1 oz of pure maple syrup with 2 oz. of pure lemon juice. Fill to top of Solutions4 sipper bottle with distilled water. (Or just follow the instructions on the sipper bottle.) Makes 32 oz.

12:00 p.m. to 3:00 p.m.

Continue to drink detox mix.

3:00 p.m. to 6:00 p.m.

Continue to drink detox mix.

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

V = YES x = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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

- Did you applaud yourself for a great day #17?

DAY 32 – DETOX #5

Date: ___ / ___ / ___

Last DETOX of the program

AM SUPPLEMENTS:

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

6:00 a.m. to 9:00 a.m.

Nutritional shake: 2 scoops

9:00 a.m. to 12:00 p.m.

Detox Mix full strength

Mix 1 oz of pure maple syrup with 2 oz. of pure lemon juice. Fill to top of Solutions4 sipper bottle with distilled water. Makes 32 oz.

12:00 p.m. to 3:00 p.m.

Continue to drink detox mix.

3:00 p.m. to 6:00 p.m.

Continue to drink detox mix.

6:00 p.m. to 9:00 p.m.

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

- Did your blood sugar level stay steady?
- 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- 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
- Did you applaud yourself for a great day #25?

DAY 33

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<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: 1	<input type="checkbox"/> Intestinal Cleanser: 3	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a great day # 33?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 34

Date: ___ / ___ / ___

No meat, lentils or rice today. Otherwise choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 2	<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: 1	<input type="checkbox"/> Intestinal Cleanser: 3	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:

	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you eat 5 small meals today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you follow nutrition guidelines for the day?	Rate your stress level today (1=low, 10=high)
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	1 2 3 4 5 6 7 8 9 10
<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	
<input type="checkbox"/> Did you applaud yourself for a great day # 34?	

DAY 35

Date: ___ / ___ / ___

Congratulations! This is your last day on the Solutions4 Diabetes Program! Please read the article on the following page for advice on healthy eating after this program.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 1

6:00 a.m. to 9:00 a.m. - Breakfast:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
9:00 a.m. to 12:00 p.m. – Mid-Morning:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 2	<input type="checkbox"/> Cellulite Cleanse: 3	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Liquid Calcium: 3	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Vitamin D: 1			

12:00 p.m. to 3:00 p.m. – Lunch:	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
3:00 p.m. to 6:00 p.m. – Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appearer: 2	<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: 1	<input type="checkbox"/> Intestinal Cleanser: 3	<input type="checkbox"/> Liquid Calcium: 4
<input type="checkbox"/> Rub Exercise Gel on Feet	<input type="checkbox"/> Vitamin D: 1		

6:00 p.m. to 9:00 p.m. – Dinner:	Calories	Circle One
		Hungry / Emo.

CALORIES YOU ARE ALLOTTED FOR THE DAY

TOTAL CALORIES YOU ATE

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Did your blood sugar level stay steady? <input type="checkbox"/> Did you eat 5 small meals today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Did you follow nutrition guidelines for the day? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Did you applaud yourself for a program?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? 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?
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DAY 36 and Beyond

Once someone has gone through a 5-Week Diabetes Program, they should be feeling like a completely new person. Blood sugar levels will be more under control, 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

SHOPPING LIST

Vegetables

Fresh or frozen only, organic if possible

Artichokes
Alfalfa sprouts
Asparagus
Avocados
Bean sprouts
Beets
Bok Choy
Broccoli
Brussels sprouts
Cabbage, Chinese
Cabbage, Red
Carrots
Cauliflower
Celery
Cucumber
Eggplant
Garlic
Green Beans
Green Onions
Lima Beans
Leek
Onion
Parsley
Parsnips
Pepper, Green
Pepper, Red
Snap Beans (Edible Pods)
Snow Peas (Sugar Peas)
String Beans
Sprouts
Zucchini

Greens

Arugula
Boston lettuce
Butter Lettuce
Collard Greens
Green Leaf
Iceberg
Kale
Mesclun
Radicchio
Red Leaf
Romaine

