

The 5-WEEK GLUTEN-FREE WEIGHT LOSS PROGRAM

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THE 5-WEEK GLUTEN-FREE

WEIGHT LOSS PROGRAM

PROGRAM BREAKDOWN



✓ Products and Services Received	Price
1 5-Week Gluten-Free Kit	\$639.00
5 Weekly Evaluations to review progress	\$300.00
5 Sessions of Exercise with Oxygen Therapy	\$250.00
5 Sauna treatments for detoxification	\$250.00
5 Body Wraps for inch loss and detoxification	\$425.00
5 Self Mastery Technology (SMT)	\$150.00
1 Follow up Evaluation with Club Reduce Symptom Assessment	\$50.00
24 Hours a day phone access to the Doctor and Staff	Priceless!
Total Price for Everything	\$2,064.00
You Pay	

The 5-Week Gluten-Free Weight Loss Program

Our goal at Club Reduce® is to help the body heal itself naturally. When your body is really healthy, you will arrive at your proper weight.

We want to help educate you on how to live a new and improved lifestyle.

This will not only help you lose the weight you want to lose, but improve every other aspect of your life.

Our doctors have spent over 20 years researching and testing methods with thousands and thousands of patients.

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

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

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

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

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

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

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

The Gluten-Free Program

What is Gluten Intolerance and Celiac Disease?

Celiac disease is a genetic digestive disorder caused by the consumption of gluten, a protein found in many grains, especially wheat, barley, and rye. When a person with celiac disease eats foods containing gluten, an immune reaction occurs that damages the lining of the small intestine and an inability to absorb certain nutrients from food.

Non-celiac gluten intolerance is a non-genetic condition that ignites chronic inflammation in the body in response to gluten. Here's what happens. When the body encounters gluten, it stimulates the immune system into a frenzied assault. The immune system produces antibodies to attack the gluten. To the immune system, gluten is an unwelcome addition to the body, probably a bacteria or virus, and must be eliminated by necessity. The subsequent chronic inflammation is a serious problem since it can lead to a whole host of other symptoms. Science has indicated that as many as 30-40% of Americans deal with gluten intolerance.

The body responds to gluten by releasing a protein called zonulin, which modulates the permeability of the intestines. Zonulin pries the cells lining the intestines apart. Undigested food particles can enter the blood stream. The immune system responds by emitting inflammatory substances. This is referred to as "*leaky gut syndrome*". The consequence of this decreased impermeability is an underlying nutritional deficiency since necessary minerals, essentials vitamins, and nutrients are not being absorbed as thoroughly. *You may think you are eating and reaping the benefits of eating healthy foods, but the body is not absorbing as much of the nutrients as you think.*

Gluten will also be damaging to the body if it lacks a peptidase enzyme called DPP4. Without sufficient DPP4, the body can't breakdown the proteins in gluten properly. The immune system can and will mistake the undigested protein fragments for viruses. This will stimulate an auto-immune reaction; the immune system produces antibodies aimed at the protein and the consequence is damaged tissues.

The symptoms of non-celiac gluten intolerance include:

- joint pain
- anxiety
- depression
- stomach pain
- indigestion
- body aches
- rashes
- acid reflux

- thyroid disorders
- infertility
- headaches
- fatigue
- cramping, etc.

Based on the list of symptoms above, we can see how gluten intolerance could appear as a whole host of other problems and diseases. The current position of the medical community revolves around treating these symptoms with suppressive pharmacology instead of looking to the nutritional causative factors and the possible preventative measures that could be taken. Celiac disease is widely acknowledged as a serious, legitimate condition. Looking more closely reveals the damaging impact of non-celiac gluten intolerance as well.

Solutions for Gluten Intolerance and Celiac Disease

Gluten is a sticky, water soluble protein found in most grains. Scientific and historical research show that regular grain consumption began approximately 10,000 years ago. Before that, humans subsisted mostly on vegetables and meats. The miserable truth is that grain consumption, especially how we eat it today, is an obvious departure from the ways humans have eaten for almost our entire history.

The general consensus among modern medical professionals has been that grains are not only healthy, but the necessary foundation of our diet. Even the official USDA “food pyramid” places breads, cereals, rice, and pasta at its base, requiring 6-11 servings a day. As a result, the average American consumes about 150 pounds of wheat each year.

The best way to test for non-celiac gluten intolerance is through detoxification. Gluten intolerance does not need to be a lifelong affliction because detoxification has the potential to change the body’s response to gluten (among other things). However, a gluten-free diet is recommended for the promotion of health and wellness long-term, even after the eradication of the initial issue.

Once the stressor of gluten has been removed, the body’s innate ability to heal itself will kick in. The human body is really very resilient. However, if a person reintroduces gluten into their diet after being gluten free, their gluten intolerance symptoms will return unless they supplement with digestive enzymes.

Gluten Intolerance and Candida: How Candida Promotes Gluten Allergies

Since the advent of antibiotics in the late 1940's, disorders that affect the intestinal tract have risen dramatically. Chief among these are conditions related to a Candida albicans imbalance. A fungal Candida overgrowth can lead to gluten allergies, and may trigger Celiac disease in some individuals.

Here's How It Works

When a person has a Candida imbalance, the fungal Candida cells will attach to the cells lining your intestines. As part of your body's immune response, white blood cells come along and identify this Candida/intestinal-cell combination as an infection. They then call out the troops of white blood cells to attack anything that looks like this Candida/intestinal cell combination, or its separate parts. Now you have your own immune system attacking your intestinal cells. Celiac disease works in the same way - your immune system attacks your own body, but in the case of gluten allergies, the foreign invader is gliadan, the protein found in gluten.

Candida and gluten have another important similarity. The protein found on the cell wall of Candida (Hyphal Wall Protein-1), looks IDENTICAL to gliadan, the gluten protein. Research shows the immune system flags Candida protein and gluten protein as the exact same intruder. It's the immune system's response to these intruders that creates the inflammation that triggers gluten allergy symptoms.

That's why it's no surprise when patients complete a Club Reduce 5-Week Candida Plan, not only do they correct their Candida imbalances but they also correct their gluten sensitivities as well. Their results range from complete relief, to a marked improvement in their ability to tolerate and digest gluten-containing foods.

Antibiotic Use and Candida Overgrowth may trigger Gluten Allergies

Research indicates that as many as 30-40% of all Americans have gluten sensitivity, with the majority of them unaware that they have it. Consider that the majority of people with systemic fungal Candida are also unaware of their problem. Is it any wonder that people with Candida often have gluten allergies?

What is Candida?

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

Given that the majority of our society consumes an overabundance of wheat, it is safe to say that people, who eat the Standard American Diet, have Candida.

Yeast cells are able to grow on the surface of all living things and occur virtually everywhere. The fact is, we breathe, eat, and drink them daily. Because they are part of our daily lives, we all have yeast growing in our skin, on other body surfaces and in our intestines. Normally our bodies' defense systems keep the total number of yeast cells under control, and so Candida colonies in our intestinal tract are nothing to worry about.

However, poor nutrition, a sluggish or impaired immune system, stress and environmental pollutants weakens the body's ability to fight off yeast. When this happens, yeast colonies grow rapidly and Candida may result.

Causes of Candida

There are over 900 strains of yeast, and *Candida albicans* is a major one found in the human body. In some ways it is very much like the yeast used in breads. Scientists are not sure why yeasts are in our bodies or how exactly they function there. The only thing we know for sure is that they help decompose and recycle our bodies when we die. If they multiply too rapidly however, they begin their job prematurely.

- A number of conditions can lead to Candida. Steroid drugs (such as cortisone), hormonal birth control pills and the long-term use of antibiotics (such as those used to control acne or various bacterial infections) can invite the problem. Such antibiotics can reduce the number of beneficial bacteria that normally help to keep the yeast under control. Antibiotics kill not only the bad, but also the good bacteria in the body. Good (or friendly) bacteria work like a police force, keeping the invading yeast from spreading through the body. As long as the body maintains a sufficient number of helpful bacteria to counterbalance the effects of harmful bacteria (or yeast), the body remains healthy.
- Antibiotics kill the weakest link and then the next weakest. Therefore, the strongest bacteria survive and multiply. When an antibiotic or a specific Candida drug (such as Monistat) is used to solve a problem, the yeast and bacteria left become stronger. We have created new strains and a new generation of mutant and very difficult to eradicate virus, bacteria and yeast. The drug companies then create stronger antibiotics and anti-fungals to kill the mutant yeast and bacteria. The more chemical stuffers a person uses, the harder it is and longer it takes for the body to naturally eradicate the Candida. Microbial resistance to antibiotics has become a health crisis. Antibiotic drugs can also suppress immune cell production and diminish the strength of the immune system as a whole.
- Poor nutrition coupled with a sluggish or impaired immune system weakens the body's ability to fight off yeast. Stress and environmental pollutants can also play a significant role in reducing the body's control. When this happens, the yeast colonies multiply rapidly and Candida often results.
- Alcohol, caffeine, stress and aging all destroy friendly bacteria in the system.
- Sugar, gluten and meat encourage harmful bacterial growth in the intestines.

Friendly Bacteria

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

Friendly bacteria are needed to:

- Manufacture and assimilate B vitamin (niacin, biotin, folic acid, riboflavin & B-12)
- Produce digestive enzymes
- Detoxify toxic materials in the body
- Reduce unfriendly bacteria in the body
- Reduce blood pressure
- Reduce cholesterol in the blood
- Balance pH levels in the intestines (acid / alkaline balance)
- Assist in protection from colon irritation, constipation, and diarrhea
- Help with digestion of proteins, carbohydrates and fats
- Produce natural anti-bacterial agents
- Detoxify chemicals added to foods
- Increase assimilation of calcium
- Delay yeast growth (especially Candida)
- Delay Candida infections, herpes
- Help eliminate bad breath, bloating and gas

What destroys natural friendly bacteria in the system?

- Antibiotics — kill not only the bad, but also the good bacteria in the body (this includes the antibiotics in meat and dairy products that we consume each day). Even one dose can kill all of the friendly bacteria.
- Steroid Drugs — cortisone, hormonal birth control, laxatives.
- Alcohol — destroys enzymes and lacto bacteria.
- Coffee — destroys friendly bacteria.
- Stress

- Aging
- Anything that weakens the immune system also affects the balance of beneficial and harmful bacteria.

What encourages harmful bacteria in the intestines?

- Sugar — any foods containing white sugars and sugar substitutes.
- Gluten — any foods that contain gluten; breads, pastries, etc.
- Meat — feeds the bacillus coli (harmful bacteria) which then overrun the friendly bacteria.
- Any foods that use fermentation or molds in the production process.

What are the effects of an unhealthy balance of bacteria?

Some of the most common effects are diarrhea, digestive problems, lactose intolerance, hypertension, cancer, vaginitis, small bowel bacterial overgrowth, kidney stones, elevated blood cholesterol and allergies. The Solutions4 Probiotic formula provides friendly bacteria, and using this formula as part of the Solutions4 Candida Program will help maintain a healthy level of friendly bacteria in the system to allow the body to keep yeasts under control.

Effects of Candida

When yeast is in an overabundance, there may be local yeast infections in the mouth (thrush), gastrointestinal tract (gas), vagina (yeast infection), urinary tract (bladder/kidney infection), prostate gland (prostate troubles), skin (hives, rashes), fingernail, or toenail (fungus of the nail bed).

Too much yeast can cripple the immune system, causing chronic viral and bacterial infection or allergies. Yeast can damage the intestinal wall, allowing food particles and toxins to enter the blood stream. The body then produces antibodies to fight these foreign substances and typical “allergic” reactions may occur, such as eczema and hay fever, along with headache, dizziness, heart palpitations, anxiety, fatigue, and muscle aches.

There may be changes in the cells that contribute to the Candida condition. Yeast by-products and exhaust are two very toxic substances: ethanol and acetaldehyde. These two toxins in turn alter the ability of our cells in the following ways:

- Red blood cells have difficulty passing into small capillaries. This can cause fatigue, dizziness, muscle aches, or headaches.
- White blood cells have trouble enveloping bacteria and foreign material, thus, the body has trouble fighting infection.
- Sugar has difficulty passing through cells. Insulin cannot do its job properly, causing low blood sugar and often weight gain.

- Thyroid hormones have trouble passing through cells, which causes the metabolism to slow down, often causing low body temperature (cold hands and feet), fatigue and intolerance to cold.
- Minerals have trouble passing through cell walls, causing fluid retention and electrolyte imbalance.
- Cells have difficulty passing messages one to another. This can cause muscle and nerve problems.
- Enzymes are destroyed. Enzymes are the chemical helpers in the body that help to build, break down, and produce energy and heat. Yeast toxins can inactivate or destroy some of the enzymes, and can result in slowing all the functions of the body. Example: enzymes help break down sugar stores to help keep the blood sugar at ideal levels; when yeast overgrowth destroys enzymes, abnormally high or low blood sugar levels may develop.

