

THE 12-WEEK HORMONE BALANCING PROGRAM

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THE 12-WEEK HORMONE BALANCING

PROGRAM BREAKDOWN



✓	Products and Services Received	Price	Quantity	Total Price
1	12-Week Hormone Supplements	\$1,362.00	1	\$1,362.00
12	Weekly Evaluations	\$60.00	12	\$720.00
12	Sessions of Exercise	\$50.00	12	\$600.00
12	Sauna treatments for detoxification	\$50.00	12	\$600.00
12	Body Wraps	\$85.00	12	\$1,020.00
12	Self-Mastery Technology (SMT)	\$30.00	12	\$360.00
1	Follow up Evaluation	\$50.00	1	\$50.00
24 Hours a day phone access to the Doctor and Staff				Priceless!
Total Price for Everything You Pay				\$4,712.00

The 12-WEEK HORMONE BALANCING 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 hormones will be in balance.

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

This will not only help you balance your hormones, it will also 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 balance hormones naturally.

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!

HORMONES

WHAT ARE HORMONES?

Hormones are chemical messengers which are produced and secreted by numerous glands in the body. Once a hormone is released into the blood stream as a result of a certain stimuli, it instructs target cells and/or glands to produce a particular substance such as other hormones. These hormones stimulate or inhibit the actions of cells and glands everywhere, depending on the needs of the body. Thus, although very different in their functions, different hormones are dependent on each other to produce a balanced chemical environment in the body. For example, glands such as the ovaries, adrenals, pituitary and hypothalamus produce and regulate levels of estrogen, progesterone, and androgens.

ESTROGEN

What is estrogen for? What does it do? Estrogen causes the growth of sexual organs, causes the lining of the uterus to thicken and endometrial glands to develop and nourish a fertilized egg. It causes an increase in overall body fat which gives soft, fine-textured skin. It causes fluid and salt retention in the tissues to plump and fill skin. It helps retain calcium in the bones and has a direct effect on the endothelial lining of blood vessels; affects physiological functions of the body like blood sugar, emotional balance and memory. It has stimulatory effects on the nervous system. High levels can trigger anxiety, irritability and mood swings. It is used by the body for cellular growth and repair; and it inhibits the osteoclast, the cells that tear down old bone. It can cause weight gain and hot flashes when a shortage occurs. The symptoms of menopause result mainly from a progesterone deficiency relative to estrogen. It's an anti-libido hormone.

THYROID, THYROID HORMONES, PITUITARY GLAND and LIVER FUNCTION

Thyroid hormones perform several functions in your body. They help control the amount of oxygen each cell uses, the rate at which your body burns calories, your heart rate, overall growth, body temperature, fertility, digestion, memory, and mood.

Every cell in the body has receptor sites for thyroid hormones. The thyroid hormones are responsible for the most basic and fundamental aspects of physiology and the basal metabolic rate. The lack of ideal thyroid hormones leads to the overall decline in cellular function of all bodily systems. Disorders for thyroid function are very prevalent in the United States population and continue to increase every year.

Thyroid hormones, especially Synthroid, have been on the top ten most prescribed medications for decades. Hypothyroidism is the most common cause of thyroid dysfunction. The thyroid gland is also very vulnerable to imbalances of the endocrine system. Hormones such as estrogen, progesterone, cortisol and testosterone have major influences on thyroid peridoxate enzymes and thyroid binding globulins as well as thyroid receptor site sensitivities. Many times other endocrine imbalances are the culprit in thyroid imbalances and restoring these imbalances has the greatest promise in supporting thyroid metabolism dysfunction.

The thyroid gland is very vulnerable to environmental factors. Many of these known environmental factors act as goitrogens and compete with iodine uptake. Environmental factors in combination with iodine deficiency affect symptoms as well. Thyroid physiology is very vulnerable to cross reactions with medications. Hypothyroidism is a cause for a change in energy, mood swings, as well as weight gain.

Your pituitary gland creates thyroid stimulating hormone, TSH, to kick start the thyroid. The thyroid proceeds to utilize iodine from your blood to synthesize multiple thyroid hormones. T4, thyroxin, is converted to T3, a metabolizing boosting thyroid hormone. This is also done through the liver. 70-80% of the conversion process of T4 to T3, is done through the liver. This is if you have a healthy liver. The liver is only as healthy as what you eat, because your liver is constantly processing digestion, and eliminating toxins. So the more healthy your liver is, the better your transition of T4 to T3 will be.

When you're not eating enough calories, the pituitary gland stops producing enough TSH. The thyroid doesn't produce T4. Less T4 leads to less T3; and less T3 means a slower metabolism. Therefore thyroid hormones get imbalanced, either too high or too low. Chemical reactions all over the body get thrown off. An underactive thyroid can lower energy and make you gain weight. This is called hypothyroidism. Candida is also a toxic side effect from the ethanol and acetaldehyde, which can affect how the thyroid hormones function. By clearing up the Candida and eliminating yeast from your diet, thyroid function from T4 to T3 can have astounding recovery and effect.

ADRENAL GLANDS

The adrenal glands are located in the abdominal area, above the kidneys. This is where norepinephrine, epinephrine, and cortisol are produced. Cortisol, also called hydrocortisone, is produced in the adrenal cortex, the outer part of each adrenal gland. The inner part of the adrenal gland, the adrenal medulla, produces the other primary stress hormones, including norepinephrine, which restricts blood vessels and increases blood pressure; and epinephrine, which increases heart rate and blood flow to muscles.

Each of these stress hormones is released in different ratios based on the challenges you face in your life. If you're looking at a challenge that you think you can handle, your adrenals release norepinephrine. After you succeed, after you handle the challenge, you release more testosterone, which has a positive effect on the body. If you face a challenge that seems more difficult, something you're not sure you can handle or masters, then you release more epinephrine. This is also called an anxiety hormone. When you're overwhelmed, totally discouraged and you're convinced that you cannot handle this, you release more cortisol.

Epinephrine and cortisol impact metabolism. When you first become stressed, norepinephrine will tell your body to stop producing insulin so that you can have plenty of fast acting blood glucose ready. Epinephrine will relax the muscles of the stomach and intestines and decrease blood flow to these organs. There is a change in what's called sympathetic to the

parasympathetic nervous system. Sympathetic is fight or flight. You're ready to go. Parasympathetic is you're just sitting there after a big meal and your digestive tract is working to digest your food.