Spinach

Swiss chard
Watercress

Fruits

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

Dried Fruits

Currants
Dates
Figs
Raisins
Prunes

Nuts and Seeds

Almonds
Brazil Nuts
Cashews
Macadamia

Pecans

Pine Nuts
Pistachios
Sesame Seeds
Sunflower Seeds
Walnuts

Lean Meats

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

Lentils / Rice

Brown Lentils
Red Lentils
Basmati Rice
Brown Rice
Wild Rice

Oils

Coconut Oil
Flaxseed Oil
Grape seed oil
Organic Butter

Condiments

Real Sea Salt

Beverages

Distilled water

Recipes

Shakes

Standard Shake	5 min	Serves 1
<ul style="list-style-type: none">▪ 1 cup water▪ $\frac{1}{2}$ banana (frozen optional)▪ 3-5 frozen strawberries	<ul style="list-style-type: none">▪ $\frac{1}{4}$ orange▪ 1 tbsp flaxseed oil▪ 2 scoops Solutions4's Strawberry, Orange Cream or Vanilla	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Citrus Berry Splash	5 min	Serves 1
<ul style="list-style-type: none">▪ 2 scoops Solutions4's Orange▪ $\frac{1}{2}$ cup blackberries▪ $\frac{1}{4}$ cup blueberries▪ $\frac{1}{2}$ cup strawberries	<ul style="list-style-type: none">▪ $\frac{1}{2}$ banana (optional)▪ The juice from 2 freshly squeezed oranges▪ 1-2 cups ice cubes	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Snack Shake	5 min	Serves 1
<ul style="list-style-type: none">▪ 1 scoop of Chocolate, Vanilla, Strawberry, or Orange Cream Solutions4's Nutritional Shake▪ Ice and water to equal 8 oz.		

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Strawberry Twist	5 min	Serves 1
<ul style="list-style-type: none">▪ 1 cup strawberries▪ 1 cup freshly juiced carrots▪ 1 tbsp flaxseed oil▪ $\frac{1}{2}$ banana (optional)	<ul style="list-style-type: none">▪ The juice from 2 freshly squeezed oranges▪ 1-2 cups ice cubes▪ 2 scoops Solutions4's Strawberry or Vanilla	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Banana Berry Blast	5 min	Serves 1
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ c. blackberries ▪ $\frac{1}{4}$ c. blueberries ▪ $\frac{1}{2}$ c. strawberries ▪ $\frac{1}{2}$ banana (optional) 	<ul style="list-style-type: none"> ▪ The juice from 2 freshly squeezed oranges ▪ 1-2 cups ice cubes ▪ 2 scoops Strawberry or Vanilla Solutions4's Nutritional Shake 	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Triple Delight	5 min	Serves 1
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup fresh pineapple ▪ $\frac{1}{2}$ banana ▪ $\frac{1}{2}$ cup Frozen peaches 	<ul style="list-style-type: none"> ▪ 1-2 cups ice cubes ▪ 2 scoops Vanilla Solutions4's Nutritional Shake 	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Spinach Shake	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 cup fresh raw spinach ▪ 1 tbsp simply sweet ▪ $\frac{1}{2}$ banana ▪ 1 orange ▪ $\frac{1}{2}$ cup fresh pineapple chunks 	<ul style="list-style-type: none"> ▪ 2 scoops Strawberry or Orange Solutions4's Nutritional Shake 	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Carrot Lemonade	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 4-5 medium carrots ▪ 1 mildly tart apple (Fuji or gala work nicely) 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ medium lemon ▪ 1 small 1.5"-2" wedge red cabbage ▪ 1 round of ginger (the size of a quarter) 	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Strawberry Shake	5 min	Serves 1
<ul style="list-style-type: none"> ▪ Ice and water to equal 8 oz. ▪ 1 banana 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup of strawberries ▪ 2 scoops Solutions4's of Chocolate or Vanilla Nutritional shake 	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Creamy Shake	5 min	Serves 1
<ul style="list-style-type: none"> ▪ Ice and water to equal 8 oz. ▪ 1 banana 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup of strawberries ▪ 2 scoops Solutions4's of Orange Cream or Vanilla Nutritional shake 	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Tropical Shake	5 min	Serves 1
<ul style="list-style-type: none"> ▪ Ice and water to equal 8 oz. ▪ 1 banana 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup of pineapple ▪ 2 scoops Solutions4's of Orange Cream or Vanilla Nutritional shake 	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Peach Shake	5 min	Serves 1
<ul style="list-style-type: none"> ▪ Ice and water to equal 8 oz. ▪ 1 banana 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup of peaches ▪ 2 scoops Solutions4's of Orange Cream or Vanilla Nutritional shake 	

Combine all ingredients in a blender and blend well.