Symptoms of Candida

- Abdominal pain
- Allergies
- Anxiety
- Arthritis
- Asthma
- Athletes' foot
- Babies - colic, diaper rash, thrush (coated white tongue), and cradle cap.
- Bed wetting
- Bloating
- Bronchial infections
- Bruising easily
- Cardiovascular problems
- Central nervous system problems
- Cheekbone or forehead tenderness, pain
- Chronic cough
- Cold hands or feet, low body temperature
- Cold-like symptoms - excessive mucus in the sinuses, nose, throat, bronchial tubes and lungs
- Congested nose
- Constipation
- Cramps
- Cravings or addictions for sugar, bread, pasta and other high carb foods, and also alcohol
- Cysts, abnormal formation of, in different parts of the body, especially around the neck, throat, and ovaries, and in the bladder or scrotum
- Depression
- Diarrhea
- Digestive problems - diarrhea, constipation, abdominal distention, bloating or pain, gas, mucus in the stools, hiatal hernia, ulcers, suffering from bacteria, i.e. *Salmonella*, *e. Coli*, *h. Pylori*, etc.
- Dizziness
- Ears - ringing in the ears (tinnitus), sounds in the ears, ear infections, dryness, itchiness, ear pain, ear aches, ear discharges, fluid in ears, deafness, abnormal wax build-up.
- Eyes - erratic vision, spots in front of eyes (eye floaters) and flashing lights; redness, dryness, itching, excessive tearing, inability to tear, etc.
- Falling

- Fatigue, chronic fatigue syndrome or Epstein barr or a feeling of being drained of energy, lethargy, drowsiness (which may be caused by impaired metabolism and impaired enzyme production)
- Female health problems - infertility, vaginitis, unusual odors, endometriosis (irregular or painful menstruation), cramps, menstrual irregularities, pre-menstrual syndrome (pms), discharge, painful intercourse, loss of sexual drive, redness or swelling of the vulva and surrounding area, vaginal itching or thrush, burning or redness, or persistent infections.
- Flu-like symptoms
- Frequent sore throat
- Frequent urination
- Fungal infections of the skin or nails, i.e. Ringworm, seborrhea dermatitis, dark and light patches on the skin (tinea versicolor), etc.
- Fuzzy thinking and confusion
- Gas
- Gastric ulcer
- Gastritis
- Gastrointestinal problems
- Genitourinary problems
- Glands – swollen, too little saliva (dryness in the mouth), blocked salivary glands, swollen lymph nodes.
- Groin area
- Hair loss, scum on the scalp, dandruff, itchy scalp, scalp sores and dryness.
- Hay fever and asthma
- Headaches, migraines, brain fog, dizziness, etc.
- Heart palpitations and irregular heart beat
- Heartburn
- Hemorrhoids, and rectal itching, rash, irritation and redness
- High insulin levels
- High levels of stress hormones
- Hives
- Hypoglycemia (low blood sugar), and diabetes
- Hypothyroidism, Wilson's thyroid syndrome, hashimoto's disease, hyperthyroidism, erratic thyroid function, etc.
- Inability to concentrate
- Increased sensitivities to foods or chemicals.
- Interference with normal hunger
- Intolerances or allergies to perfumes, odors, fumes, fabric shop odors, grass, cats, dogs or other animals, tobacco smoke, chemicals, smog, molds, dust mites, dust, pollen, and other airborne substances
- Irritability, nervousness, jitteriness and panic attacks
- Itching or burning in the vagina or prostate
- Joint pain, stiffness or swelling (arthritis)
- Kidney and bladder - infections, cystitis (inflammation of the bladder with possible infection), urinary frequency or urgency, low urine output, smelly urine, difficulty urinating, burning pain when urinating.
- Lack of appetite
- Lack of bladder control
- Lesions on the skin, and inside the body, i.e. The brain
- Low blood sugar headaches
- Low energy levels and fatigue
- Low metabolism
- Male associated problems - jock itch, loss of sex drive, impotence, prostatitis, penis infections, difficulty urinating, urinary frequency or urgency, painful intercourse, swollen scrotum, etc.
- Menstrual cramping
- Migraines

- Mind and mood - anxiety attacks, crying spells, memory loss, feeling spaced out, depression(including suicidal feelings), manic feelings, inability to concentrate, mood swings, irritability, etc.
- Moodiness
- Mouth or canker sores
- Mouth sores or blisters, canker sores, dryness, bad breath, a white coating on the tongue (thrush) and blocked salivary glands
- Muscle aches and pain, numbness, burning or tingling, and lack of strength and coordination
- Muscle stiffness (especially neck and shoulder)
- Muscle weakness
- Musculoskeletal problems
- Nasal congestion, postnasal drip, itching, dryness
- Night leg pains
- Odor of the feet, hair or body not relieved by washing
- Palpitations
- Panic attacks
- PMS
- Poor coordination
- Poor motor skills
- Poor short term memory
- Rapid blood sugar changes
- Rapid pulse rate
- Respiratory - cough, bronchitis or pneumonia, pain or tightness in the chest, wheezing, shortness of breath, asthma
- Restlessness
- Sensitivities and intolerances that worsen in damp, muggy or moldy places or weather that is damp, muggy, humid or rainy
- Sick all over feeling
- Sinus inflammation, swelling and infections.
- Skin – dryness, dry red patches, acne, pimples, hives, rashes, itching skin, eczema, psoriasis, seborrhoea, ringworm, contact dermatitis, rosacea, etc.
- Skin infection
- Sleep - insomnia, waking up frequently, nightmares, restless sleep, etc.
- Sleep disturbances
- Slow reaction time
- Sore throat, hoarse voice, constant tickle in the throat, laryngitis (loss of voice), etc.
- Spastic colon
- Stomach – h. Pylori bacteria (causes ulcers), heartburn, indigestion, hiatal hernia, acid reflux, belching, vomiting, burning, stomach pains, needle-like pains, food that seems to sit in the stomach like a lump, etc.
- Sudden anger
- Tendency to drop things. (Yeast impairs cells from receiving nutrients and eliminating waste and also nerve/muscle sending patterns.)
- Tension headache
- Urinary burning
- Usually rash type in nature
- Weakness
- Weight gain (may result from an overgrowth of yeast that may cause cravings for sugar)
- Yeast infections

Conventional Medical Approach to Candida

A common scenario is a patient that has recently finished a course of antibiotics or steroid drugs and a short time later ended up with a yeast infection. Drugs that specifically address the fungus or Candida destroy some of the yeast. The yeasts that are not affected by the drugs begin to colonize in vast numbers and become more and more drug-resistant. As the yeast multiplies in its stronger state, toxins are produced that, in turn, attack the body's defense (immune system). These same drugs also destroy the friendly bacteria or flora in the body and, by doing so, eliminate any defense against the new, stronger fungus. When a Candida sufferer is prescribed a symptom-stuffing drug in the form of antibiotics, steroids or anti-fungals, the weakest yeast is eradicated. However, yeast mutates and the strongest survives. For the next outbreak, conventional medicine will prescribe higher and higher doses of antifungal. This makes the yeast stronger and further weakens the immune system. Solving Candida with drugs "stuffs" the immediate discomfort, but causes the yeast to come back with more strength and more symptoms develop almost immediately upon the end of the drug intervention.

The Club Reduce Approach to Treating Candida

Since Candida and other yeasts are all around us, we can never totally get rid of them, but we can bring them back under control without the use of prescription drugs. To achieve the greatest degree of success, an effective balance of dietary changes, nutritional support, and the increase of friendly bacteria are necessary. The Solutions4 Detoxification and Candida Program will help provide this balance, while teaching you how to keep yeast under control for good.

Detoxification

Just as is the case with any lifestyle change, a total cleanse of the system is the first step to improved health. Detoxification, along with a Candida Program, help provide nutritional support to strengthen the immune system. A fully functional immune system and a diet that controls the intake of yeast will help reduce the Candida to a non-threatening level. For those with both Candida and fibromyalgia, treatment for Candida must occur first before fibromyalgia can be addressed successfully. In order to start to get well, the first step is to cleanse the body through detoxification. This is a total body-cleansing program, which cleans the liver, bowels, kidneys, and the blood supply. It helps restore the peristaltic action of the colon, and helps to rid the body of mucus, toxins and waste materials that are trapped in the colon (and may have been there for years). Detoxification will help to rid your body of this condition for life.

Water

Water is critical to the treatment of any health condition, including Candida. Every organ of the body requires water. The heart, lungs, skin and circulatory system all depend on water. To calculate your individual need, divide your weight in half. Half of your body weight gives you a good rule of thumb for how many ounces of water your body needs to function on a daily basis. For example, if you weigh 150 pounds, you must be drinking 75 ounces of water each day. Nothing substitutes for water. If you drink enough water each day, you will absolutely feel

different. This is not to say that you cannot drink other liquids, but remember the importance of the quantity of water that you drink each day.

Gluten Intolerance and Processed Food

Humans have not always eaten grains, and we definitely have not always eaten grains in the amounts we do now. Today, nutritionally empty white bread accounts for more than 50 percent of what we buy. Even though supermarket shelves are filled with dozens of different types of bread—white, brown, and black—the quality has got drastically worse in terms of adulterants and enzymes that do not have to be declared on the labels.

Before the Agricultural Revolution, about 10,000 years ago, humans had a couple hundred thousand years of not having any regular consumption of grain. The Industrial Revolution, about 200 years ago, and then the Technological Revolution, the last 100 years, made flour and grains accessible to virtually everyone, though most all of its nutrients are stripped out, leaving very little of the minuscule nutritional value the grain had to begin with.

Through the years, as our grain consumption increased, chronic disease rates have skyrocketed, fertility has fallen, and the average weight of the population has steadily risen. Modern industrial baking methods are most likely the source behind today's extraordinary rise in digestive illnesses such as gluten intolerance and Celiac disease.

The point is there's been a gradual, but steady decline in human strength. The human body was not designed to function well on grains at all. Especially breads that have been as over-processed and depleted of nutritional value as today's are.

Do You Know What Is In Your Bread?

Back in the day, grains were ground down with cold stones. Putting salt, cheap fats, lime powder, alum, and bleach in your bread was considered bad. Nowadays, we use high-speed steel rollers that heat and crush grain into an extremely fine, lifeless, off-white powder, practically destroying all nutrients found in the original source of grain.

In 1961, the Chorleywood Baking Process (CBP) was introduced, enabling factories to produce softer bread that lasted twice as long. The problem is that this process requires a cocktail of chemicals, flour types, and three times as much yeast as was used by bakers previously. These ingredients don't have to be listed because they are "processing aids"...

Eighty percent of all bread is still made the Chorleywood Way.

It's important to realize when food is refined, vital nutrients are destroyed. In some cases it's debatable if what remains can even be considered food... As for bread, once you remove the most nourishing part of the grain, it essentially becomes a form of sugar. The result has been an increase in bread-related digestive illnesses.

Here's what gets lost during the refining process:

- Half of the beneficial unsaturated fatty acids
- All of the vitamin E
- 50% of the calcium
- 70% of the phosphorus
- 80% of the iron
- 98% of the magnesium
- 50-80% of the B vitamins
- And many more nutrients are destroyed – simply too many to list!

Not only all that, but as a result of modern production techniques, there is a whole new breed of health-harming ingredients that can be found in a typical slice of store-bought bread. Many of these ingredients are concealed because they are not required to be listed on the label!

They include:

- Processed salt
- Soy
- High Fructose Corn Syrup
- Treatment agents (oxidant chemicals)
- Preservatives
- Emulsifiers
- Trans fats (hydrogenated oils)
- Reducing agents
- Bacterial enzymes

How Processed Grains Can Deteriorate Your Health

The consequences of consuming excessive amounts of white bread and other processed forms of grain could manifest as:

- Gluten intolerance and Celiac Disease
- Obesity
- Allergies and asthma
- Diabetes
- Heart disease
- Autism
- Arthritis
- Vitamin deficiencies and related health problems

Why a High-Carb Diet Can be Disastrous to Your Health

The main danger with the overconsumption of carbs is not paying close enough attention to the kinds of carbohydrates being eaten, which can easily result in weight gain. Carbohydrates are easily overeaten and lack essential, healthy fats. A diet high in grain carbs (as opposed to vegetables) and low in fat may be hazardous to your health.

Plus people who follow the high-carb, low-fat fad have most likely struggle with their weight for a while. High-carb diets have also been associated with the development insulin resistance and type 2 diabetes.

Unfortunately, the dietary establishment has foolishly promoted the virtues of carbs and warned us against consuming fats. Too many people follow that advice and then become frustrated, wondering what they're doing wrong. The truth is someone who's looking to lose weight and improve their health needs to eat fewer carbohydrates from sugar and grains.

Why are high-carb diets so bad?

Basically, consuming too many carbohydrates stops the body from using a higher percentage of fats for energy. The undesirable result is an increase in fat storage and raised insulin levels. Higher insulin levels could also lead to insulin resistance and possibly diabetes.

Contrary to the popular belief, eating fat does NOT make you fat. Too many people buy into this. The reality is carbohydrates from sugar and grains make you fat. How does it work? Well, the body has a limited capacity to store excess carbohydrates. On the other hand, it can easily convert excess carbohydrates into excess body fat. Carbohydrates that are not used right away by the body get stored in the form of glycogen. Glycogen is a long string of glucose molecules linked together. The body has two places where it stores glycogen: your liver and your muscles. Once those areas are filled to capacity, the leftover carbohydrates are converted into fat. Then the fat is stored in your adipose (fatty tissue).

Even though carbohydrates are *technically* fat-free, excess carbohydrates will inevitably become excess fat in your body. It gets worse. Any meal or snack consumed that's high in carbohydrates will rapidly raise the body's blood glucose. The pancreas must secrete insulin into your bloodstream to adjust for this rapid rise. As a result, blood glucose levels are lowered. Insulin is essentially a storage hormone which in the past was necessary for survival during times of famine as it helped store excess carbohydrate calories in the form of fat. The problem nowadays is that to the average Joe, famine doesn't pose a big threat. *So! Remember insulin stimulated by excess carbohydrates aggressively supports the buildup of body fat.*

Too Much Wheat or Grain Converts Into Fat

If you eat too much bread, pasta, and any other grain products, a hormonal message via insulin will tell your body to store fat.