These two actions cause some of the high blood sugar and stomach problems associated with stress. Once the stressor has passed, cortisol tells the body to stop producing these hormones and to resume digestion. Cortisol continues to have a huge impact on your blood sugar, particularly on how your body uses fuel.

Cortisol is a catabolic hormone--which is a tearing down hormone, not a building up hormone--cortisol tells your body when fat, protein and carbohydrates are present to burn and when to burn them, depending on what kind of challenge you face. If you haven't released the excess cortisol in your blood by exercising, cortisol will increase your cravings for high fat, high carb foods. Once you eat, your body releases a cascade of rewarding brain chemicals that can set up an addictive relationship with food. You feel stressed. You eat. You feel better.

If you don't consciously avoid this pattern you can become physically and psychologically dependent on that release to manage stress. It's no coincidence that stress eating is on the rise. When stress continues for a long time and cortisol levels remain high, the body actually resists weight loss. Cortisol turns adipose sites, young fat cells, into mature fat cells. So when you have stress on your body, chronic overstimulation of our adrenals becomes an epidemic. We are victims of, and addicted to, stress and our bodies pay the price. Long term activation of the stress system has a lethal effect on the body. When you abuse your adrenals as much as we do, you set yourself up for heart disease, diabetes, strokes, and other potentially fatal conditions. Adrenal fatigue can also create insomnia, weight gain, depression, hair loss and carb cravings.

The Hormone Balancing Program at Club Reduce will show you how increased adrenal stress will increase blood sugar levels in your body, which increases insulin response and fat retention. When you fill out the symptom assessment from Club Reduce we will be able to determine how significant your adrenal stress is. We have supplementation for the thyroid as well as the adrenal gland.

GROWTH HORMONE

Growth Hormone, sometimes called Human Growth Hormone (HGH), is one of those hormones that we all want more of. It seems to make things better in our bodies. It helps build muscles, burn fat, helps with heart disease, protects your bones, increases overall health, and some say even make you happier. According to studies, people with higher levels of growth hormone also tend to live longer.

One of the primary goals of our program is to increase your natural production of growth hormone; which is entirely possible. Growth hormone is produced in the pituitary gland underneath the hypothalamus and it is one of the most influential anabolic hormones.

Anabolic hormones are the hormones that produce muscle, playing a huge role in the growth of bone and other body tissue.

Growth hormone increases your muscle mass in several ways--by absorbing amino acids, synthesizing them into the muscle, and preventing the muscle from breaking down. All of this can raise your resting metabolic rate and give you more power for your exercise and workouts. Growth hormone is an amazing thing to tap into if you're overweight, especially if you have extra fat stores. Fat cells have growth hormone receptors that trigger your cells to break down and bring triglycerides. Growth hormone also discourages your fat cells from absorbing and holding onto any fat floating around in your blood stream. Growth hormone actually counters the insulin's ability to shuttle glucose into the cells and this can also be found by taking the symptom assessment to determine if Candida is present. If Candida is present, it can affect glucose and how glucose is introduced into the cells.

Growth hormone can literally be the most amazing thing available to help you with weight loss. Although growth hormone is released a few times throughout the day, the most abundant release of growth hormone is during sleep, usually about one to two hours after falling sleep--around midnight to two o'clock in the morning when you are in deep REM sleep, stage four of sleep. This is when growth hormone is released in the largest abundance.

Another way we suppress our growth hormone levels is when we eat too many low quality, refined or processed carbs. This keeps your blood sugar and insulin levels high. Protein, on the other hand, can help with growth hormone production. New evidence is also starting to show that hormones from other animal products with pesticides and other contaminants in our environment and diet can affect and negatively impact your growth hormone levels.

One way to increase your growth hormone is with intense exercise. During intense exercise and interval training, your body will use fat as fuel. People who exercise, but aren't seeing the results they want, are not incorporating interval training. They are not stressing the body out enough to release any of this growth hormone.

Again, when you exercise it keeps your blood glucose level stable so that you have the energy to keep exercising. When you don't exercise and your muscles become insulin resistant, you increase your level of circulating insulin and you suppress growth hormone even further. When you have circulating insulin, your body goes into fat storing mode, not fat burning mode.

Our office recommends a supplement from Solutions4 for adrenal support and stress. This supplement is also used and taken after exercise. The shakes available from Solutions4, in chocolate, vanilla, orange cream and strawberry, are excellent post-workout drinks due to the fact they have the amino acids, enzymes, minerals and twenty grams of protein to help repair the muscles and joints that were just stressed.

Hormone regulation and balance are very important for optimal body function and weight loss. In most instances hormones can be regulated with a healthy diet, exercise and natural supplementation.

DHEA

DHEA stands for dehydroepiandrosterone. DHEA is a steroid hormone produced in the body by the adrenal glands. It is the single most abundant steroid in the human blood stream. It is the mother or precursor hormone because the body readily converts it on demand into active hormones such as estrogen, testosterone, cortisone and progesterone. DHEA seems to be the only hormone that declines with age in both men and women and its decline triggers age related disease.

Why is DHEA important?

According to scientists, the decline of DHEA in the body is the most reliable indicator of aging and susceptibility to disease. Most researchers agree that to slow aging and prevent disease, the DHEA blood levels must be maintained at levels found in people in their 20s. Controlled scientific studies of the effects of DHEA conducted nearly 55 years ago exhibited some of the most profound age retarding, healing and disease preventing benefits ever seen in a single compound. Recent studies have demonstrated that of 5000 women monitored, those who developed breast cancer had less than 10% the average DHEA levels for their age group. Those with above average DHEA levels remained cancer free.

In testing, DHEA levels were dramatically lower in males with premature heart disease than in healthy males. Two hundred and forty two men, ages 50-79, followed for 12 years, all experienced declining DHEA levels. Those with the lowest levels showed the highest history of heart disease. Postmenopausal women with rheumatoid arthritis have significantly low DHEA levels. Women with bone density loss have declining levels of DHEA. People suffering from Alzheimer's disease had a 48% less DHEA level in their body than the control group of the same age.

A study at Temple University School of Medicine found that elevated levels of DHEA caused weight loss without a change in appetite. This is not weight loss due to a breakdown of lean muscle or fluid loss. DHEA appears to create a stabilizing effect on all body systems. It has been found to help overweight people to lose fat and underweight people to gain weight. Calories convert to heat rather than stored as fat. DHEA helps the body to build lean muscle tissue. DHEA may be the most significant natural weight stabilization supplement ever to be introduced in holistic health.