LOVED IT! Didn't like it

Salads

Garden Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ One head of romaine lettuce tossed ▪ $\frac{1}{2}$ cup Cherry Tomatoes ▪ $\frac{1}{4}$ of an Onion, sliced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup diced Celery ▪ $\frac{1}{4}$ cup shredded Carrots 	
Combine all ingredients with desired amount of dressing.		
✓ LOVED IT!	✓ Didn't like it	
Crunchy Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ Head of Romaine lettuce ▪ $\frac{1}{4}$ cup chopped Kale ▪ $\frac{1}{2}$ Bell Pepper, sliced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup sliced Mushrooms ▪ $\frac{1}{2}$ Red Pepper, sliced 	
Place all ingredients in a bowl and toss.		
✓ LOVED IT!	✓ Didn't like it	
Veggie Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 Head of Romaine lettuce ▪ 1 Roma Tomato, diced ▪ $\frac{1}{2}$ Avocado, sliced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup Broccoli ▪ $\frac{1}{4}$ cup Cauliflower ▪ $\frac{1}{4}$ cup sliced Radishes 	
Place all ingredients in a bowl and toss.		
✓ LOVED IT!	✓ Didn't like it	
Cabbage and Tomato Salad	10 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups of Shredded cabbage or Cole slaw mix ▪ $\frac{1}{2}$ cup Grape tomatoes or sliced tomatoes 	<ul style="list-style-type: none"> ▪ 2 tsp. Annie's Natural Lemon and Chive Dressing ▪ Salt and Pepper to taste 	
In a portable container mix the cabbage, tomatoes and dressing, and salt and pepper. If you let it sit over night it's even better.		
✓ LOVED IT!	✓ Didn't like it	
Mediterranean Salad	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 4 tomatoes ▪ 2 cucumbers ▪ $\frac{1}{2}$ cup chopped black olives ▪ 1 cup chopped fresh parsley 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ chopped basil ▪ $\frac{1}{4}$ cup extra-virgin olive oil ▪ $\frac{1}{2}$ tsp Celtic salt ▪ Juice of 2 lemons 	
Combine all ingredients in bowl and toss well.		
✓ LOVED IT!	✓ Didn't like it	

Strawberry Salad	10 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups of Fresh Spinach ▪ $\frac{1}{2}$ cup of strawberries ▪ $\frac{1}{2}$ Avocado, sliced 		
Place all ingredients in a bowl and toss.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
Brussels Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 5-6 Brussels sprouts ▪ 5-6 whole white mushrooms ▪ 1 orange pepper ▪ $\frac{1}{8}$ c. olive oil 		
Lightly steam Brussels sprouts. Slice mushrooms and pepper. Combine sprouts, mushrooms, pepper and oil. Toss. Add salt/spices to taste.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

Dressings

Fruit Toppers

Top your salad with pureed fresh or frozen raspberries, freshly squeezed lemon, avocado, or other fruit to add zing to your greens.

Italian Marinade or Dressing	15 min	Serves 2
<ul style="list-style-type: none">▪ $\frac{1}{2}$ c. fresh lemon juice▪ $\frac{1}{4}$ c. water▪ $\frac{1}{3}$ c. olive oil	<ul style="list-style-type: none">▪ 1-2 cloves garlic, peeled and minced▪ $\frac{1}{4}$ t. sea salt, optional▪ 1 T. each coarsely chopped oregano and basil	

Refrigerate in jar 2-4 hours before using. Shake well before using.