Other negative effects of the subsequent increased insulin levels are:

- Inability for the body to use stored fat for energy.
- Suppression of two significant hormones: glucagon and growth hormone.
- Increase in hunger soon after heavy carbohydrate meals.

The hormone glucagon promotes the burning of fat and sugar, an obvious necessity. The growth hormone helps develop muscles and build new muscle mass. As for hunger, a meal consisting of mainly carbohydrates increases blood sugar, then insulin rises and eventually lowers blood sugar levels. The result is feeling hungry less than a couple hours after a meal.

Ultimately, excess carbohydrates make fat and they make sure you stay fat. Cravings for food like sweets, for example, perpetuate the cycle. People crave so they snack or overeat, most often on more carbohydrates. Then the cravings continue. Not eating results in people feeling ravenous, shaky, moody, and ready to “crash.” If this is a persistent, unceasing way of living, the body will never get rid of the extra fat in storage. To say the least, energy and overall health will be negatively affected.

Common complaints of people with insulin resistance are listed below. These symptoms often crop up right after eating a meal heavy with carbohydrates. For others, it may be a chronic issue.

Fatigue

- Tired in the morning or afternoon
- Exhaustion all day

Brain fogginess

- Inability to concentrate
- Loss of creativity
- Poor memory
- Failing or poor grades in school
- Various learning disabilities

Depression

- Carbs are a natural “downer”
- Not uncommon to see depressed persons with insulin resistance
- Carbs change your brain chemistry, increase serotonin, producing a depressing or sleepy feeling

Sleepiness

- Insulin resistance causes people to get sleepy after meals containing more than 20-30 percent carbohydrates, typically a pasta meal, but even a meat meal that includes bread, potatoes, or a sweet dessert would do the trick.

Hypoglycemia

- Jittery
- Agitated
- Moody
- Dizziness
- Experience immediate relief when food is eaten
- Powerful cravings for sweets, chocolate, and caffeine

Increased blood pressure

- It's well known that most people with hypertension have too much insulin and are insulin resistant
- There's a direct relationship between the level of insulin and the level of blood pressure
- When insulin levels elevate, so does blood pressure

Increased triglycerides

- High amount of triglycerides in blood is commonly seen in overweight people
- Even those who are not fat could have stores of fat in their arteries as a result of insulin resistance
- The triglycerides are a direct result of carbohydrates being converted by insulin

Increased fat storage and weight

- A clear sign in many people is a large abdomen, or belly fat

Intestinal bloating

- Intestinal gas produced by dietary carbs
- If severe, it could result in diagnosis of "colitis" or "ileitis"

FOOD LIST

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

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

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

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

Lettuce and Greens

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

Fruits (Day 23 & On)

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

** These fruits are permissible from Day 1

Lean Meat:

(Standard serving size is 3 oz. cooked. 2-4 servings per day, with 1-2 of those servings being fish)	Mahi Mahi
Organic Poultry – Free range, antibiotic free and hormone free is best	Salmon
Chicken	Sea Bass
Turkey	Sole
Wild Caught Fish (not farm raised)	Swordfish
Cod	Tilapia
Shellfish	Trout
Halibut	Tuna
	Canned Fish - Water packed tuna

Lentils and Rice:

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

Brown Lentils
Red Lentils
Brown Basmati Rice
Brown Rice
Wild Rice

Dairy:

Organic Eggs or Organic Egg Beaters
Organic Butter – use sparingly

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

Coconut Oil – (A great substitute for Butter!)
Extra Virgin Olive Oil
Flaxseed Oil – (Great for dressings. Keep refrigerated, do not heat)
Grape Seed Oil

*Use cold-pressed and unprocessed

Salt and Spices:

Salt – Real Salt or Celtic Sea Salt

Fresh herbs and spices may be used. Organic dried spices may be used as long as they are not expired or old.

Dressings: (Must be sugar free and vinegar free)

Annie's Lemon and Chive Dressing

Broth:

Low sodium organic vegetable broth

Low sodium organic chicken broth

Nutritional Shakes:

3 scoops a day except on detox-days

Juices:

Fresh Vegetable Juices

Coconut Water (raw, from a coconut)

Water:

Distilled Water (Use during lemonade detox.)

Filtered Water

Pure Water

Spring Water

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

_____ (body weight)/2=_____ounces of water intake a day

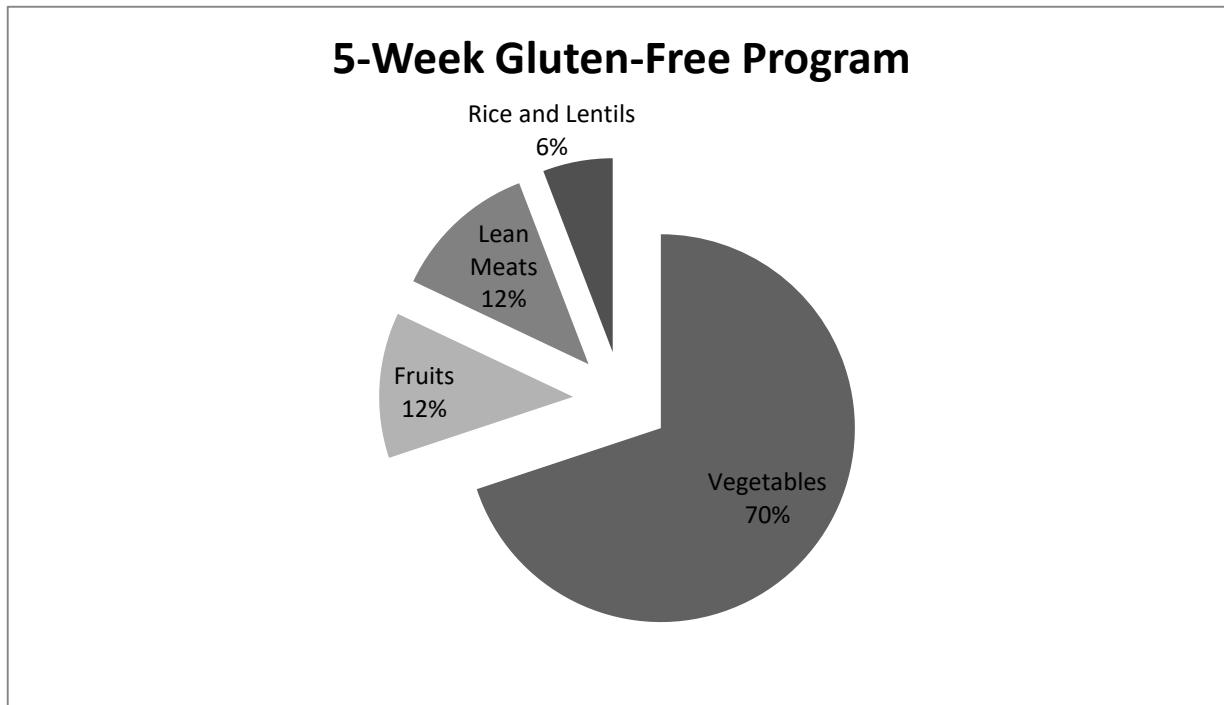
AVOID GROUP:

- Alcohol, Caffeine, tobacco or other stimulants
- All Coffee and tea (including herbal)
- All Dairy Products– All hard cheese is made from mold. Avoid milk, buttermilk, whipped cream, sour cream, ice cream, etc. (With the exception of organic eggs and organic butter)
- All sugars including: refined sugar, fructose, corn syrup, honey, molasses, date sugar and maple sugar. (Maple syrup is allowed on detox days)
- All fruit juices
- All white flour and white flour products.
- All yeast – contained in pastries, bread, crackers, pastas, yeast breads, pretzels, etc.
- All Grains- Wheat, oats, barley, rye, sorghum, etc (With the exception of Wild or Brown Rice)
- All processed meats- such as bacon, sausage, ham, hot dogs, luncheon meats, corned beef and pastrami.
- Meat: Beef, Lamb, Pork, and Veal. No cured, smoked or luncheon meats
- All nuts or seeds
- Brewer's yeast, B vitamins made from yeast.
- Processed or Refined Foods
- MSG or Chemicals
- Starchy Vegetables: Hominy, White Rice, Yams, Potatoes and Dried Beans
- Corn and corn products

- Artificially sweetened drinks and food products.
- All fruits (fresh, canned or dried) until the yeast are abated. Fresh Lemon and Limes may be used in water, or as a substitute for vinegar in salad dressings and recipes.
- Fungus Foods: mushrooms, blue cheese, etc.
- All vinegar and vinegar soaked products or vinegar dressings: pickles, pickle relish, etc.
- Old leftovers. If a food has been in the fridge for more than 3 days, do not eat it. Leftovers may be frozen and consumed at a later date.
- Mixed seasonings and spice rubs like Mrs. Dash etc.

Structuring Your Diet on the 5-WEEK GLUTEN-FREE PROGRAM

When not detoxing, your diet should consist mostly of green leafy vegetables. Use the graph below to guide your choices when planning meals. The easiest way to incorporate more greens into your diet is to plan meals around salads. An easy way to get your daily amount of fruit (after day 22) is to have it for breakfast in the morning or to add it to a Nutritional Shake. Rice and lentils are allowed on the program, but use them sparingly. Add your rice or lentils to a green salad to get more greens in the meal.



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

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

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

Keep the following tips in mind:

- Remember that everything you need to live can be found in the produce section.
- Shop two times a week in order to get fresh produce. Most leafy greens have a refrigerator shelf life of 4-5 days.
- Buy your produce first. It is the most important food. If you are on a budget, shopping for produce will maximize your dollar as you will avoid junk food while you have a cart full of produce.
- Wash leafy greens by separating the leaves. Rinse well in order to remove pesticides.
- Keep your refrigerator well stocked with fresh vegetables. This way you will always have what you need for a delicious salad.
- While shopping, ask, “How will this go with a salad.” Try to consider everything as something that will go into a salad or alongside it.

Successful eating for Gluten-Free:

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

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

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

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

DETOXIFICATION

We are committed to your health, vitality and appearance. We continue to research and develop products and programs that offer total body wellness.

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

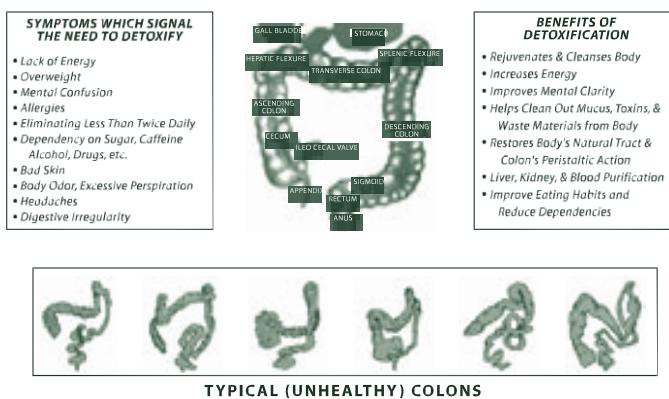
Detoxification is one of the most important factors in the promotion of good health and disease prevention. The Solutions4 Program helps the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only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

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

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

Benefits of Detoxification

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



HEALING CRISIS

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

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

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

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

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

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

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

symptoms that you may have been experiencing will have already begun to disappear. In fact, the three day cleanse is pretty dramatic. You will have lost 2-8 pounds, and will have begun eliminating some of the 5-27 pounds of waste that are being stored in the colon. If you are on medication, ask your prescribing doctor to work with you as you go through this program. Start consuming fresh fruit (after day 22), salads and vegetables. Some people choose to juice live foods for a few days before eating solid foods, allowing the body more time and energy to heal and gain strength. Slowly work your way back into foods after detoxification. Your body is now clean and will no longer tolerate abuse. A couple of beers will make you drunk, and may become ill after eating pizza, and a candy bar may give you a headache. All these foods are very unhealthy and your clean body is simply more sensitive to toxins.

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

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

FREQUENTLY ASKED QUESTIONS ABOUT DETOXIFICATION

Will the lemon juice mixture cause too much acid for my sensitive stomach? Although the lemon is an acidic fruit, it turns alkaline as it is digested and aids in attaining a proper pH balance within the body. To further avoid extra acidity, alternate drinking water and the lemonade detox mixture.

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

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

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

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

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

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

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

Final Thoughts about Candida

It's important to totally rid the diet of grains and sugars until the Candida symptoms are relieved. Later on when the Candida has been taken care of, grains can be reintroduced into the diet on a limited basis.

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

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

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

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

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

During the Candida program it will be very important to completely abstain from all sugar and grains. Complete abstinence resolves the biochemical addiction. If you cheat, you will have to start over.

SUPPLEMENTS INCLUDED IN THE 5-WEEK GLUTEN-FREE PROGRAM

ANTI CELLULITE LOTION

ANTI-CELLULITE LOTION should be applied immediately after showering or bathing, on all days in between body wraps. Solutions4's Anti-cellulite lotion may also be used as an everyday circulation lotion as well. Apply to dry skin in a circular motion, treating the problem areas of the hips, buttocks, thighs, upper arms, etc.