Current research and studies show that DHEA may be beneficial in preventing and treating diabetes, heart disease, obesity, cancer, auto immune disease, AIDS, Fibromyalgia, chronic fatigue syndrome, aging, osteoporosis, rheumatoid arthritis, lupus, multiple sclerosis, Parkinson's Disease, PMS, menopausal symptoms and the elimination of many age related disease. Most patients studied in a double blind study noticed enhanced wellbeing and more energy as well as better clarity of thought, also common was an increase in libido.

NATURAL PROGESTERONE

Synthetic progestin is chemically formulated from natural progesterone, but they are not its chemical equivalent. Your body can normally convert a hormone into other hormones when needed. Synthetics cannot be converted by the body and they also produce many side effects. Natural progesterone and precursors are considered bioidentical, meaning chemically identical to those naturally produced by the body. When these two are combined, they are converted by the adrenal gland into corticosteroids and aldosterone, endrogen, estrogen, cortisol, DHEA, pregnenolone and adrenaline.

Functions of Progesterone:

- * Stimulates secretory activity in the body
- * Acts as a sedative with a calming effect
- * Normalizes blood sugar levels
- * Pressures all other steroid hormones including estrogen and cortisol
- * Causes regression of tumors induced by estrogen
- * Stimulates osteoblasts, the cells that make new bone formation
- * Regulates metabolism, making it more efficient, utilization of fat for energy
- * Opposes the effects of stress
- * Causes weight loss by improving the body's efficiency in burning fuel for energy and eliminating fluids.
- * Is a natural diuretic
- * Prevents stress induced coronary
- * Is linked to delayed aging and longer life span
- * Balances estrogen to relieve hot flashes
- * Is a pro libido hormone
- * Protects against cancer
- * Enhances thyroid hormone
- * Increases antidepressant activity
- * Blocks estrogen side effects

Androgens, the Male Testosterone Hormone

- * Maintains sex drive
- * Maintains muscle strength
- * Maintains lean muscle mass
- * Maintains body weight
- * Regulates hair growth

As the body goes through the progression of disease the immune system breaks down and hormone imbalance almost always comes into play. Symptoms are always a late manifestation of a breakdown in the body. The breakdown generally occurs long before symptoms surface. 95% of all degenerative disease begins with a toxic colon. Thus, it makes sense that to achieve hormone balance you must first target the source in the body by detoxifying the body.

Creating and maintaining hormone balance requires detoxifying the body, reducing caffeine and alcohol intake, practicing stress management techniques, taking the proper supplements to rebuild the immune system, and eating a natural precursor diet.

Years ago we used to be able to go to the zoo and feed the animals; but eventually the animals started to get sick and die from the junk and processed foods people fed them. Now the zoo has signs that say “Do not feed the animals”. According to the World Health Organization processed foods are the cause of increased obesity levels and disease including cancer and heart disease. Processed foods with all the nutrients taken out aren’t good for humans and they aren’t good for animals either.

Humans can also get sick and die from eating junk food, yet our society continues to send out messages that it’s okay to eat junk and fast food. These messages come from a multibillion dollar industry. We are constantly bombarded with advertising that promotes obesity and poor health. The advertising is not going away. Therefore, you must take responsibility for yourself to learn how to be healthy so you can lose weight and start living; start by educating yourself and your family.

Back in the 1950s, there was an ad for a Cola drink. The ad was promoting this cola as something good and healthy. The ad read this way: “Laboratory tests over the last few years have proven that babies who start drinking soda during that early formative period have a much higher chance of gaining acceptance and fitting in during those awkward preteen and teen years. So do yourself a favor. Do your child a favor. Start them on a strict regimen of sodas and other sugary carbonated beverages now for a lifetime of guaranteed happiness--promotes active lifestyle, boosts personality, gives the body essential sugars.”

We might think that’s crazy but these kinds of ads are still out there. On a bag of potato chips it says: “Happiness is Simple: It takes twelve muscles to smile, or three simple ingredients.” How about this?

If your child is upset, buy him a Happy Meal. Make him happy. All these toxins from our diets increase the risk of breast cancer, thyroid, pituitary gonadal dysfunction as well as developmental defects in cellular reproduction.

The problem gets worse every year because as Sally gets busier and busier in her fast paced lifestyle she eats fast foods and prepackaged foods from a box, bag or can to save time. Sally’s body is not getting the nutrients it needs. She’s starving so her body holds on to more and more fat. Nutrition plays a vital role in balancing hormones.

A BRIEF HISTORY OF HORMONE REPLACEMENT THERAPY (HRT)

HRT, or hormone replacement therapy, came of age in the late 1960s, although it had been studied as early as the 1930s, according to Sherill Sellman in her book *Hormone Heresy*. The early research using hormones and organs from monkeys showed little effectiveness and even resulted in dire consequences. But in 1966, after years of refocusing research on synthetic

estrogen instead of animal derived products, the pharmaceutical companies emerged triumphant, changing the medical landscape and women's bodies forever.

In 1966 Dr. Robert Wilson, a New York gynecologist, wrote a bestseller called *Feminine Forever*. His message was that estrogen replacement would save women from the tragedy of menopause, which often destroys her character as well as her health. The book, it turns out, was paid for by pharmaceutical giant Wyeth-Ayerst. The author's foundation, the Wilson Research Foundation also was financed by Wyeth, along with other drug companies that had interest in creating a market for their new drugs. Thanks to Wilson's book and lectures, Wyeth's estrogen replacement drug became the fifth leading prescription drug in the US by 1975, just about the time researchers found that such drugs could increase the risk of uterine cancer at remarkable rates. The solution? Don't stop the estrogen. Just add progesterone. Progesterone seemed to counter the effects of estrogen on the uterine lining, making the wonder cure for women safe again--for a while.

HRT MARKETING

The media has become a huge tool for pharmaceutical companies. This has progressed over time to the point where you can't watch television without seeing all the clever advertising that's being done. Instead of allowing the doctors to make recommendations on if or when pharmaceuticals are needed, the general public is going to their doctors telling them what drugs they should be on--simply because they saw the ad on television explaining the benefits. The media is garnering record advertising dollars from pharmaceutical companies; a trend that's not changing any time soon.

PMS and MENOPAUSE LISTED AS DISEASES

In mainstream medicine hormonal symptoms, PMS and menopause are seen as hormonal deficiencies for which routine treatment is synthetic hormone replacement. The conventional medical approach is to force a woman's body to live with a hormone level associated with childbearing years. This doesn't take into account that the healthy human body has organs that produce and balance hormones naturally if given the proper environment.