LOVED IT! Didn't like it

Apple Cider Vinaigrette	15 min	Serves 2
<ul style="list-style-type: none">▪ 3 Tbs. organic apple cider vinegar▪ $\frac{1}{2}$ c. extra-virgin olive oil▪ $\frac{1}{4}$ tsp. sea salt	<ul style="list-style-type: none">▪ 1 tsp. oregano▪ $\frac{1}{8}$ tsp. freshly ground pepper	

Mix all ingredients together and refrigerate in a sealed container. Let dressing sit out for a few minutes before using.

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▪ $\frac{1}{8}$ tsp sea salt	<ul style="list-style-type: none">▪ Juice from half of a freshly squeezed lemon▪ $\frac{1}{3}$ cup flax oil	

Mash garlic cloves with Salt. Squeeze lemon juice into the mixture. Taste...if needed; add more salt, garlic, or juice. Add flax oil. Mix all ingredients together and pour over salad.

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 ▪ $\frac{1}{2}$ jalapeno pepper, diced 	<ul style="list-style-type: none"> ▪ 3 cloves fresh garlic, minced ▪ 2 tsp lime juice ▪ 6-8 large romaine lettuce leaves 	
<ol style="list-style-type: none"> 1. In a medium bowl mash the avocado. 2. Add remaining ingredients and stir until well mixed. 3. Spread 2-3 tbsp onto lettuce leaves and wrap 		
✓ LOVED IT!	✓ Didn't like it	

Fresh Mango Salsa	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 large mangos, 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"> 1. Chop the mango into small pieces. 2. Combine mango with remaining ingredients in a medium sized bowl and stir. 3. Wrap tightly and refrigerate for one day before serving or leave covered at room temperature to allow flavors to blend. May be stored in fridge for up to 5 days; try serving with celery or cucumber, or zucchini slices. 		
✓ LOVED IT!	✓ Didn't like it	

Pineappled Carrots	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 10 medium carrots, sliced ▪ 2 c. pineapple, peeled and cut into chunks ▪ $\frac{1}{2}$ c. water 		
In saucepan over low heat in water cook carrots until tender-crisp. Drain. Add pineapple chunks and heat. 10 servings.		
✓ LOVED IT!	✓ Didn't like it	

BananaAvo Pudding	10 min	Serves 6
<ul style="list-style-type: none"> ▪ 2 bananas ▪ 2 avocados 	<ul style="list-style-type: none"> ▪ Mint leaves (optional) ▪ $\frac{1}{2}$ cup berries of choice 	
Place 2 bananas and 2 avocados in a good blender. Let 'er rip! You're done! . Garnish with berries or other fruit, and/or mint leaves.		
✓ LOVED IT!	✓ Didn't like it	

Mango Grape Cabbage Infusion	10 min	Serves ---
<ul style="list-style-type: none">▪ Juice fresh green cabbage.▪ Juice red grapes		

The ratio of cabbage to grapes is up to you. Cabbage creates a slightly nutty/bitter taste and the grapes make it sweeter. Blend a mango then add the grape/cabbage mixture red grapes

✓ LOVED IT!

✓ Didn't like it

Dinners

Wonderful Steamed Artichokes	50 min	Serves 4
<ul style="list-style-type: none"> ▪ 4 artichokes ▪ 1 bay leaf ▪ Several slices of lemon 	<ul style="list-style-type: none"> ▪ 6 peppercorns ▪ 1 garlic clove 	

1. Wash artichokes.
2. Put water in a steaming pot. Add bay leaf, lemon slices, peppercorns, and garlic. Put a steamer tray over the water and bring to a boil.
3. Place artichokes on a tray with their leaves down and stems up.
4. Steam for 30 to 45 minutes. When an inner leaf is easily removed you know they are done.
5. Cut off the stem of the artichoke. Cut in half lengthwise and remove the fuzzy chokes with a spoon.
6. Rub the cut sides with the lemon wedge.
7. Place in medium saucepan and add water. Bring to a boil. Cover and reduce the heat to low and cook until tender. (25-30 minutes)
8. In a small bowl, combine the oil, lemon juice and garlic.
9. Drain the artichoke and serve with dip on the side

✓ LOVED IT!