ANTIOXIDANT

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

APPETITE APPEASER

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

BODY PURIFIER

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

DIGESTIVE ENZYME BLEND

Helps the body to digest and assimilate all nutrients necessary for proper, healthy, and permanent weight-loss. DIGESTIVE ENZYME BLEND restores natural energy to the body while promoting weight control by heightening absorption of vitamin, 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.

EXERCISE GEL

Get the most out of your workout with EXERCISE GEL. When applied before exercising, this innovative gel warms muscles and increases circulation. Typically, fatty tissues have less circulation, making these areas more difficult to target. EXERCISE GEL draws blood to those areas, helping you get maximum results from every workout.

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.

INTESTINAL CLEANSER

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

LIQUID CALCIUM

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

MULTIVITAMIN/MINERAL

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

NUTRITIONAL SHAKE

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

PROBIOTIC BLEND

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

VITAMIN D

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

How to Take Your Supplements during Your 5-Week Gluten-Free Program

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

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

Here are our recommendations:

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

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

Eliminate fruit and choose all foods from food list (pages 19-22). No supplements today.

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Dinner:		
		Hungry / Emo.
CALORIES YOU ARE ALLOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your next appointment: _____	<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?
---	---

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

Eliminate fruit and choose all foods from food list (pages 19-22).

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you track your calories?	<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"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Write down any questions you have for your next appointment: _____	

DAY 3**Date:** ___ / ___ / ___

Eliminate fruit and choose all foods from food list (pages 19-22).

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

- Appetite Appeaser: 1 Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your next appointment: _____	<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?
---	---

DAY 4**Date: ___ / ___ / ___**

Eliminate fruit and choose all foods from food list (pages 19-22).

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you track your calories?	<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"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Write down any questions you have for your next appointment: _____	

DAY 5**Date: ___ / ___ / ___**

Eliminate fruit and choose all foods from food list (pages 19-22).

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:		Calories
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you track your calories?	<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"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Write down any questions you have for your next appointment: _____	

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

Eliminate fruit and choose all foods from food list (pages 19-22).

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you track your calories?	<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"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Write down any questions you have for your next appointment: _____	

DAY 7 Prep Day 1

Date: ___ / ___ / ___

Prep day. Eliminate all meat. Only consume approved vegetables and nutritional shake if desired.

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 8 Prep Day 2

Date: ___ / ___ / ___

Prep day. Eliminate all meat. Only consume approved vegetables and nutritional shake if desired.

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 9 – DETOX #1 (Day 1)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

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

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

- Lemon Mixture #1
- Water Bottle #1

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

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 10 – DETOX #1 (Day 2)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

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

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

- Lemon Mixture #1
- Water Bottle #1

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

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

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

1 2 3 4 5 6 7 8 9 10

DAY 11 – DETOX #1 (Day 3)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

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

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

- Lemon Mixture #1
- Water Bottle #1

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

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

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

1 2 3 4 5 6 7 8 9 10

DAY 12 – DETOX #1 (day 4)

Date: __ / __ / __

Today is about cleansing the body!

AM SUPPLEMENTS:

Take up to 3 Appetite Appeasers

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

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

1 2 3 4 5 6 7 8 9 10

DAY 13 – DETOX #1 (day 5)

Date: ___ / ___ / ___

Today is about cleansing the body!

AM SUPPLEMENTS:

Take up to 3 Appetite Appeasers

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

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

1 2 3 4 5 6 7 8 9 10

DAY 14**Date: ___ / ___ / ___**Eliminate all meats, fruits, and cooked foods. Only consume *fresh* vegetables and nutritional shake if desired.**AM SUPPLEMENTS:**

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

- Appetite Appeaser: 1 Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 15**Date: ___ / ___ / ___**Eliminate all meats, fruits, and cooked foods. Only consume *fresh* vegetables and nutritional shake if desired.**AM SUPPLEMENTS:**

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

- Appetite Appeaser: 1 Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

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

Add steamed vegetables, lean meat and approved protein. Remember: no fruit until day 23.

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2
--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

Dinner:	Calories	Circle One
		Hungry / Emo.

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

✓ = YES ✗ = NO (Check Daily)

- | | |
|---|---|
| <input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

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

Choose from food list (pages 19-22). Remember: no fruit until day 23.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS: Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

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

Choose from food list (pages 19-22). Remember: no fruit until day 23.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2
--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

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

Choose from food list (pages 19-22). Remember: no fruit until day 23.

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2
--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/>	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <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?
--	--

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

Choose from food list (pages 19-22). Remember: no fruit until day 23.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2
--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	

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

Choose from food list (pages 19-22). Remember: no fruit until day 23.

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2
--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

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

Choose from food list (pages 19-22). Remember: no fruit until tomorrow.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2
--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

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

Choose from food list (pages 19-22). Add only ONE fruit today and eat it alone - not along with something else.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2
--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

Dinner:	Calories	Circle One
		Hungry / Emo.

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

✓ = YES ✗ = NO (Check Daily)

- | | |
|---|---|
| <input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

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

Choose from food list. Add ONE fruit different from yesterday and eat it alone - not along with something else.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS: Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 25**Date: ___ / ___ / ___**

Choose from food list. Add ONE fruit different from yesterday and eat it alone - not along with something else.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Digestive Enzyme: 2
--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 26**Date: ___ / ___ / ___**

Choose from food list. Add ONE fruit different from yesterday and eat it alone - not along with something else.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS: Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 27**Date: ___ / ___ / ___**

Choose anything on the approved food list including all fruit (pages 19-22).

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

- Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

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

Choose anything on the approved food list (pages 19-22) including all fruit.

AM SUPPLEMENTS:

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS: Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 29 Prep Day 1

Date: ___ / ___ / ___

Prep day. Eliminate all meat. Only consume approved vegetables, fruit and meal shake.

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 30 Prep Day 2

Date: ___ / ___ / ___

Prep day. Eliminate all meat. Only consume approved vegetables, fruit and meal shake.

AM SUPPLEMENTS:

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 31 – DETOX #2 (Day 1)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

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

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

- Lemon Mixture #1
- Water Bottle #1

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

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 32 – DETOX #2 (Day 2)

Date: __ / __ / __

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

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

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

- Lemon Mixture #1
- Water Bottle #1

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

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

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

1 2 3 4 5 6 7 8 9 10

DAY 33 – DETOX #2 (Day 3)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

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

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

- Lemon Mixture #1
- Water Bottle #1

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

- Lemon Mixture #2
- Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

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

1 2 3 4 5 6 7 8 9 10

DAY 34**Date: ___ / ___ / ___**Eliminate all meats, fruits, and cooked foods. Only consume *fresh* vegetables and nutritional shake if desired.**AM SUPPLEMENTS:**

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

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 35**Date: ___ / ___ / ___**Eliminate all meats, fruits, and cooked foods. Only consume *fresh* vegetables and nutritional shake if desired.**AM SUPPLEMENTS:**

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

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

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

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"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Did you track your calories?
<input type="checkbox"/> Did you stay within your Calorie Budget?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Write down any questions you have for your next appointment: | <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? |
|---|---|

DAY 36 and Beyond

Once someone has gone through a 5-WEEK GLUTEN-FREE Program, they should be feeling like a completely new person. 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 or Salmon Oil
 - Evening Primrose Oil
 - Vitamin D
 - Liquid Calcium
 - Digestive Enzyme
 - Solutions4 Nutritional Shake
- Eat twice as many veggies as fruits.
- Eat a variety of foods and a rainbow of colors.
- 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 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!
- 5-6 small meals throughout the day will keep your metabolism going.
- Last meal of the day should be eaten before 6 pm.
- Track calories, Women: 1000-1100 calories per day, Men: 1200-1300 calories per day.

RECIPES

Notice: Any recipe with fruit is not permissible until Day 23

Do not combine fruit until Day 27

Shakes

Chocolate Dream	5 min	Serves 1
▪ 2 scoops Solutions4 Chocolate	▪ 1 cup water	
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Fruit Smoothie (Only after Day 27)	5 min	Serves 1
▪ 2 oranges		
▪ 1 banana		
▪ ½ cup berries		
▪ 2 scoops Solutions4 Vanilla		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Pina Colada (Only after day 27)	5 min	Serves 1
▪ 6 ounces orange juice		
▪ 1 cup pineapple		
▪ ½ cup fresh Baby Thai coconut water		
▪ 2 scoops Solutions4 Orange		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Citrus Berry Splash (Only after Day 27)	5 min	Serves 1
▪ 2 scoops Solutions4 Orange	▪ ½ banana (optional)	
▪ ½ cup blackberries	▪ The juice from 2 freshly squeezed oranges	
▪ ¼ cup blueberries	▪ 1-2 cups ice cubes	
▪ ½ cup strawberries		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Coconut Chocolate Delight (Only after Day 27)	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 banana ▪ Water from a Baby Thai coconut ▪ Meat from a Baby Thai coconut ▪ 2 scoops Solutions4 Chocolate Shake 		
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 Nutritional Shake ▪ Ice and water to equal 8 oz. 		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Meal Shake	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 scoops of Chocolate, Vanilla , Strawberry or Orange Cream Solutions4 Nutritional Shake ▪ Ice and water to equal 10 oz. 		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Salads

GREEN SALADS

Confetti Salad	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 cup Cooked Brown Rice ▪ 2 cups Chopped Romaine Lettuce ▪ $\frac{1}{2}$ cup tomato, diced ▪ $\frac{1}{4}$ of an avocado, diced ▪ 2 tbsp Annie's Lemon and Chive Dressing 		
Mix all ingredients and Savor! Mmmm. Tip – This salad is filling! Use it as a Main meal.		
✓ LOVED IT!	✓ Didn't like it	

Chicken Salad Wraps	15 min	Serves 4
<ul style="list-style-type: none"> ▪ 2 cups finely chopped cooked chicken ▪ $\frac{1}{2}$ cup finely chopped celery ▪ 2 hard cooked, chopped eggs ▪ 1 medium onion, chopped 		
<ol style="list-style-type: none"> 1. Moisten with Candida friendly mayonnaise obtainable from your health food store. 2. Serve in Romaine lettuce and make a wrap 		
✓ LOVED IT!	✓ Didn't like it	

Green Salad	10 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups mixed lettuce ▪ 4 thin slices of Roma tomato, cucumber or carrot 	▪ 1 tbsp Choice of Dressing	
Place lettuce and dressing in a bowl and toss. Transfer to plate. Garnish with tomato, cucumber, or carrot.		
✓ LOVED IT!	✓ Didn't like it	

Greek Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups chopped romaine lettuce ▪ 1 Roma tomato, seeded and cut into chunks ▪ $\frac{1}{4}$ cucumber, seeded and cubed 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup thinly sliced red onion ▪ $\frac{1}{4}$ red bell pepper, cut into chunks 	
Combine all ingredients with desired amount of dressing.		
✓ LOVED IT!	✓ Didn't like it	

Mediterranean Salad	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 4 tomatoes ▪ 2 cucumbers ▪ 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	

Nori and Avocado Salad	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 Cup Romaine lettuce, chopped ▪ 1 Cup Spinach, chopped ▪ $\frac{1}{2}$ cup alfalfa sprouts 	<ul style="list-style-type: none"> ▪ 4 Sheets of Nori ▪ $\frac{1}{2}$ Avocado, diced 	
<ol style="list-style-type: none"> 1. Mix ingredients in a medium salad bowl. Set aside. 2. Place a nori sheet in a frying pan on medium heat. Turn the nori from side to side until it goes from black to bright green. Repeat with other sheets of nori. 3. Cut nori into bite size pieces and add to salad. Toss well and add avocado. Drizzle "Energy Dressing" over the top. Enjoy! 		
*Substitute $\frac{1}{2}$ cup sliced cucumber for the avocados for a lighter, equally delicious salad!		
✓ LOVED IT!	✓ Didn't like it	

Mexican Salad	20 min	Serves 2-4
<ul style="list-style-type: none"> • 1 cup peeled, grated jicama • 1 red pepper, chopped 	<ul style="list-style-type: none"> • $\frac{1}{2}$ cup chopped fresh cilantro • 1 avocado, pitted, peeled, and chopped • 1 head lettuce, washed and shredded 	
Combine all ingredients in bowl and toss well.		
✓ LOVED IT!	✓ Didn't like it	

Spring Garden Salad		30 min	Serves 4
Salad		Dressing	
<ul style="list-style-type: none"> ▪ 4 cups chopped iceberg lettuce ▪ 4 cups chopped butter lettuce ▪ $\frac{1}{2}$ cup chopped tomato ▪ $\frac{1}{2}$ alfalfa sprouts ▪ $\frac{1}{2}$ sunflower sprouts ▪ 1 cup thin broccoli florets, steamed ▪ 1 cup small cauliflower florets, steamed ▪ 1 cup cubed zucchini, sautéed ▪ 1 cup snow peas, blanched and halved ▪ 1 cup petit peas, steamed 		<ul style="list-style-type: none"> ▪ 5 tbsp extra-virgin olive oil ▪ $2 \frac{1}{2}$ tbsp lemon juice ▪ 2 tbsp Candida friendly Mayonnaise ▪ $\frac{1}{2}$ tsp dry mustard ▪ 2 tbsp water ▪ 1 tsp minced onion 	
<ol style="list-style-type: none"> 1. Place lettuce in large bowl 2. Measure dressing ingredients into hand blender container and blend until creamy 3. Add tomato, olives, and sprouts to lettuce. Toss in cooked vegetables. Add dressing and toss well. 			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