HORMONES and AGING

Hormones direct our bodies telling us when to grow, when to slow and every step to take in between. Hormone levels change over a lifetime, presenting special challenges in transitional periods. This is particularly true for women experiencing menopause. The amount of estrogen produced by the ovaries affect the length and timing and even the amount of flow in a woman's menstrual cycle. As ovaries age, they may not release an egg every month. When this happens estrogen causes the uterine lining to continue to build. Thus, a thicker lining results in a heavier flow. A woman's cycle may come closer together and she may experience gushing as well as notice a thicker flow than usual. Eventually, ovaries will produce less estrogen and a cycle's flow will become lighter because there is less to shed. When ovaries no longer produce

estrogen, a woman will skip a cycle altogether or stop having periods completely. This is known as menopause, the physical transition in which women lose the ability to reproduce.

The US population is aging. The subgroup within this aging population, which is growing at the greatest rate, is post-menopausal women. The average age of menopause, age 52, hasn't changed since 1950; however female life expectancy has greatly increased. Females in 1850 often did not live long enough to reach menopause, at a life expectancy of only 47 years. Today women are living into their 80s which means one third of their lives are being spent being post-menopausal and menopausal.

Pre-menopause and menopause are natural hormone transitional periods in the human life cycle, much like that of puberty and should be experienced as a natural stage of life, not treated like a disease. The prevailing myth in mainstream medicine is that menopause is an estrogen deficiency disease. Although estrogen levels do decrease at menopause, they drop only 40-60% while progesterone levels can drop as well.

THE FDA'S STAND ON HRT

According to WebMD, January 8, 2003, the US Food and Drug Administration, the FDA, has asked that all labels on estrogen and estrogen progestin replacement therapy be revised to carry a boxed warning stating the increased risk for heart disease, heart attack, stroke and breast cancer. The warning also emphasizes that these products are not approved for heart disease prevention. "We have approved all new labeling for WYETH Pharmaceuticals for Prempro, Premarin, and Premphase", said the FDA spokesperson Pam Winbourne in a teleconference with reporters. "All other manufacturers are being faxed letters asking them to revise their labels in a similar fashion. We believe that different estrogens and progestin act similarly and in absence of data otherwise, women need to assume the risk with other estrogens and progestin's are similar", said Ms. Winbourne. Other studies do show that estrogen and progestin are associated with these same side effects. The label also urges that physicians prescribe the lowest dose of estrogen and estrogen progestin products and for the shortest duration to achieve treatment goals. The label changes reflect findings from the Women's Health Initiative, WHI, a landmark study that found overall health risks for estrogen and progestin, particularly for invasive breast cancer, heart attacks, blood clots; and that these risks exceed benefits of fractures and colon cancer risk reduction said Ms. Winbourne. The FDA also conducted its own review of data from the WHI and confirmed the study's findings. "We are assuming that labels have accurate information as uncovered by the WHI", she said. "The black box warning asks that decisions about using hormone replacement therapy balance the benefits and potential risks. Our actions also include new guidance for conduct of clinical trials developing products for vaso-motor symptoms and vulvar and vaginal atrophy," Ms. Winbourne added, "including treatments of the following symptomatic conditions: moderate to severe vasomotor symptoms, hot flashes and night sweats. The FDA still believes that these products are highly effective and very valuable in treating moderate to severe symptoms of hot flashes and night sweats said Ms. Winbourne. These symptoms can be very disruptive and can often only be controlled by estrogen products. That will not change." Vulvar and vulvar

atrophy, the new label states that when estrogen products are being considered only for the conditions of vaginal and vulvar atrophy, topical vaginal products should be considered. In the prevention of osteoporosis, the new label states that when prescribing solely for this condition estrogen should only be considered for women at significant risk for osteoporosis and that non estrogen treatment such as bisphosphonates should be carefully considered. Some 6.5 million women in the US now take some form of hormone replacement therapy, HRT, Winbourne said.

ESTROGENS ADDED TO CARCINOGEN LIST--USA Today, January 6th 2003.

The federal government has added estrogens used in postmenopausal hormone therapy and oral contraceptives to its official list of known human carcinogens. An advisory panel of the National Institute of Environmental Health Science ruled that steroid estrogen should be listed because of an association with endometrial cancer; and to a lesser extent, breast cancer. The number of substances deemed known or reasonably accepted to pose a cancer risk stands at 228. The report doesn't address potential benefits of the product. It does note that birth control pills containing estrogen might protect against ovarian cancer.

ESTROGEN WARNING URGED, February 23, 1994

Researchers, citing the growing link between environmental estrogen and breast cancer, say prevention is needed. HRT interferes with metabolism of natural estrogen. Dr. Elihu Richter, from Hebrew University, told the American Association for the Advancement of Science that women aged sixty to sixty six on estrogen replacement therapy have an 87% increased breast cancer risk. ERT, estrogen replacement therapy, cuts the risk of heart disease and osteoporosis but has the highest cancer risks. "Should breast cancer be the price we pay for reduced risk of heart disease and fractures?" asks Dr. Graham Colditz, of Harvard Medical School. His answer was no.

RETHINKING HRT

The following is from Dr. Andrew Weil, Self Healing, September 2002: Millions of women who take the hormone estrogen and progestin were recently thrown for a loop when results from the first large clinical study of hormone replacement therapy, HRT, were released. The findings from the Women's Health Initiative, WHI, show that long term use of HRT not only didn't reduce the risk of heart disease as previously thought, but actually increased a woman's risk of developing cardiovascular problems and breast cancer.

The WHI study followed some 16,000 women ages fifty to seventy nine who took either a combination of estrogen and progestin or a placebo pill. Although the eight year study was supposed to last until 2005, it was stopped when researchers determined that the risks of taking HRT outweighed the benefits. In fact, it was found that women taking HRT were more likely to develop invasive breast cancer or suffer a stroke, heart attack or blood clot than women not taking the hormones. The increased risk of breast cancer became evident after about four years of HRT use, but the cardiovascular risk appeared just a year or two on the

drugs. Women taking HRT did appear to have reduced risk of colon-rectal cancer and hip fractures - Journal of American Medical Association, July 17th 2002.

What happened? The National Institute of Health, sponsor of the WHI, suddenly pulled the plug three years early on the study seeking to determine whether hormone replacement therapy could prevent major chronic illness. For years we as women have been told that staying on synthetic hormones during the imbalance years of our lives would make us younger and keep us healthy. Because of the statistically significant number of women in the study getting breast cancer, researchers concluded that it was unethical to continue.