✓ Didn't like it

Brussels Sprouts and Chicken Delight	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/8 cup olive oil ▪ 5-6 Brussels sprouts ▪ 1-2 cloves garlic, peeled and quartered ▪ ½ onion, diced ▪ 3-4 ounces of chicken, cubed 		

Combine all in frying pan. Brown the Brussels sprouts, onion, garlic and chicken. Enjoy.

LOVED IT!

✓ Didn't like it

Sautéed Asparagus	20 min	Serves 4
<ul style="list-style-type: none"> ½ pound asparagus, cut diagonally 4 cups of water 1 tbsp coconut oil 	<ul style="list-style-type: none"> Grated fresh gingerroot, to taste 1 garlic clove, minced ½ tsp sea salt, optional 	

1. Cover asparagus with water in pan. Bring to boil, reduce heat and cook 5 minutes. Drain.
2. Heat oil in large skillet. Add seasonings and asparagus. Sauté, stirring often, until tender.

✓ LOVED IT! ✓ Didn't like it

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Sautéed Spinach	10 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 2 tbsp extra virgin olive oil ▪ $\frac{1}{4}$ cup sliced onion ▪ 1 – 10 oz package fresh spinach, rinsed and torn 	<ul style="list-style-type: none"> ▪ 1 clove garlic, sliced ▪ Sea salt, to taste 	

Coat skillet with oil and heat to low heat. Add spinach and garlic, stirring often until spinach is wilted.

Season with salt.

✓ LOVED IT!

✓ Didn't like it

Spicy Taco Crunch Wraps	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 ripe avocado ▪ $\frac{1}{2}$ large onion ▪ $\frac{1}{4}$ cup fresh lemon juice 	<ul style="list-style-type: none"> ▪ 1/8 cup fresh parsley, chopped ▪ 1 $\frac{1}{2}$ tsp sea salt ▪ Romaine or leaf lettuce 	

1. Cut the avocado into chunks, and pour lemon juice over it.
2. Chop onion in a food processor, and then add the rest of the ingredients and process until smooth.
3. Spoon into a lettuce leaf and wrap! This tastes like a taco!

✓ LOVED IT!

✓ Didn't like it

Vegetable Delight	10 min	Serves 5
<ul style="list-style-type: none"> ▪ 1 cup Swiss chard ▪ 1 cup cauliflower ▪ 1 cup broccoli 	<ul style="list-style-type: none"> ▪ 1 cup carrots ▪ 1 cup onions ▪ 4 tsp coconut oil 	

1. Steam Swiss chard, cauliflower, broccoli, carrots, and onions until tender-crisp (about 3 minutes).
2. Coat skillet with oil and add vegetables. Stir fry about 3 minutes.

✓ LOVED IT!

✓ Didn't like it

Veggie Kabobs	30 min	Serves 6
Marinade	Kabob	
2 tbsp coconut oil	1 red bell pepper, seeded and cut into 2" cubes	
3 tbsp chopped fresh rosemary	1 yellow pepper, seeded and cut into 2" cubes	
2 garlic cloves, peeled and crushed	1 green pepper, seeded and cut into 2" cubes	
Juice of 2 lemons	1 onion cut into 2" cubes	
	24 cherry or grape tomatoes	
	12 wooden skewers	

1. Mix marinade. Add vegetables, turning to coat all sides.
2. Refrigerate 1 hour.
3. Divide the vegetables among 12 skewers and grill for 3 – 5 minutes, brushing on extra marinade and turning

✓ LOVED IT!

✓ Didn't like it

Tasty Marinated Vegetables	20 min	Serves 6
<ul style="list-style-type: none"> <li data-bbox="319 236 1005 249">▪ 2/3 cup fresh lemon juice <li data-bbox="319 249 1005 264">▪ 2-4 garlic cloves, chopped <li data-bbox="319 264 1005 312">▪ 2 tsp total dried parsley, basil, dill, celery seed or fennel 	<ul style="list-style-type: none"> <li data-bbox="876 236 1224 249">▪ 1 cup cold-pressed olive oil <li data-bbox="876 249 1224 264">▪ 4 pounds vegetables and/or sprouts <li data-bbox="876 264 1224 312">▪ ½ tsp sea salt, optional 	
<ol style="list-style-type: none"> <li data-bbox="319 312 1005 325">1. Combine lemon juice, garlic and herbs. Simmer 5 minutes. Cover and set aside. <li data-bbox="319 325 1005 337">2. Add oil when cooled to lukewarm. Cut vegetables in 1-2" pieces. <li data-bbox="319 337 1005 350">3. Steam vegetables such as cauliflower, broccoli or green beans first. <li data-bbox="319 350 1005 363">4. Toss all ingredients together. Add green onion if desired. <li data-bbox="319 363 1005 378">5. Pour marinade over and toss. <li data-bbox="319 378 1005 390">6. Marinate overnight in refrigerator 	<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it