CHICKEN SALADS

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

Dressings

Lemon Herb Dressing	15 min	Serves 1
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup extra-virgin olive oil ▪ $\frac{1}{4}$ cup fresh lemon juice ▪ 1 tsp dill ▪ 1 tsp oregano 	<ul style="list-style-type: none"> ▪ 1 tsp tarragon ▪ 1 clove garlic crushed ▪ Dash of salt ▪ Dash of pepper 	
Place all ingredients in a bowl and toss.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
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Energy Dressing	5 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 clove garlic, minced ▪ 3 tbsp. Olive Oil 	<ul style="list-style-type: none"> ▪ 1 tbsp. lemon juice ▪ $\frac{1}{4}$ tsp. sea salt 	
Place all ingredients in bowl and let marinate for 10-15 minutes.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
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Italian Marinade or Dressing	15 min	Serves 4-6
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup fresh lemon juice ▪ $\frac{1}{4}$ cup water ▪ 1/3 cup extra-virgin olive oil 	<ul style="list-style-type: none"> ▪ 1-2 fresh cloves garlic, peeled and minced ▪ $\frac{1}{4}$ tsp sea salt, optional ▪ 1 tbsp each of fresh, coarsely chopped oregano and basil 	
Refrigerate in jar 2-4 hours before using. Shake well before using.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
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Garlic Olive Oil Dressing	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 cloves of fresh garlic ▪ 1/8 tsp sea salt 	<ul style="list-style-type: none"> ▪ Juice from half of a freshly squeezed lemon ▪ 1/3 cup flax oil 	
Mash garlic cloves with Salt. Squeeze lemon juice into the mixture. Taste...if needed; add more salt, garlic, or juice. Add flax oil. Mix all ingredients together and pour over salad.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
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Dr. Julie-Ann Holland's Candida Friendly Dressing	15 min	Serves 6-8
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup Lemon Juice ▪ 1 $\frac{1}{2}$ cups Olive Oil 	<ul style="list-style-type: none"> ▪ 2 tbsp Minced Ginger ▪ 1/3 cup Minced Garlic 	
Blend all ingredients until creamy. Keeps for up to five days in refrigerator.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

CONDIMENTS/DIPS/SPREADS/MARINADES

Chunky Guacamole	10 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 1 medium avocado, peeled, pitted, and grated ▪ 2 tbsp fresh squeezed lemon juice ▪ 1 large tomato, chopped 	<ul style="list-style-type: none"> ▪ 2-4 green onions, chopped ▪ ½ tsp garlic powder ▪ Cayenne pepper to taste 	
Mash avocado with a fork. Chop the tomato. Add all ingredients and mix well		
✓ LOVED IT!	✓ Didn't like it	
Classic Guacamole	10 min	Serves 8-10
<ul style="list-style-type: none"> ▪ 2 ripe avocados ▪ ¼ tsp garlic powder ▪ 1 tbsp fresh lemon juice 	<ul style="list-style-type: none"> ▪ ½ tsp dried oregano ▪ ¼ tsp ground cumin ▪ Fresh pepper and sea salt to taste 	
Place ingredients in a food processor and process till your desired smoothness. Chill, if desired, before serving.		
✓ LOVED IT!	✓ Didn't like it	
Fresh Tomato Salsa	15 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 3 large Roma tomatoes, peeled ▪ 1 tbsp crushed jalapeno peppers ▪ 4 green onions, chopped 	<ul style="list-style-type: none"> ▪ 2 tbsp fresh lime juice ▪ Pinch of finely chopped red chili peppers 	
<ol style="list-style-type: none"> 1. Chop the tomatoes into small pieces. 2. Combine tomatoes with remaining ingredients in a medium sized bowl and stir. 3. Place in bowl, wrap tightly and refrigerate for one day before serving or leave covered at room temperature to allow flavors to blend. May be stored in fridge for up to 2 days. 		
✓ LOVED IT!	✓ Didn't like it	

CONDIMENTS

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

Dr. Julie-Ann Holland's Candida Friendly Mayonnaise	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 egg ▪ $\frac{1}{2}$ tsp Salt ▪ 1 tbsp Lemon Juice <ol style="list-style-type: none"> 1. Blend egg, salt, lemon juice, mustard, and $\frac{1}{4}$ cup oil in a blender then slowly add the remaining oil. 2. You may add Dill or other spices to taste. 3. When not on the program use Sunflower, Safflower, or Canola Oil, they taste better. 	<ul style="list-style-type: none"> ▪ 1 tsp Dry Mustard ▪ 1 Cup Extra Virgin Olive Oil 	

Homemade Tomato Sauce	25 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 2 leaves fresh basil ▪ Small handful loosely packed parsley leaves (about $\frac{1}{2}$ ounce) ▪ 1 small onion (about 2 ounces) – peeled and cut into 8 pieces ▪ 1 tbsp extra virgin olive oil 	<ul style="list-style-type: none"> ▪ 3 medium ripe tomatoes (about 18 ounces total) cored and quartered ▪ dash of salt ▪ dash freshly ground black pepper 	

Salsa	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 tomatoes, chopped ▪ $\frac{1}{2}$ red onion, chopped ▪ 1 jalapeno pepper, seeds removed & chopped ▪ cilantro, chopped 	<ul style="list-style-type: none"> ▪ parsley, chopped ▪ juice of $\frac{1}{2}$ a lime ▪ sea salt & pepper 	

ENTREES

BREAKFAST DISHES

Stir-Fried Vegetable Scramble	20 min	Serves 2-3
<ul style="list-style-type: none">▪ 2 tbsp organic butter▪ 2 tbsp chopped onion▪ 2 tbsp chopped green pepper▪ 1/2 cup fresh chopped tomato▪ 1 cup lightly steamed vegetables▪ 2 slightly beaten eggs▪ 1 tbsp extra virgin oil		

1. Heat skillet, add oil, onions and green peppers.
2. Stir-fry until tender.
3. Add tomato and other vegetables.
4. Bring to boil, stirring constantly.
5. Add eggs and cook, stirring gently.
6. Serve immediately.

LOVED IT! Didn't like it

Tasty Omelet	15 min	Serves 1
<ul style="list-style-type: none">▪ 2 large eggs▪ 1 tomato, diced▪ 1/2 avocado, peeled and diced▪ 2 green onion, chopped▪ 1 tbsp coconut oil		

1. Beat eggs.
2. Add tomato, avocado, and onion. Mix.
3. Melt oil in skillet.
4. Add egg mixture; cook over medium heat until bottom is set.
5. Turn half of omelet over on top of other half; cover.
6. Cook at low heat until egg is set

LOVED IT! Didn't like it

Veggie Scramble	15 min	Serves 2
<ul style="list-style-type: none">▪ 2 tbsp coconut oil or organic butter▪ 2 tbsp chopped onion▪ 2 tbsp chopped green onion▪ 1/2 cup chopped tomato▪ 1 cup cooked vegetables▪ 2-4 eggs slightly beaten		

Heat skillet, add oil, onions and green peppers. Stir fry until tender. Add tomato and other vegetables. Bring to boil, stir constantly. Add eggs and cook gently

LOVED IT! Didn't like it

Berry Salad (Only after Day 27)	5-10 min	Serves 1
<ul style="list-style-type: none">▪ 1 cup sliced strawberries, stems removed▪ 2 peeled bananas, sliced▪ 1 cup blueberries		

Combine all ingredients in a bowl and serve.

LOVED IT! Didn't like it

SOUPS

American Vegetable Soup <ul style="list-style-type: none"> ▪ 1 tbsp extra virgin olive oil ▪ 2 cups sliced leeks ▪ 1 sliced medium red onion ▪ 2 carrots, halved and cut 1/8 in rounds ▪ 1 medium green cabbage, chopped (8 cups) ▪ 1 tsp fresh thyme ▪ 7 cups boiling water 	1 hr 10mins Serves 6
<ol style="list-style-type: none"> 1. Heat oil, garlic, onion, and thyme and sauté until onion begins to soften (about 2 minutes) 2. Add carrots, celery, green beans, peas, and cabbage. Sauté and stir for 2 minutes. 3. Add water and bring to a boil. Stir in broth and tomato paste. Cover and bring to boil. Simmer for 35 to 40 minutes. 	
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it
Best Chicken Soup <ul style="list-style-type: none"> ▪ 8 oz chicken wings ▪ ½ can (17 ½ oz) organic chicken broth (no MSG) ▪ 1 ½ cup water ▪ ½ medium yellow onion, chopped ▪ 1 carrot, peeled and cut into rounds 	60 min Serves 2
<p>Place chicken, broth and water in a pan. Bring to a boil and skim foam. Reduce heat; add vegetables, seasonings and lentils. Cover; simmer 40-50 minutes or until chicken is tender.</p> <p>Remove check and save for other use.</p>	
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it
Cioppino <ul style="list-style-type: none"> ▪ 3.5 oz white fish, cubed ▪ 1 tomato, chopped ▪ 1 tsp tomato paste ▪ 2 cup organic chicken broth (no MSG) ▪ 1 clove garlic, minced ▪ 1 bay leaf 	25 min Serves 3-4
<p>Combine broth, onion, whole bay leaf, parsley and spice mix. Bring to a boil. Reduce heat, cover, and simmer for 10-15 min. Add fish, tomato paste and chopped tomato then return to boil. Reduce heat, cover, and simmer 5-7 min. Remove bay leaf. Season with salt and pepper.</p>	
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it

Creamy Celery Soup	30 min	Serves 4-5
<ul style="list-style-type: none"> ▪ 1 medium onion ▪ 1 medium celery stalk ▪ 1 medium garlic clove ▪ 1 tbsp olive oil ▪ 4 cups chopped vegetables, in $\frac{1}{2}$ to 1 inch pieces ▪ 5 cups low-sodium, organic vegetable broth ▪ Freshly ground pepper 		

1. Boil water
 2. Chop onion and celery. Slice garlic into thin strips.
 3. Heat oil, onion, garlic, and celery in a separate pot. Cook and stir for 1 minute on medium heat. Add vegetables and continue to cook for 1 minute.
 4. Add boiling broth and bring back to a boil. Stir and reduce heat to medium. Cover and cook for 8-10 minutes. Simmer until vegetables are tender.
 5. Pour soup into a bowl to cool.
 6. Place $\frac{3}{4}$ of soup in blender and liquefy to a cream. Pour into original soup pot. Place remaining one-quarter of unblended soup in blender. Pulse-blend for 2 to 3 seconds, allowing mixture to remain lumpy and textured. Pour it into creamed portion in the original soup pot.
 7. Place soup over medium heat. Gently reheat soup, taking care not to let it boil and stirring frequently. Add pepper to taste.

✓ LOVED IT! ✓ Didn't like it

Happy Vegetable Soup	15 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 1 small onion ▪ 2 green onions ▪ 2 celery stalks ▪ 2 carrots ▪ 1 zucchini ▪ 1 pressed garlic clove 	<ul style="list-style-type: none"> ▪ 2 green chard leaves ▪ 2 cups broccoli ▪ 1 tbsp extra virgin olive oil ▪ 6 cups low-sodium, organic vegetable broth ▪ $\frac{1}{2}$ cup minced fresh parsley 	

1. Cut vegetables (except chard and broccoli) into $\frac{1}{2}$ inch pieces.
 2. Coarsely chop chard and cut broccoli into thin florets.
 3. Sauté onion, green onion, celery, carrots, zucchini, and garlic in oil. Add hot broth then boil. Simmer for 5 minutes (covered)
 4. Stir in parsley. Remove pot from heat and cover for two minutes

✓ LOVED IT! ✓ Didn't like it

Mexican Chicken Soup	30 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 oz cooked chicken, shredded ▪ 2 cloves garlic, minced ▪ $\frac{1}{2}$ - 1 tsp. ground cayenne pepper ▪ 1 tsp. ground cumin ▪ 1 tsp. ground coriander ▪ 1 tomato, diced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup onion, chopped ▪ 2-3 cup low-sodium, organic chicken broth ▪ Fresh cilantro, chopped ▪ 1 lime 	

1. Combine garlic, onion, spices and broth in pot.
 2. Bring to a boil, reduce heat and simmer for 10 minutes.
 3. Add tomato and chicken and simmer 10 minutes.

4. Add Cilantro and continue to simmer 5 more minutes.

5. Top with a squeeze of lime.

✓ LOVED IT!

✓ Didn't like it

Vegetable Garden Soup

20 min

Serves 8

- | | |
|--|--------------------------------|
| ▪ 6 cups low-sodium, organic vegetable broth | ▪ 1/2 pound frozen green beans |
| ▪ ½ tsp extra virgin olive oil | ▪ 2 tbsp tomato paste |
| ▪ 2 carrots, peeled and diced | ▪ 1 tsp fresh basil |
| ▪ 1 large onion, diced | ▪ 1 tsp fresh oregano |
| ▪ 1 cup of chopped broccoli | ▪ 1 tsp sea salt |
| ▪ 4 Cloves of garlic, minced | ▪ 1 large zucchini, diced |
| ▪ 1/2 cabbage, chopped | |

1. Bring the broth to a boil

2. Put Extra-Virgin Olive Oil in Dutch oven and heat on MEDIUM HIGH.

3. Add the carrots, onion and garlic and cook for about 5 minutes.

4. Add all the remaining ingredients EXCEPT the zucchini and bring to a boil.

5. Cover, reduce the heat to MEDIUM and simmer for about 15 minutes or until the beans are tender.

6. Add the zucchini and cook until the zucchini is tender.

✓ LOVED IT!