The research provided other alarming findings. There was a 41% increase in strokes, 29% increase in heart attacks, doubling rate of blood clots, 22% increase in total cardiovascular disease, 26% increase in breast cancer. These findings contradicted almost all medical predictions and essentially called into question previous studies done on HRT. Upon stopping the trial the federal government immediately sent a letter to 16,000 participants and their doctors advising them to stop taking the drugs.

In an editorial accompanying the study, Dr. Susan Fletcher and Dr. Graham Colditz of Harvard Medical School said the whole purpose of healthy women taking long term estrogen progestin therapy is to preserve health and prevent disease. The results of this study provide strong evidence that the opposite is happening for important aspects of women's health, even if the risk is low. Given these results we recommend that clinicians stop prescribing for long term use. The study found that risks clearly outweigh benefit. Hormone therapy was also believed to prevent fractures due to osteoporosis, but the new study raises questions about that too. Women in the trial who were on hormones had a slightly higher rate of hip fractures than those taking the placebo, the opposite of what was expected. The media has portrayed these results as a bombshell, but I'm not surprised. For years I have warned women about the increased risk of breast cancer from HRT, because exposure to estrogen stimulates the proliferation of breast tissue; and while many physicians have recommended that some women take HRT in order to prevent cardiovascular problems, this theory has never been proved in a randomized, controlled study like the WHI.

Also, the WHI study used a popular but unnatural hormone drug called Prempro which combines Premarin and estrogen obtained from the urine of pregnant horses with synthetic progesterone called progestin. Although the doses used in the study reflect those used by most women on HRT, other research suggests that those doses are higher than what may be needed to mitigate menopausal symptoms. More research needs to be done but I suspect that lower doses of bioidentical versions of estrogen and progestin are the same as those made naturally by the human body, maybe safer. Bio-identical hormones are also new on the horizon and have been used for several years. Some experts have claimed that they have the same results as HRT, the same risk, but there haven't been any follow up studies for these bio-identical hormones yet.

SO WHAT'S A WOMAN TO DO?

There is no single right answer. Deciding when and if to do HRT and what forms to use are individual decisions that each woman needs to discuss with her doctor. HRT is quite effective at managing hot flashes and other menopausal symptoms, but many women can cope with these effects through natural approaches alone. We have had a lot of success in helping women with these hormonal imbalances with natural hormone precursors that give the body the ingredients to make hormones natural and when needed.

I would advise against taking HRT to prevent heart disease given this new evidence as taken from Dr. Weils and consider all options.

HORMONE HEALTH

Hormone health does not depend on using toxic doses of synthetic drugs to suppress symptoms. Like any aspect of health, hormone health is linked directly to having essential 100% nutrition, exercise, stress control and detoxification to produce and metabolize hormones properly. Given the proper environment, the body is able to manufacture its own balanced hormones.

As we go back in women's history before the 1960s, the environment we were exposed to on a daily basis was not as toxic as it is today. In 1996 researchers had identified at least 51 synthetic chemicals that disrupt the hormonal balance system. These toxins cause gonadal, thyroid, pituitary, and adrenal dysfunction, which compromise the immune system, hormone production and homeostasis. These toxins can also cause developmental defects in cellular reproduction such as breast cancer.

Human made, or synthetic, hormones mimic natural hormones. However they are not bioidentical to naturally made hormones. The body can break down and excrete natural plant precursors, compounds, and use them to balance hormone health. Synthetic hormones are toxic and do not eliminate from the body.

Hormone drugs are consumed in animal foods--meat, beef, poultry, and pork. These animal proteins have been injected with growth hormones and antibiotics. Milk or milk products in which the cows have been given growth hormone, or any other animal food source, may contain hormones which alter the body's hormone balance. There is an alarming example of what is happening to our culture by the addition of synthetic hormones in our food supply. This is the trend of seven and eight year old girls beginning their menstrual cycles in the third and fourth grades, rather than at the age of twelve to fourteen as has historically been the case.

DOES WHAT I EAT MATTER?

In the inception of Solutions4, the beneficial international company, Dr. Linda Nelson launched spas in Asia and began exploring the health and wellness aspects that would form the basis for our products and programs. What she discovered was the lack of menopause and menstrual

symptoms that are so common in Western cultures was amazing. Studies show that the diet in Asian cultures is high in plant sterols. Plant sterols are easily converted to human estrogen and progesterone by the body. As a result, Asian women rarely experience the symptoms that Western cultured women consider biologically normal.

The difference between getting hormones from pills and animal products that have been fed synthetic hormones and those from plants is that in plant form you are simply ingesting precursors. Your body utilizes and converts only what it needs, allowing for natural and healthy hormone levels.

Foods that supply plant hormone precursors include soy, flax seed, yams, peas, cucumbers, bee pollen, raw nuts, seeds, papaya, banana, licorice root, raw fruits, juices of raw fruits and vegetables, leafy greens, garlic, avocado, grapes, apples, wheat germ, wheat grass and cherries. When introducing foods that are estrogen and progesterone precursors, the body doesn't replace lost hormones with synthetic, but instead stimulates the body to correct its own hormone imbalance. In the case of menopausal symptoms it is an imbalance, not a shortage that actually produces the symptoms. The body is trying to return to its natural state.

It's important to try to eat organically-grown produce and also meats without steroids when trying to balance hormones. There are additional supplements that can be taken to help balance hormones.

SYMPTOMS OF IMPROPER HORMONE BALANCE

In preteens and teens: menstrual cramping, bloating, acne, mood swings, heavy blood flow.

In the childbearing years, 20s and 30s: PMS, migraines, infertility, bloating, weight gain. Excess body fat is a risk factor for heart disease, high blood pressure, diabetes, breast cancer and stroke.

Weight gain in the 30s and 40s is very common in both men and women. Changes in hormone levels during the aging process aid in the distribution and storage of body fat in and near your midsection. Postpartum depression and tender breasts are also common.

In perimenopause, the transition period when hormone levels decrease, the menstrual cycle is erratic. This can last up to ten years. Other symptoms include loss of sex drive, hair loss, mood swings, weight gain, bloating, night sweats, acne, sleep deprivation, depression, bone loss, cancer, and hot flashes.

Menopause is the permanent cessation of menstruation with at least one year without menstrual cycle. The symptoms are hot flashes, osteoporosis, depression, Alzheimer's and heart disease. During post menopause these symptoms gradually decline.