Marinated Vegetables B	20 min	Serves 6
<ul style="list-style-type: none"> <li data-bbox="243 728 574 747">▪ 2/3 c. fresh lemon juice <li data-bbox="243 760 600 781">▪ 2-4 garlic cloves, chopped <li data-bbox="243 794 946 813">▪ 2 t. total dried parsley, basil, dill, celery seed or fennel <li data-bbox="243 827 600 846">▪ 1 c. cold-pressed olive oil <li data-bbox="243 859 729 880">▪ 4 pounds vegetables and/or sprouts <li data-bbox="243 893 549 914">▪ ½ t. sea salt, optional <ol style="list-style-type: none"> <li data-bbox="243 952 1240 973">1. Combine lemon juice, garlic and herbs. Simmer 5 minutes. Cover and set aside. <li data-bbox="243 986 706 1007">2. Add oil when cooled to luke warm. <li data-bbox="243 1020 643 1039">3. Cut vegetables in 1-2" pieces. <li data-bbox="243 1053 1086 1072">4. Steam vegetables such as cauliflower, broccoli or green beans first. <li data-bbox="243 1085 639 1106">5. Toss all ingredients together. <li data-bbox="243 1119 626 1138">6. Add green onion if desired. <li data-bbox="243 1153 643 1172">7. Pour marinade over and toss. <li data-bbox="243 1186 706 1205">8. Marinate overnight in refrigerator. 		

Vegetable Stuffed Green Peppers	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 Green Pepper ▪ 1-2 Cups of cooked vegetables 		
<ol style="list-style-type: none"> 1. Cut peppers in half, remove stem and seeds. 2. In saucepan over low heat in 1 inch water cook covered until tender. 3. Drain. Fill with drained combination of cooked vegetables of your choice 		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

Tomato Cups	15 min	Serves 6
<ul style="list-style-type: none"> ▪ 6 medium tomatoes ▪ $\frac{1}{2}$ small cucumber ▪ 2 sticks of celery ▪ $\frac{1}{2}$ cup fresh parsley ▪ 1 tbsp fresh mint 	<ul style="list-style-type: none"> ▪ 1 clove fresh garlic ▪ 2 tsp kelp ▪ 1 tbsp lemon juice ▪ 1 tbsp extra virgin olive oil ▪ Sea salt to taste 	

Cut tomatoes in half, scoop out the center and add tomato guts to the other ingredients. Finely chop all the ingredients, mix well and fill tomato halves

✓ 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 ▪ $\frac{1}{2}$ cup thinly sliced zucchini rounds ▪ $\frac{1}{2}$ large tomato, chopped 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ medium yellow onion, finely chopped ▪ Garlic powder, to taste ▪ Basil, to taste ▪ 2 chicken breasts 	

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

Layered Zucchini	15 min	Serves 4
<ul style="list-style-type: none"> ▪ 1 lb. zucchini, cut into $\frac{1}{2}$" slices ▪ 1 lb. tomatoes, peeled and diced ▪ 1 tsp oregano ▪ 1 tsp minced onion 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ tsp sea salt ▪ $\frac{1}{2}$ tsp garlic powder ▪ $\frac{1}{4}$ tsp cayenne pepper 	

Combine all in saucepan. Simmer until zucchini is tender

✓ LOVED IT! ✓ Didn't like it

Stir Fried Cucumbers	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 3 medium cucumbers ▪ 2 tbsp coconut oil 	<ul style="list-style-type: none"> ▪ 2 cloves garlic, slice 	