✓ Didn't like it

Vegetable Rice Soup

10 min

Serves 2

- | | |
|--|--|
| ▪ 3 cups low-sodium, organic vegetable broth | ▪ 1 ½ cups coarsely chopped chard or cabbage |
| ▪ 1 carrot, peeled and sliced thin | ▪ 1 cup cooked brown rice |
| ▪ 1 stalk of celery sliced thin | |

1. Boil water and broth. Add carrots and celery. Cook at a low boil for 3 minutes.

2. Add chard (or cabbage) and cook at a low boil for 2 minutes longer.

3. Stir in rice and serve.

✓ LOVED IT!

✓ Didn't like it

Veggie Chowder

20 min

Serves 4

- | | |
|--|---------------------------------|
| ▪ 2 large tomatoes, peeled, cored and pureed | ▪ 1 garlic clove, minced |
| ▪ 1 cup water | ▪ 1 tbsp fresh parsley, chopped |
| ▪ 1 medium red bell pepper, diced | ▪ 1 tbsp fresh sage, chopped |
| ▪ 1 medium yellow onion, finely chopped | ▪ 1 tbsp fresh thyme, chopped |

Combine all ingredients in large pan; mix and bring to a boil. Reduce heat and simmer 10-15 minutes or until vegetables are tender.

✓ LOVED IT!

✓ Didn't like it

Warm Vegetable Soup	15 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 1 small onion ▪ 2 green onions ▪ 2 celery stalks ▪ 2 carrots ▪ 1 zucchini ▪ 1 garlic clove, pressed 	<ul style="list-style-type: none"> ▪ 2 green chard leaves or kale ▪ 2 cups broccoli florets ▪ 1 tbsp extra virgin olive oil ▪ 6 cups low-sodium, organic vegetable broth ▪ ½ cup minced fresh parsley 	
1. Cut vegetables into ½ inch pieces except for chard and broccoli. Chop chard and broccoli into thin pieces.		
2. Sauté onion, green onions, celery, carrots, zucchini, and garlic in oil in a large pot. Add water and bouillon cubes and bring to a boil. Simmer and cover for 5 minutes.		
3. Add chard and broccoli to pot. Return to a boil and simmer for 5 minutes.		
4. Stir in parsley. Cover and remove pot from heat and let stand for 2 minutes		
✓ LOVED IT!	✓ Didn't like it	

White Chicken Chili	25 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 oz cooked chicken breast, shredded ▪ ½ cup green bell pepper, chopped ▪ ½ cup onion, chopped ▪ 1 cup organic chicken broth (no MSG) ▪ 2 cloves garlic, minced 	<ul style="list-style-type: none"> ▪ 1/2 tsp cumin ▪ 1/4 tsp fresh oregano ▪ 1/4 tsp red pepper flakes ▪ 1/8 tsp ground cloves ▪ Pepper to taste 	
1. Combine garlic, onion, bell pepper and ½ c of broth to pot and bring to a boil, reduce heat to medium and cook for 5-7 minutes, until vegetables are tender.		
2. Add the remaining broth, if needed.		
3. Add all other ingredients to pot.		
4. Bring to a boil, reduce heat, cover and simmer for 10-15 minutes.		
✓ LOVED IT!	✓ Didn't like it	

VEGETABLE DISHES

Beet Greens and Chard	12 min	Serves 2-4
<ul style="list-style-type: none"> ▪ 1 bunch red chard ▪ 1 bunch beet greens ▪ 1 tbsp lemon juice 		
1. Wash and coarsely chop greens.		
2. Place in a covered pan over low heat and cook for 10 minutes. Occasionally stirring.		
3. Sprinkle lemon juice and toss.		
✓ LOVED IT!	✓ Didn't like it	

Belgian Endive Delight	25 min	Serves 6
<ul style="list-style-type: none"> ▪ 2-3 tbsp extra virgin olive oil ▪ 6 Belgian endive, cut in half lengthwise 	<ul style="list-style-type: none"> ▪ 2 to 3 cups water ▪ 3 tbsp lemon juice 	

1. Preheat oven to 375°. Heat oil in a large skillet.
 2. Add endive and brown on both sides.
 3. Add water to come halfway up endive.
 4. Add lemon juice, cover, and place in oven for 20 minutes (or until liquid is absorbed).

✓ LOVED IT! ✓ Didn't like it

Broccoli Pilaf	15 min	Serves 5-6
<ul style="list-style-type: none"> ▪ 1 tbsp extra virgin olive oil ▪ $\frac{1}{2}$ tsp cumin ▪ $\frac{1}{2}$ tsp dry mustard ▪ 1 tsp ground coriander ▪ 1 tsp turmeric ▪ $\frac{1}{4}$ tsp ground cinnamon ▪ 2 bay leaves 	<ul style="list-style-type: none"> ▪ 1 tsp fresh, minced garlic ▪ $\frac{1}{2}$ cup fresh, minced onion ▪ 1 bunch broccoli ▪ 1/3 water ▪ 3 cups brown rice ▪ Juice from small lemon ▪ 2 tbsp chopped, fresh cilantro ▪ 1 tsp sea salt 	

1. Cut broccoli into small florets. Peel stems and cut crosswise into 1/3 inch slices
 2. Prepare rice. (Measure 1 cup into 2 1/4 cups boiling water. Add 1 tsp olive oil. Cook covered over low heat for 40 minutes. Remove from heat and sit for 10 minutes before lifting cover)
 3. While rice cooks, heat oil in large skillet with lid. Add cumin and mustard. Stir in the coriander, turmeric, cinnamon and bay leaves.
 4. Add garlic and onion. Cook mixture and stir until the onion is soft and begins to brown. Add broccoli and cook for 5 minutes (keep stirring) over medium heat.
 5. Add water, cover, and steam the mixture over medium low for 5 minutes or until the broccoli is tender.
 6. Stir in the rice and cook until mixture is hot. Stir in lemon juice and salt. Mix well.

✓ LOVED IT! ✓ Didn't like it

Brown Rice with Herbs	30-60 min	Serves 6
<ul style="list-style-type: none"> ▪ 1 tbsp extra virgin olive oil ▪ $\frac{1}{2}$ cup diced onion ▪ 1 tsp minced garlic ▪ 2 cups long grain brown rice ▪ 4 $\frac{1}{2}$ cups boiling low-sodium organic vegetable broth ▪ 2 tsp fresh thyme ▪ 1 bay leaf ▪ $\frac{1}{2}$ cup minced fresh parsley ▪ sea salt to taste ▪ freshly ground pepper to taste 		

1. Preheat oven to 375°.
 2. Heat oil in heavy sauce pan. Add onion and garlic. Sauté for 2 minutes.
 3. Stir in rice. Add boiling broth and remaining ingredients. Bring to a boil and cover.
 4. When rice is boiling, cover with a circle of oiled parchment and place on center rack in oven. Back for 50 minutes.
 5. Remove from oven. Remove and discard bay leaf.

✓ LOVED IT! ✓ Didn't like it

Bunches of Broccoli	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 bunch of broccoli ▪ 2 tbsp organic butter 	<ul style="list-style-type: none"> ▪ Sea salt & cayenne pepper, to taste ▪ 1 tsp fresh lemon juice 	
Steam broccoli tops until tender crisp. Drain. Melt butter in skillet over low heat. When butter begins to brown, add lemon juice, salt and pepper. Pour over hot broccoli. 3-4 servings		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
Carrot "Stuffing"	20 min	Serves 2-4
<ul style="list-style-type: none"> ▪ 3-5 lbs. Carrots, juiced, save the pulp. ▪ 3 large ripe avocados ▪ 1 medium head of celery 	<ul style="list-style-type: none"> ▪ 1 red onion ▪ 2 tomatoes 	
<ol style="list-style-type: none"> 1. Mix the celery and onions in a food processor, or with the champion juicer with the blank in. 2. Add this to the carrot pulp. 3. Add diced tomatoes to the mixture. 4. Mash up 3 large ripe avocados. 5. Add and mix thoroughly. 6. Mix up and eat! (You may want to add a little bit of the carrot juice back to the mix for extra moisture and sweetness) <p>This can be eaten alone, added to a salad, placed on lettuce leaves, stuffed in a pepper, etc.</p>		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
Filled Eggplant	30 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 1 medium eggplant, peeled and cubed ▪ 1 tsp sea salt ▪ 8 tsp coconut oil 	<ul style="list-style-type: none"> ▪ 1 medium green pepper, cored, seeded and chopped ▪ 2 cloves garlic, chopped 	
<p>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.</p>		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
French Garlic String Beans	35 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 2 tbsp extra virgin olive oil ▪ 1 tsp garlic, minced ▪ 4 cups fresh string beans, julienned ▪ ½ tsp dried thyme 	<ul style="list-style-type: none"> ▪ ½ tsp sea salt ▪ 2 cups water ▪ 3 tbsp low-sodium organic chicken broth ▪ Squeeze of fresh lemon juice 	
<ol style="list-style-type: none"> 1. Heat oil in a large saucepan. 2. Add garlic and beans and sauté on high to sear beans, stirring frequently so they don't burn. 3. Add thyme, salt and pepper to taste. 4. Add water and chicken broth. 5. Bring to a boil, cover tightly, reduce heat to medium-low, and simmer for 20-30 minutes. 6. Squeeze lemon juice on top and toss well. 		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		

Garlic Green Beans	15 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 2 cups fresh green beans ▪ $\frac{1}{4}$ cup minced onion 	<ul style="list-style-type: none"> ▪ 1 Clove Garlic ▪ 1 tsp extra virgin olive oil 	
1. Combine olive oil and garlic in saucepan over medium heat		
2. Combine all ingredients in saucepan sauté over med heat until green beans are tender.		
✓ LOVED IT!	✓ Didn't like it	
Grilled Asparagus	7-10 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 2 tbsp extra virgin olive oil ▪ $\frac{1}{2}$ tsp pressed garlic 	<ul style="list-style-type: none"> ▪ 1 pound thin asparagus, trimmed 	
1. Preheat oven to broil or heat grill to medium.		
2. Combine oil and garlic in a small bowl.		
3. Place asparagus on grill or broiler rack and brush with garlic flavored oil. Grill for 4 to 5 minutes. Brush and turn occasionally.		
4. Asparagus is ready and when layer is crisp.		
✓ LOVED IT!	✓ Didn't like it	
Heavenly Marinated Vegetable	25 min	Serves 4-6
<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup extra virgin olive oil ▪ 2 cups of any combination of: ▪ Broccoli florets ▪ Green or red cabbage, shredded ▪ Cauliflower florets ▪ Onion, sliced 	<ul style="list-style-type: none"> ▪ Any color bell pepper, cored, seeded, and cut into strips ▪ Tomato wedges ▪ 3 cloves garlic, chopped ▪ Sea salt to taste ▪ 2 tbsp chopped fresh parsley ▪ $\frac{1}{4}$ cup freshly squeezed lemon juice 	
1. Heat the oil in a large skillet over low heat.		
2. Add the vegetables and garlic and sea salt.		
3. Stirring often until vegetables are tender-crisp.		
4. Stir in parsley. Cook 1-2 minutes more.		
5. Squeeze lemon juice over vegetables before serving		
✓ LOVED IT!	✓ Didn't like it	
Italian Green Beans	10 min	Serves 4-6
<ul style="list-style-type: none"> ▪ Sea salt ▪ 1 pound tender young green beans 	<ul style="list-style-type: none"> ▪ 2 tsp lemon juice ▪ 2 tbsp extra virgin olive oil 	
1. Boil water in a large pot. Trim ends off beans and cut them in half.		
2. Add pinch of sea salt to water. Add beans. Boil for 3 minutes until bright green and tender. Drain and place in ice water. Drain and pat dry.		
3. Place green beans in a bowl. Sprinkle lemon juice and toss. Add olive oil and toss again. Serve chilled or at room temperature		
✓ LOVED IT!	✓ Didn't like it	

Italian Zucchini	25 min	Serves 4
<ul style="list-style-type: none"> ▪ 2 large zucchini ▪ 1 tsp minced garlic ▪ 2 tbsp fresh basil 	<ul style="list-style-type: none"> ▪ 2 tsp fresh oregano ▪ 1 tsp paprika ▪ Freshly ground pepper 	
<ol style="list-style-type: none"> 1. Cut zucchini into thin 1/8 inch strips lengthwise. 2. Combine garlic with oil in small bowl and add half of mixture to a large skillet with half the zucchini. 3. Season with herbs and paprika and sauté over medium heat. 4. Rotate with tongs until zucchini is bright green. Remove from skillet. 5. Repeat process with remaining ingredients. Transfer zucchini to dish and season with pepper 		

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		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

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 	
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	

Lemon Broccoli	10 min	Serves 2
<ul style="list-style-type: none"> <li data-bbox="235 1379 753 1387">▪ 1 head of broccoli <li data-bbox="235 1387 753 1400">▪ 1 tbsp lemon juice, fresh squeezed 	<ul style="list-style-type: none"> <li data-bbox="860 1379 1168 1387">▪ $\frac{1}{4}$ tsp lemon zest <li data-bbox="860 1387 1168 1400">▪ Salt & pepper 	
<ol style="list-style-type: none"> <li data-bbox="235 1400 1090 1408">1. Cook broccoli in microwave according to package instructions. <li data-bbox="235 1408 1090 1417">2. Combine lemon juice and zest. <li data-bbox="235 1417 1090 1423">3. Pour over heated broccoli. 		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

Marinated Tomatoes	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tomato, thinly sliced ▪ 3-4 red onion slices ▪ $\frac{1}{2}$ tsp fresh basil ▪ $\frac{1}{4}$ tsp fresh tarragon 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ tsp fresh oregano ▪ 2 tbsp lemon juice ▪ salt & pepper to taste 	

2. Combine remaining ingredients in a separate bowl and pour over vegetables.

3. For best flavor results refrigerate several hours

✓ LOVED IT!