The following are symptoms of hormone imbalance. Note that these symptoms may also indicate the presence of Candida, the overgrowth of yeast in the body.

If you have any of these symptoms of hormonal imbalance and you'd like to increase your energy levels, experience a higher quality of sleep, or get your fat burning hormones to work for you instead of against you, the programs we offer at Club Reduce can help you to become balanced and get back to the lifestyle you enjoyed in the past.

Designing the correct hormone program for you will be determined by completing the symptom assessment. After an evaluation we'll be able to determine which supplementation would be beneficial for you.

Symptoms of Hormone Imbalance:

- *Depression
- *Feelings of panic
- *Mood swings
- *Sudden anger
- *Violence
- *Crying and weeping
- *Self-Injury
- *Leg Cramps
- *Drug Excesses
- *Running eyes
- *Circles under the eyes
- *Flu and colds
- *Stiffness
- *Bruise easily
- *Eye Irritation, eye puffiness
- *Back aches
- *Cold extremities
- *Fibroids
- *Constipation
- *Lack of appetite
- *Tender breasts
- *Infertility
- *Greasy hair
- *Boils
- *Fainting
- *Joint swelling
- *Migraines
- *Hysteria
- *Epilepsy
- *Dry skin
- *Frustration
- *Insomnia
- *Joint pain
- *Bloating
- *Muscle pain
- *Inflammation
- *Lethargy
- *Gall bladder problems
- *Asthma
- *Slow digestion
- *Runny nose, sore throat

Estrogen deficiency or an imbalance of the hormone can cause:

- *Herpes
- *Headaches
- *Vaginal dryness
- *Aggression
- *Anxiety
- *Irritability
- *Mood swings
- *Blurred vision
- *Sagging skin
- *Poor sleep quality
- *Breast Cancer
- *Memory problems
- *Tumors
- *Fatigue
- *Osteoporosis
- *Lethargy
- *Water retention
- *Depression
- *Depressed libido
- *Night sweats

Androgen--Male Hormone dominance can cause:

- *Hot flashes
- *Painful intercourse
- *Thinning hair
- *Bladder infections.
- *Unusual facial hair on the face as well as arms and legs

On the other side, estrogen excess can cause:

- *Acne break outs
- *Low blood sugar
- *Hypoglycemia
- *Salt and fluid retention
- *Tumors
- *Foggy thought process
- *Osteoporosis
- *Migraine tension headaches
- *Water retention
- *Heavy blood low
- *Depressed libido.

*Puffing and bloating in the body

A cortisol imbalance is a stress hormone imbalance causing:

- *Rapid weight gain
- *Depression
- *Fatigue
- *Anxiety
- *Blood sugar issues
- *Insomnia
- *Increased insulin levels
- *Hair loss
- *Weight gain
- *Thin dry skin
- *Headaches
- *Brown age spots, including on the face
- *Fatty breasts
- *Enlarged prostate
- *Inability to exercise

Progesterone and Testosterone deficiencies can cause:

- *Infertility
- *Sleep disorder
- *Weight gain
- *Weight gain
- *Fatty breasts
- *Miscarriages
- *Soft erections
- *PMS symptoms
- *Low libido
- *Mood swings
- *Loss of muscle
- *Anxiety
- *Loss of stamina
- *Depression
- *Painful breasts, lumpy breasts
- *Endometriosis

FOOD LIST

Vegetables

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*, *½ 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 *½ 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	Edamame	Pimentos
Bamboo shoots	Fennel	Radish
Bean sprouts	Garlic	Rhubarb
Beets	Green Beans	Rutabaga
Bok Choy	Green Onions	Shallots
Broccoli	Jicama	Snap Beans (Edible Pods)
Brussels sprouts	Kohlrabi	Snow Peas (Sugar Peas)
Buckwheat sprouts	Lima Beans	String Beans
Cabbage, Chinese	Leek	Sprouts
Cabbage, Red	Mung Bean Sprouts	Sunflower Sprouts
Carrots	Nori	Tomatillos
Cauliflower	Okra	Turnips
Celery	Onion	Water Chestnuts
Chard	Parsley	Wheat Grass
Chives	Parsnips	Zucchini
Cilantro	Peas	

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
Baby Thai Coconut	Kiwi	Plums
Bananas	Lemon**	Pomegranate
Blackberries	Limes**	Raspberries
Blueberries	Mango	Strawberries
Boysenberries	Melons	Tangelos
Cantaloupe	Mulberries	Tangerines
Cherries	Nectarines	Tomatoes**
Dates	Oranges	Watermelon
Figs	Papaya	
Grapefruit	Peaches	

** These fruits permissible on Day 1

Lean Meat:

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

Lentils and Rice : (serving size is ½ cup)

(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 tbsp, 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

Bragg's Liquid Aminos (natural soy sauce alternative)

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

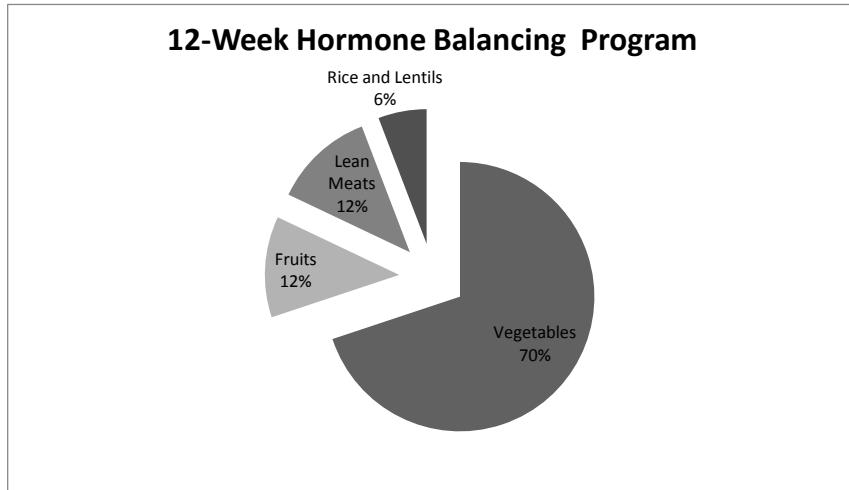
AVOID GROUP:

- 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.
- Mixed seasonings and spice rubs like Mrs. Dash etc.
- Meat: Beef, Lamb, Pork, and Veal. No cured, smoked or luncheon meats
- All nuts or seeds
- Brewer's yeast, B vitamin made from yeast.
- Processed or Refined Foods: containing Refined White Flour and Refined White Sugar
- MSG or Chemicals
- Starchy Vegetables: Hominy, White Rice, Yams, Potatoes and Dried Beans
- Corn and corn products
- Artificially sweetened drinks and food products.
- All fruits (fresh, canned or dried) until the yeast are abated. Fresh Lemon and Limes may be used in water, or as a substitute for vinegar in salad dressings and recipes.
- Fungus Foods: mushrooms, blue cheese, etc.
- All vinegar and vinegar soaked products or vinegar dressings: pickles, pickle relish, etc.
- Old leftovers. If a food has been in the fridge for more than 3 days, do not eat it. Leftovers may be frozen and consumed at a later date.