Peel and halve cucumbers lengthwise; remove seeds. Cut into 1" chunks. In skillet heat oil on low heat. Add cucumbers and garlic

✓ LOVED IT! ✓ Didn't like it

Stir Fried Cabbage	15 min	Serves 4
<ul style="list-style-type: none"> ▪ 1 small head cabbage, coarsely shredded ▪ 3 tbsp coconut oil ▪ Sea salt to taste 		

Heat oil in skillet on low. Add cabbage, stirring until coated. Cook until tender-crisp. Season with salt, if desired

✓ LOVED IT! ✓ Didn't like it

Carrot "Stuffing"	15 min	Serves 4
<ul style="list-style-type: none"> ▪ 3-5 lbs. Carrots, juiced, and then save the pulp. ▪ 1 head celery ▪ 1 red onion ▪ 2 tomatoes 		

1. Mix the celery and onions in a food processor, or with the champion juicer with the blank in
2. Add this to the carrot pulp.
3. Add diced tomatoes to the mixture.
4. Mash up 3 large ripe avocados.
5. Add and mix thoroughly. Mix up and eat! (You may want to add a little bit of the carrot juice back to the mix for extra moistness and sweetness, another option is to not even juice the carrots, and just run them through the champion juicer with the blank in.)
6. This can be eaten alone, added to a salad, placed on lettuce leaves, stuffed in a pepper, etc.

LOVED IT! Didn't like it

Filled Eggplant	30 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 1 medium eggplant, peeled and cubed ▪ 1 tsp sea salt ▪ 8 tsp coconut oil ▪ 1 medium green pepper, cored, seeded and chopped ▪ 2 cloves garlic, chopped 		

Cover eggplant in water, add the sea salt and soak for 20 minutes. Drain. Coat heated skillet in oil. Add eggplant, pepper and garlic. Cover and reduce heat to low. Cook until tender, 6-7 minutes.

LOVED IT! Didn't like it

Detox Mixture

Detox Mixture	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 ½ cups fresh lemon juice (or pure, unsweetened cranberry juice) ▪ 2 quarts Distilled Water ▪ 1/3 cup pure maple syrup (for women) Or ▪ ½ cup pure maple syrup (for men) 		

Week By Week At A Glance

DAY	1	2	3	4	5	6	7
DATE							
WEEK 1	1 st Prep Day for DETOX #1	2 nd Prep Day for DETOX #1	DETOX #1	DETOX #1	Choose foods from approved list.	Choose foods from approved list.	Choose foods from approved list.

DAY	8	9	10	11	12	13	14
DATE							
WEEK 2	1 st Prep Day for DETOX #3	2 nd Prep Day for DETOX #3	DETOX #2	DETOX #2	Choose foods from approved list.	Choose foods from approved list.	Choose foods from approved list.

DAY	15	16	17	18	19	20	21
DATE							
WEEK 3	1 st Prep Day for DETOX #3	2 nd Prep Day for DETOX #3	DETOX #3	DETOX #3	Choose foods from approved list.	Choose foods from approved list.	Choose foods from approved list.

DAY	22	23	24	25	26	27	28
DATE							
WEEK 4	1 st Prep Day for DETOX #4	2 nd Prep Day for DETOX #4	DETOX #4	DETOX #4	Choose foods from approved list.	Choose foods from approved list.	Choose foods from approved list.

DAY	29	30	31	32	33	34	35
DATE							
WEEK 5	1 st Prep Day for DETOX #5	2 nd Prep Day for DETOX #5	DETOX #5	DETOX #5	Choose foods from approved list.	Choose foods from approved list.	Choose foods from approved list.

EXAMPLE MENU

Date: ___ / ___ / ___

Excluding detox days and juicing days.

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

Bowl of sliced fruit with squeeze of lemon.

Banana

OR

Morning Energizer

Sliced Pineapple

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

8 oz. of fresh orange juice

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

Garden Salad with Garlic Olive Oil Dressing

Sliced Apple

OR

Lettuce Wrap with Fresh Mango Salsa

Orange slices

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

8 oz. Energy shake

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

Garden Salad

Sautéed Asparagus

OR

Spicy Taco Crunch

Tomato Cups