✓ Didn't like it

Melted Tomato & Zucchini Wraps

20 min

Serves 2

- | | |
|---------------------------------------|---|
| ▪ 1 tbsp extra virgin olive oil | ▪ ½ medium yellow onion, finely chopped |
| ▪ ½ cup thinly sliced zucchini rounds | garlic powder, to taste |
| ▪ ½ large tomato, chopped | ▪ Fresh basil, to taste |
| | ▪ 2 Iceberg Lettuce Leaf |

1. Preheat oven to 350 degrees F.

2. Heat oil in skillet.

3. Add vegetables and seasonings; sauté until tender.

4. Spoon vegetables on cakes; cover dish with foil. Bake 10 minutes. Let cool and place in lettuce leafs

✓ LOVED IT!

✓ Didn't like it

Mock "Mashed Potatoes"

10 min

Serves 2-3

- | | |
|---|------------------------|
| ▪ 1 Head of Fresh Cauliflower | ▪ 1/8 tsp black pepper |
| ▪ 1 tbsp low-sodium organic chicken broth | ▪ ¼ cup water |
| ▪ 1 tbsp minced dried onion | |

1. Steam Cauliflower until tender.

2. Combine all ingredients in saucepan and cook on medium heat for 5-7 minutes, stirring frequently.

3. Remove from heat and mash with potato masher for chunkier texture or puree in a food processor for smoother texture

✓ LOVED IT!

✓ Didn't like it

Parsley and Parsnips

18 min

Serves 4-6

- | | |
|---|------------------------------|
| ▪ 8 medium parsnips, peeled, trimmed and quartered lengthwise | ▪ ¼ cup minced fresh parsley |
| ▪ 2 tbsp extra virgin olive oil | |

1. Place parsnips in a skillet with water (enough to cover). Boil then simmer covered for 5 minutes or until tender. Drain.

2. Add oil, parsley, and parsnips. Heat and toss

✓ LOVED IT!

✓ Didn't like it

Sautéed Brussels

20 min

Serves 2

- | | |
|------------------------|----------------------------------|
| ▪ 5-6 Brussels sprouts | ▪ 1 orange pepper |
| ▪ 1 cucumber | ▪ 1/8 cup extra virgin olive oil |

1. Lightly steam Brussels sprouts.

2. Slice cucumber and pepper.

3. Combine sprouts, spinach, pepper and oil.

4. Toss.

5. Add salt/spices to taste.

✓ LOVED IT!

✓ Didn't like it

Sautéed Asparagus

20 min

Serves 4

- $\frac{1}{2}$ pound asparagus, cut diagonally
- 4 cups of water
- 1 tbsp coconut oil
- Grated fresh gingerroot, to taste
- 1 garlic clove, minced
- $\frac{1}{2}$ 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

Sautéed Spinach

10 min

Serves 3-4

- 2 tbsp extra virgin olive oil
- $\frac{1}{4}$ cup sliced onion
- 1 – 10 oz package fresh spinach, rinsed and torn
- 1 clove garlic, sliced
- Sea salt, to taste

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

Season with salt.

✓ LOVED IT!

✓ Didn't like it

Spicy Taco Crunch Wraps

10 min

Serves 2

- 1 ripe avocado
- $\frac{1}{2}$ large onion
- $\frac{1}{4}$ cup fresh lemon juice
- $\frac{1}{8}$ 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

Steamed Cabbage

15 min

Serves 2

- $\frac{1}{2}$ head of Cabbage, chopped
- juice of $\frac{1}{2}$ lemon
- $\frac{1}{2}$ tsp dry mustard
- salt & pepper

Steam cabbage for 5-10 minutes, until slightly tender. Combine mustard and lemon juice. Pour mixture over warm cabbage and season with salt and pepper

✓ LOVED IT!

✓ Didn't like it

Stir Fry

20 min

Serves 2-3

- 4 tsp Coconut oil
- 1 pound vegetables: Broccoli, cauliflower, onions, and green pepper
- 1 tbsp minced garlic
- 1 tsp fresh lemon juice

1. Heat oil in skillet over low heat.

2. Add garlic and veggies. Cook until tender-crisp.

3. Stir in lemon juice. 4 servings

✓ LOVED IT!

✓ Didn't like it

Stir Fried Cucumbers

15 min

Serves 1

- 3 medium cucumbers
- 2 tbsp coconut oil

- 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

- 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

Tasty Marinated Vegetables

25 min

Serves 6

- 2/3 cup fresh lemon juice
- 2-4 garlic cloves, chopped
- 2 tsp total fresh parsley, basil, dill, celery seed or fennel
- 1 cup extra virgin olive oil
- 4 pounds vegetables and/or sprouts
- ½ tsp sea salt, optional

1. Combine lemon juice, garlic and herbs. Simmer 5 minutes. Cover and set aside.
2. Add oil when cooled to lukewarm.
3. Cut vegetables in 1-2" pieces.
4. Steam vegetables such as cauliflower, broccoli or green beans first.
5. Toss all ingredients together.
6. Add green onion if desired.
7. Pour marinade over and toss.
8. Marinate overnight in refrigerator

✓ LOVED IT!

✓ Didn't like it

Tomato Cups

15 min

Serves 6

- 6 medium tomatoes
- ½ small cucumber
- 2 sticks of celery
- ½ cup fresh parsley
- 1 tbsp fresh mint
- 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

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

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

Vegetable Stuffed Green Peppers <ul style="list-style-type: none">▪ 1 Green Pepper▪ 1-2 Cups of cooked vegetables	15 min	Serves 2
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1. Cut peppers in half, remove stem and seeds.
 2. In saucepan over low heat in 1 inch water cook covered until tender.
 3. Drain. Fill with drained combination of cooked vegetables of your choice

✓ LOVED IT! ✓ Didn't like it

Veggie Kabobs | 30 min | Serves 6

Marinade

- 2 tbsp coconut oil
 - 3 tbsp chopped fresh rosemary
 - 2 garlic cloves, peeled and crushed
 - Juice of 2 lemons

Kabob

- 1 red bell pepper, seeded and cut into 2" cubes
 - 1 yellow pepper, seeded and cut into 2" cubes
 - 1 green pepper, seeded and cut into 2" cubes
 - 1 onion cut into 2" cubes
 - 24 cherry or grape tomatoes
 - 12 wooden skewers

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

✓ LOVED IT! ✓ Didn't like it

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		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

CHICKEN

Brussels Sprouts and Chicken Delight	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/8 cup extra virgin olive oil ▪ 5-6 Brussels sprouts ▪ 1-2 cloves garlic, peeled and quartered 	<ul style="list-style-type: none"> ▪ ½ onion, diced ▪ 3-4 ounces of chicken, cubed 	
Combine all in frying pan. Brown the Brussels sprouts, onion, garlic and chicken. Enjoy.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

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

Chicken Cacciatore	1 hr 15 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 pound chicken, chopped ▪ 1 tsp garlic powder, to taste ▪ 1 tbsp chopped fresh oregano 	<ul style="list-style-type: none"> ▪ 1 tbsp chopped fresh basil ▪ 1-8 oz Candida friendly tomato sauce (see Homemade Tomato Sauce Recipe) 	
<ol style="list-style-type: none"> 1. Preheat oven to 375 degrees F. 2. Place chicken pieces, skin side up, in a greased baking pan. Sprinkle with 1/3 seasonings. 3. Bake 30 minutes; turn and season with 1/3 seasonings. 4. Bake 20 minutes longer. 5. Pour half of the tomato sauce over chicken. Sprinkle with remainder of seasonings. 6. Turn and cover with rest of tomato sauce. Bake 10-15 minutes more. 		
✓ LOVED IT!	✓ Didn't like it	
Chicken Lettuce Wraps	15 min	Serves 6
<ul style="list-style-type: none"> ▪ 2 stalks celery, finely chopped ▪ 1 tbsp chopped fresh basil ▪ 1 tbsp chopped fresh parsley 	<ul style="list-style-type: none"> ▪ 6 slices cooked chicken (not deli) ▪ 6 Iceberg Lettuce Leaf 	
Mix celery and seasonings. Spread over turkey slices and place on lettuce. Roll each tightly		
✓ LOVED IT!	✓ Didn't like it	
Chicken with Melted Tomato & Zucchini	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tbsp coconut oil ▪ ½ cup thinly sliced zucchini rounds ▪ ½ large tomato, chopped 	<ul style="list-style-type: none"> ▪ ½ medium yellow onion, finely chopped ▪ Garlic powder, to taste ▪ Basil, to taste ▪ 2 chicken breasts 	
<ol style="list-style-type: none"> 1. Preheat oven to 350 degrees F. Heat oil in skillet. 2. Add vegetables and seasonings; sauté until tender. 3. Place lightly grilled chicken breasts in a baking pan. 4. Spoon vegetables on zucchini rounds; cover dish with foil. Bake 10 minutes 		
✓ LOVED IT!	✓ Didn't like it	
Easy Chicken & Rice	60 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 pounds frying chicken pieces ▪ 1 cup brown rice ▪ 2 cups water ▪ Dash of salt 	<ul style="list-style-type: none"> ▪ 2 tbsp organic butter ▪ 3 tbsp rosemary ▪ 3 tbsp chopped fresh parsley ▪ Optional – onions, celery, green pepper 	
<ol style="list-style-type: none"> 1. Place rice, water, salt, butter and parsley in a 4-quart casserole dish. 2. Stir and bring to a boil. 3. Salt chicken and lay on top of rice. 4. Lower heat to simmer; cover tightly and cook 45-60 minutes until water is absorbed and chicken is tender. 		
✓ LOVED IT!	✓ Didn't like it	

Lemon Chicken	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 2- 3.5 oz chicken breasts ▪ Juice and zest of 1 small lemon ▪ $\frac{1}{2}$ tsp chopped garlic 	<ul style="list-style-type: none"> ▪ 2 tsp dry mustard ▪ 1/2 tsp black pepper 	

1. Preheat oven to 400 degrees.
 2. Tear off 2 sheets of foil measuring 12 x 18 inches each.
 3. Combine lemon juice, zest, garlic, mustard and pepper.
 4. Place one chicken breast in the center of each sheet of foil wrap.
 5. Drizzle the lemon mixture over the chicken.
 6. Bring up the sides of the foil and turn over the top edge twice. Seal the ends, leaving enough room inside the packets for air to circulate.
 7. Place on a cookie sheet and cook for 12-15.

✓ LOVED IT! ✓ Didn't like it

Citrus Ginger Chicken Stir-Fry	25 min	Serves 2
<ul style="list-style-type: none"> • 3.5 oz Chicken, thinly sliced • 1/2 tbsp fresh grated ginger • Lemon or Lime juice to taste • 10-12 asparagus spears, sliced 1 inch pieces 	<ul style="list-style-type: none"> • ½ cup red bell pepper, sliced • ½ tsp garlic, minced • 3 tbsp low-sodium, organic chicken broth 	

1. Combine ginger, lime juice and broth into a pan. Add asparagus, red bell peppers and Garlic to pan.
 2. Cook covered over medium heat for 5-8 minutes or until asparagus is mostly cooked.
 3. Add chicken and cook for 5 minutes until chicken is fully cooked.
 4. Add a pinch of salt or more lime juice, if needed.

✓ LOVED IT! ✓ Didn't like it

Picnic Lettuce Wraps	20 min	Serves 4
<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ pound cooked chicken or tuna ▪ 1 stalk celery, chopped ▪ 1 tsp chopped fresh dill weed ▪ 1 tsp chopped fresh basil 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ tsp garlic powder ▪ 2 tbsp Candida friendly mayonnaise ▪ 1 tomato, sliced ▪ 4 Iceberg Lettuce Leaf 	

1. Preheat oven to 350 degrees F.
 2. Blend crab, celery, seasonings and mayonnaise.
 3. Place tomato slice on each leaf; place in baking pan. Top with crab mixture. Cover with foil, bake 10 minutes

✓ LOVED IT! ✓ Didn't like it

DESSERTS

Banana Papaya Pudding (Only after Day 27)	5 min	Serves 2
<ul style="list-style-type: none">▪ 1 banana▪ 1 papaya		

1. Cut papaya in half and remove seeds.
2. Remove inside meat and place meat with bananas in blender.
3. Blend till smooth

LOVED IT! Didn't like it

Banana Ice Cream (Only after Day 27)	5 min	Serves 2
<ul style="list-style-type: none">▪ 2-3 Frozen Bananas (freeze without peel) <p>Blend frozen bananas in food processor until very smooth. Bananas may look gritty but keep blending till smooth.</p>		

Juice Pops (Only after Day 27)	5 min	Serves 6
<ul style="list-style-type: none">▪ 4 Oranges▪ 2 cups Berries <ol style="list-style-type: none">1. Blend berries and oranges until smooth.2. Pour mixture in Popsicle holders or ice cube trays.3. Insert Popsicle sticks and freeze in freezer.		