STRUCTURING YOUR DIET ON THE 12-WEEK HORMONE BALANCING PROGRAM

When not detoxing, your diet should consist mostly of green leafy vegetables. Use the graph below to guide your choices when planning meals. The easiest way to incorporate more greens into your diet is to plan meals around salads. An easy way to get your daily amount of fruit (after day 23) is to have it for breakfast in the morning or to add it to a Nutritional Shake. Rice and lentils are allowed on the program, but use them sparingly. Add your rice or lentils to a green salad to get more greens in the meal.



Why 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 vitamin, minerals, enzymes, co-enzymes, carbohydrates, proteins, and fats are damaged or destroyed by the heat of cooking. What we get with grains after they have been cooked is the maximum amount of calories with the minimum amount of nutrients.

Salads are central to a raw diet and should be used to structure your meals. Structure your diet by building every meal around salads. Keep the following tips in mind:

1. Remember that everything you need to live can be found in the produce section.
2. Shop two times a week in order to get fresh produce. Most leafy greens have a refrigerator shelf life of 4-5 days.
3. Buy your produce first. It is the most important food. If you are on a budget, shopping for produce will maximize your dollar as you will avoid junk food while you have a cart full of produce.

4. Wash leafy greens by separating the leaves. Rinse well in order to remove pesticides.
5. Keep your refrigerator well stocked with fresh vegetables. This way you will always have what you need for a salad.
6. While shopping, ask, "How will this go with a salad." Try to consider everything as something that will go into a salad or alongside it.

Successful eating for Hormone Balancing:

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. 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?

Candida is an over-infestation of yeast in the body and can have a dramatic impact on your hormone levels. Candida invades the brain and every tissue of the body and survives on what you eat, and makes your body crave what it needs to thrive. For this reason, Candida is difficult to get rid of, but it can be eradicated if proper steps are taken. See the Avoid group on page 12 for additional items in which Candida feeds on.

DETOXIFICATION

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

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

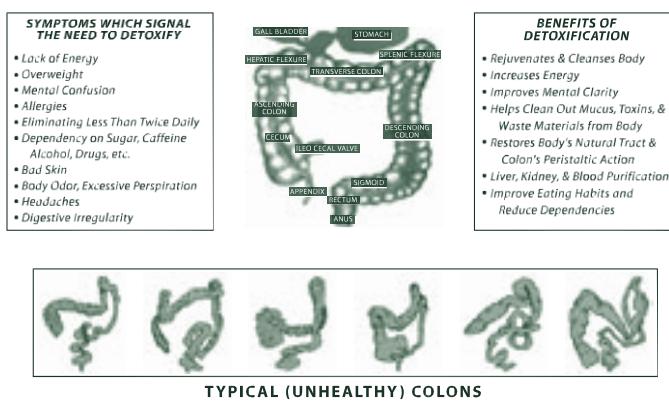
Detoxification is one of the most important factors in the promotion of good health and disease prevention, The Solutions4 Program helps the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only 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 it to take chemical medications for symptom relief. We suppress the body's natural eliminative processes through anti-diarrhea drugs, antihistamines, fever reducers, antibiotics and others to keep our bodies from cleansing in the natural way. The "stuffing drugs" that we use drive the virus and bacteria back into the tissues where it can remain until the next immune system crash. Immediate symptoms are managed, but long-term health problems are often the result. For instance, a steroid (cortisone) ointment used for a skin condition may clear up immediate symptoms, but later a more serious problem may occur, such as asthma. In turn, bronchodilators may control the asthma, but may cause depression. In the effort to relieve a patient's symptoms, the real causes of the patient's condition have been overlooked. In addition to environmental toxins and the unhealthy foods that we consume, these types of chemical stuffers contribute to our need to detoxify regularly. A cleansing process such as Detoxification takes these substances out of storage and into circulation to be eliminated. This occasionally causes unpleasant symptoms for a short time. The consumption of caffeine, refined sugar, alcohol and other substances also contributes to the effect that is known as a "healing crisis."

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

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

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

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

Please be aware that it is just as important for your body to come off detoxification correctly as it is to detoxify. Your body is in a cleansing mode and will continue until clogging foods are reintroduced. As you finish Detoxification, continue taking the herbs until they are gone. Many of the ill-feeling symptoms that you may have been experiencing will have already begun to disappear. In fact, the three day cleanse is pretty dramatic. You will have lost 2-8 pounds, and will have begun eliminating some of

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

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

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

FREQUENTLY ASKED QUESTIONS ABOUT DETOXIFICATION

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

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

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

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

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

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

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

Won't the lemon juice mixture cause too much acid for my sensitive stomach? No. Even though lemon is an acid fruit, it turns alkaline as it is digested and aids in attaining a proper pH balance.

SUPPLEMENTS INCLUDED IN THE 12-WEEK HORMONE BALANCING PROGRAM

ANTIOXIDANT

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

APPETITE APPEASER

Helps to appease the appetite naturally and lessen 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 also produces the “fat burning” enzymes, and increases energy levels naturally.

BODY PURIFIER

A combination of 11 herbs that work together to help rid the liver, kidneys, and bowels of accumulated toxins and other waste materials. Helps to purify the blood stream and cleanse the lymphatic system.

CELLULITE CLEANSE

Stimulates the circulatory system and the lymphatic system to pick up all stored water retention, toxins and waste materials (main contributors to cellulite) harboring in the connective tissues. It then promotes the elimination function for these unwanted substances.

DHEA

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

DIGESTIVE ENZYME BLEND

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

EVENING PRIMROSE OIL

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

FIBER BLEND

This excellent 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. This helps to maximize the body's 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.

HORMONE BALANCE

A safe and natural way to stabilize the hormones of the body for both women and men. This formula is an alternative to synthetic hormones, as it allows the body to produce and regulate its own hormonal balance.