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CALORIE INDEX

Vegetables	Serving Size	Calories
Artichokes	½ Cup	30
Alfalfa sprouts	½ Cup	28
Asparagus	1 Cup	27
Bamboo shoots	1 Cup	41
Bean sprouts	1 Cup	53
Beets	1 Cup	58
Bok Choy	½ Head	50
Broccoli	1 Cup	30
Brussels sprouts	1 Cup	38
Buckwheat sprouts	1 Cups	583
Cabbage, Chinese	1 Cup Shredded	9
Cabbage, Red	1 Cup Shredded	28
Carrots	1 Cup Chopped	52
Cauliflower	1 Cup	25
Celery	1 Cup Diced	19
Chard, Swiss	1 Cup	7
Chives	1 Tbsp Chopped	1
Cucumber	1 Cup	16
Eggplant	1 Cup Cubes	20
Fennel, Bulb	1 Cup	27
Garlic	1 Clove	4
Green Beans	1 Cup	40
Green Onions	1 Cup Chopped	32
Jicama	1 Cup	46
Kohlrabi	1 Cup	36
Lima Beans	1 Cup	176
Leek	1 Cup	54
Mung Bean Sprouts	1 Cup	31
Okra	1 Cup	31
Onion	1 Cup	64
Parsley	1 Cup	22
Parsnips	½ Cup	100
Pepper, Green	1 Cup	30
Pepper, Red	1 Cup	48
Pimentos	2 Tbsp	80
Radish	1 Cup	19
Rhubarb	1 Cup	26
Rutabaga	1 Cup	50
Shallots	½ Cup	60
Snap Beans (Edible Pods)	1 Cup	34
Snow Peas (Sugar Peas)	1 Cup	41
String Beans	½ Cup	30
Sprouts	1 Cup	56

Tomatillo	$\frac{1}{2}$ Cup	21
Turnips	1 Cup	36
Water Chestnuts	1 Cup	80
Wheat Grass	100 ml	14
Zucchini	1 Cup	20

Greens	Serving Size	Raw
Arugula	$\frac{1}{2}$ Cup	3
Beet Greens	1 Cup	8
Belgian endive	1	15
Bib lettuce	1 Cup	7
Boston lettuce	1 $\frac{1}{2}$ Cup	15
Butter Lettuce	1 Cup	7
Cress	1 Cup	16
Collard Greens	1 Cup	11
Curly Endive	$\frac{1}{2}$ Cup	4
Dandelion Greens	1 Cup	25
Endive	$\frac{1}{2}$ Cups	4
Endigia (Red Endive)	$\frac{1}{2}$ Cup	4
Escarole	1 $\frac{1}{2}$ Cup	15
Green Leaf	1 $\frac{1}{2}$ Cup	15
Iceberg	1 Cup	8
Kale	1 Cup	34
Mesclun	1 Cup	10
Mustard Greens	1 Cup	15
Oakleaf	$\frac{1}{2}$ Cup	4
Radicchio	1 Cup	9
Red Leaf	1 $\frac{1}{2}$ Cup	15
Romaine	$\frac{1}{2}$ Cup	5
Spinach	1 Cup	7
Swiss chard	1 Cup	7
Watercress	1 Cup	4

Fruit	Serving Size	Raw
Apples	1 Cup	65
Apricots	1 Cup	74
Avocadoes	1	240
Bananas	1 Cup	200
Blackberries	1 Cup	62
Blueberries	1 Cup	83
Boysenberries	1 Cup	66
Cantaloupe	1 Cup	60
Cherries	1 Cup	90
Coconut Meat	1 Cup	283
Dates	1	35

Figs	1	47
Grapefruit	1 Cup	97
Grapes	1 Cup	62
Guava	1	45
Honeydew	1 Cup	64
Kiwi	1 Cup	108
Lemon	1 Cup	61
Limes	1	20
Mango	1	130
Melons	1	60
Mulberries	1 Cup	80
Nectarines	1	70
Oranges	1 Cup	80
Papaya	½ Cup	70
Peaches	1 Cup	66
Pears	1 Cup	96
Persimmon	1	32
Pineapple	1 Cup	78
Plums	1 Cup	76
Pomegranate	1	105
Raspberries	1 Cup	64
Strawberries	1 Cup	49
Tangelos	1	60
Tangerines	1 Cup	80
Tomatoes	1	15
Watermelon	1	46

Lean Meat	Serving Size	Raw	Cooked
Organic Poultry- Free range, antibiotic free and hormone free is best			
Chicken	½ Cup	-	200
Turkey	½ Cup	-	190
Wild Caught Fish (not farm raised)			
Cod	½ Cup	-	113
Halibut	½ Cup	-	158
Mahi Mahi	½ Cup	-	120
Salmon	½ Cup	-	206
Sea Bass	½ Cup	-	140
Sole	½ Cup	-	133
Swordfish	½ Cup	-	173
Tilapia	1 Cup	-	93
Trout	½ Cup	-	170
Tuna	½ Cup	-	133
Canned Fish- Water packed tuna	½ Cup	-	133

Lentils and Rice	Serving Size	Raw	Cooked
Brown Lentils	1 Cup	-	232
Red Lentils	½ Cup	-	340
Brown Basmati Rice	½ Cup	-	300
Brown Rice	1 Cup	-	218
Wild Rice	1 Cup	-	166

Dairy			
Organic Free-range eggs	1	-	70
Organic butter	1 Tbsp	100	-

Oils			
Coconut Oil- (A great substitute for Butter)	1 Tbsp	125	-
Extra virgin olive oil	1 Tbsp	120	-
Flaxseed Oil- (Great for dressings. Keep refrigerated, do no heat)	1 Tbsp	130	-
Grape seed oil	1 Tbsp	120	-

SHOPPING LIST

Vegetables

Fresh or frozen only, organic if possible

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

Greens

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

Red Leaf

Romaine
Spinach
Swiss chard
Watercress

Fruits (Beginning Day 23)

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

Lean Meats

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

Turkey

Wild Caught Fish (not farm raised)

Cod
Halibut
Mahi Mahi

Salmon
Sea Bass
Sole
Swordfish
Tilapia
Trout
Tuna
Canned Fish - Water packed tuna

Lentils / Rice

Brown Lentils
Red Lentils
Brown Basmati Rice
Brown Rice
Wild Rice

Dairy

Organic Free Range Eggs
Organic Butter

Oils

Coconut Oil
Flaxseed Oil
Grape seed Oil
Extra Virgin Olive Oil

Condiments

Real Sea Salt
Fresh Spices and seasonings
Fresh Basil/ oregano etc.

Beverages

Distilled water (during detox)
Spring Water
Purified Water

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

EXAMPLE MENU

Excluding detox days.

BREAKFAST

Veggie Scramble

OR

Chocolate Dream Shake

LUNCH

Confetti Salad

OR

Mediterranean Salad

DINNER

Happy Vegetable Soup

OR

Stir Fry

EXAMPLE MENU (Starting Day 23)

Excluding detox days.

BREAKFAST

Bowl of sliced fruit with squeeze of lemon

OR

Fruit Smoothie

LUNCH

Garden Salad with Energy Dressing

OR

Creamy Celery Soup

DINNER

Mock "Mashed Potatoes"

OR

Spicy Taco Crunch Wraps

Week One

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast: - Veggie Scramble	Breakfast: - Tasty Omelet	Breakfast: - Stir-Fried Vegetable Scramble	Breakfast: - Chocolate Dream	Breakfast: - Meal Shake	Breakfast: - Veggie Scramble	Breakfast: - Meal Shake
Snack: -Snack Shake	Snack: -	Snack: - Snack Shake	Snack: -	Snack: - Snack Shake	Snack: -	Snack: -
Lunch: - Lettuce Wraps -(Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Broccoli Pilaf -(Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Picnic Lettuce Wraps -(Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Melted Tomato & Zucchini Wraps -NO MEAT today
Snack: -	Snack: - Snack Shake	Snack: -	Snack: - Snack Shake	Snack: -	Snack: - Snack Shake	Snack: - Snack Shake
Dinner: - Steamed Artichokes -Side Salad -(Add protein if wanted)	Dinner: - Sautéed Brussels Side Salad -(Add protein if wanted)	Dinner: - Veggie Chowder -Side Salad -(Add protein if wanted)	Dinner: - Best Chicken Soup -Side Salad	Dinner: - Broccoli and Chicken Divine -Side Salad	Dinner: - Chicken Cacciatore -Side Salad	Dinner: - Bunches of Broccoli -Side Salad -NO MEAT today If recipe calls for meat, simply don't put it in
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: -Can replace a meal with the NUTRITIONAL SHAKE

Week Two

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Breakfast: - Chocolate Dream	Breakfast: NO FOOD TODAY	Breakfast: - Meal Shake				
	Make Detox Mixture					
Snack: - Fresh Veggies dipped in salsa	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: - Snack Shake
Lunch: - Confetti Salad -No Meat today	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: - Confetti Salad with variety of fresh veggies with Italian Marinade or Dressing -No Meat or anything frozen, just FRESH
Snack: - Snack Shake	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: -Fresh Veggies dipped in mashed avocados
Dinner: - Stir Fry -Side Salad - NO MEAT today	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: - Spicy Taco Crunch -Fresh Garden Salad -NO MEAT, Only Fresh Veggies
Other: -Can replace a meal with the NUTRITIONAL SHAKE	Other: -----	Other: -----	Other: -----	Other: -----	Other: -----	Other: -Can replace a meal with the NUTRITIONAL SHAKE

*Please note that you will still have to add your calories and adjust quantity accordingly.

Week Three

Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Breakfast: - Chocolate Dream	Breakfast: -Tasty Omelet	Breakfast: - Stir-Fried Vegetable Scramble	Breakfast: - Chocolate Dream	Breakfast: -Meal Shake	Breakfast: -Veggie Scramble	Breakfast: -Meal Shake
Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in salsa	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in salsa
Lunch: - Green Salad -NO MEAT or anything frozen, just FRESH Veggies	Lunch: - Chicken Salad	Lunch: - Confetti Salad with Fresh Tomato Salsa -(Add protein if wanted)	Lunch: - Mediterranean Salad -(Add protein if wanted)	Lunch: - Confetti Salad with Guacamole -(Add protein if wanted)	Lunch: - Vegetable Rice Soup -(Add protein if wanted)	Lunch: - Confetti Salad with Italian Marinade or Dressing - (Add protein if wanted)
Snack: - Snack Shake	Snack: - Fresh Veggies dipped in salsa	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in salsa	Snack: - Snack Shake
Dinner: - Vegetable Stuffed Green Peppers -Fresh Garden Salad -No Meat, Only Fresh Veggies	Dinner: - Sautéed Asparagus -Side Salad -(Add protein if wanted)	Dinner: - Sautéed Spinach -Side Salad -(Add protein if wanted)	Dinner: - Veggie Kabobs -Side Salad -(Add protein if wanted)	Dinner: - Vegetable Delight -Side Salad -(Add protein if wanted)	Dinner: - Heavenly Marinated Vegetables -Side Salad -(Add protein if wanted)	Dinner: - Heavenly Marinated Vegetables -Side Salad -(Add protein if wanted)
Other: -Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

Week Four

Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Breakfast: -Meal Shake	Breakfast: - Meal Shake	Breakfast: - Meal Shake	Breakfast: -Meal Shake	Breakfast: -Veggie Scramble	Breakfast: -Citrus Shake	Breakfast: - Berry Salad
Snack: - Snack Shake	Snack: - Apple	Snack: - Orange	Snack: - Fresh Veggies dipped in Salsa	Snack: - Banana	Snack: - Fresh Strawberries	Snack: - Snack Shake
Lunch: - Lettuce Wraps -(Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Broccoli Pilaf -(Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Picnic Lettuce Wraps -(Add protein if wanted)	Lunch: - Melted Tomato & Zucchini Wraps - (Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)
Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa	Snack: - Grapes	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa
Dinner: - Tomato Cups -Side Salad -(Add protein if wanted)	Dinner: - Melted Tomato & Zucchini -Side Salad -(Add protein if wanted)	Dinner: - Layered Zucchini -Side Salad -(Add protein if wanted)	Dinner: - Stir Fried Cucumbers -Side Salad -(Add protein if wanted)	Dinner: - Stir Fried Cabbage -Side Salad -(Add protein if wanted)	Dinner: - Carrot "Stuffing" -Side Salad -(Add protein if wanted)	Dinner: - Filled Eggplant -Side Salad -(Add protein if wanted)
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

*Please note that you will still have to add your calories and adjust quantity accordingly.

Week Five

Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Breakfast: -Veggie Scramble -NO MEAT today	Breakfast: -Meal Shake	NO FOOD TODAY Make Detox Mixture	NO FOOD TODAY Make Detox Mixture	NO FOOD TODAY Make Detox Mixture	Breakfast: -Meal Shake	Breakfast: -Meal Shake
Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa	Snack: -----	Snack: -----	Snack: -----	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados
Lunch: - Confetti Salad -NO MEAT Today	Lunch: - Lettuce Wrap -NO MEAT Today	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: - Fresh Garden Salad - NO MEAT or anything frozen, just FRESH	Lunch: - Confetti Salad - NO MEAT or anything frozen, just FRESH Veggies
Snack: - Fresh Veggies dipped in Salsa	Snack: - Snack Shake	Snack: -----	Snack: -----	Snack: -----	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake
Dinner: - Sautéed Brussels -Side Salad -NO Meat today	Dinner: - Vegetable Stuffed Green Peppers -Side Salad -No Meat today	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: - Tomato Cups -Side Salad -No Meat, Just FRESH Veggies	Dinner: - Spicy Taco Crunch -Side Salad -No Meat, just Fresh Veggies
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: -----	Other: -----	Other: -----	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

*Please note that you will still have to add your calories and adjust quantity accordingly.