INSTANT MEAL

An all-natural, 180-calorie, sugar-free balanced meal, for healthy weight loss and blood sugar management. This shake easily mixes with water and is available in chocolate, vanilla, strawberry, and orange cream.

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 your diet. Multivitamin/mineral is a great way to get them all into your diet.

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.

THYROID/ADRENAL SUPPORT

This product stimulates healthy glandular function and contains a synergistic blend of herbs including kelp and bladderwrack, two potent sources of natural iodine which support your body's natural ability to produce thyroid hormones. It also helps to restore the body's optimal thyroid hormone level and alleviate the symptoms of thyroid disorders such as weight gain, low energy, fatigue and depression.

VITAMIN D

This easily absorbed liquid gel form of Vitamin D boosts the immune system and helps the body absorb more nutrients. When the body absorbs the proper amount of Vitamin D and the immune system is working smoothly, the risks of disease and infection are significantly lowered. This vitamin also helps with high blood pressure, heart disease, and with depression, which leads to overeating.

External Supplements

WILD YAM CREAM

A transdermal cream formulated with natural ingredients and hormone precursors to help maintain a balance of estrogen and testosterone in the body. When an imbalance is experienced, especially during menopause, it is often treated with synthetic hormones that have been shown to increase the risk of many serious health issues. The body has the ability to achieve its own balance when supplied with precursors and nutritional support. Progesterone combined with Wild Yam Extract assist in the ultimate formation and balance of progesterone in the body.

How to Take Your Supplements during Your 12-Week Hormone Balancing 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: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

Breakfast	Calories	Circle One
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.
		Hungry / Emo.

Lunch		
		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: ___ / ___ / ___**

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 3

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 4

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 5

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 6

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Mid-morning Snack

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 7

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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?
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Day 8

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 if necessary

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 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 if necessary

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: Take up to 3 Appetite Appeasers if necessary

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 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 if necessary

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 12 – DETOX #1 (Day 4)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 13 – DETOX #1 (Day 5)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

Day 14

Date: ___ / ___ / ___

Eliminate all meats, fruits, and cooked foods. Only consume *fresh* vegetables and nutritional shake if desired.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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?
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Day 16

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 17

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Mid-morning Snack

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Mid-morning Snack

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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?
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Day 19

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 20

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Mid-morning Snack

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 21

Date: ___ / ___ / ___

Choose all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 all foods from food list (pages 19-22), except fruit until day 23.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Mid-morning Snack

		Hungry / Emo.
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Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 23

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 24

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<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	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 25

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 26

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 27

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 29

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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

Date: ___ / ___ / ___

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

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 if necessary

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: 2 **Fiber Blend: 8** **Intestinal Cleanser: 2**

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 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 if necessary

Body Purifier: 6 **Fiber Blend:** 8 **Intestinal Cleanser:** 2

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 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 if necessary

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

Day 34

Date: ___ / ___ / ___

Eliminate all meat, fruits, and cooked foods. Only consume approved vegetables and nutritional shake if desired.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 35

Date: ___ / ___ / ___

Eliminate all meat, fruits, and cooked foods. Only consume approved vegetables and nutritional shake if desired.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 37

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 38

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 39

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 40

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 41

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 42

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 43

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 44

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 45

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 46

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 47

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 48

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 49

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 50

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 51

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 52

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 53

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 54

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 55

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 56

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 57

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 58

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 59

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 60

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 61

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 62

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 63

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 64

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 65

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 66

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 67

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 68

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 69

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 70

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend:	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 71

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 72

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 73

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 74

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 75

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 76

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 77

Date: ___ / ___ / ___

Eat anything on approved food list (pages 19-22), including fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

Breakfast:

	Calories	Circle One
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-morning Snack		
		Hungry / Emo.

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch

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

Mid-afternoon

		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 78

Date: ___ / ___ / ___

Prep day. Eliminate all meat and dairy. Only consume approved vegetables and fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 79

Date: ___ / ___ / ___

Prep day. Eliminate all meat and dairy. Only consume approved vegetables and fruit.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 80 – DETOX #3 (Day 1)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 81 – DETOX #3 (Day 2)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 82 – DETOX #3 (Day 3)

Date: ___ / ___ / ___

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

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers if necessary

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

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

Lemon Mixture #1

Water Bottle #1

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

Lemon Mixture #2

Water Bottle #2

PM SUPPLEMENTS:

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

✓ = YES x = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

Day 83

Date: ___ / ___ / ___

Eliminate all meats, fruits, and cooked foods. Only consume fresh vegetables and nutritional shake if desired.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 84

Date: ___ / ___ / ___

Eliminate all meats, fruits, and cooked foods. Only consume fresh vegetables and nutritional shake if desired.

A.M. Supplements

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1
<input type="checkbox"/> DHEA: 2	<input type="checkbox"/> Digestive Enzymes: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4
<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Hormone Balance: 3	<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1
<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 2	<input type="checkbox"/> Vitamin D: 1	<input type="checkbox"/> Wild Yam Cream: .25 tsp
<input type="checkbox"/> Thyroid: 1			

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

Afternoon Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
---	---	---

Lunch		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Mid-afternoon		
		Hungry / Emo.
Dinner		
		Hungry / Emo.

P.M. Supplements

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 1	<input type="checkbox"/> Cellulite Cleanse: 1	<input type="checkbox"/> Digestive Enzymes: 2
<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 4	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Hormone Balance: 2
<input type="checkbox"/> Intestinal Cleanser: 1	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Thyroid: 1			

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 85 and Beyond

Once someone has gone through a 12-WEEK HORMONE BALANCING 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
 - Evening Primrose Oil
 - Vitamin D
 - Liquid Calcium
 - Digestive Enzyme
- 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 Real Salt or Sea Salt
- DRINK WATER: You should be drinking half your weight in ounces – not tap water!
- Get to bed early and get 8 hours of sleep if possible
- No processed foods!
- No MSG and NO CHEMICALS
- 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
<ul style="list-style-type: none">▪ 2 scoops Solutions4 Chocolate▪ 1 cup ice cubes	▪ 1 cup water	
Combine all ingredients in a blender and blend well.		
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it		
Fruit Smoothie (Only after Day 27)	5 min	Serves 1
<ul style="list-style-type: none">▪ 2 oranges▪ 1 banana▪ ½ cup berries▪ 2 scoops Solutions4 Vanilla		
Combine all ingredients in a blender and blend well.		
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it		
Pina Colada (Only after Day 27)	5 min	Serves 1
<ul style="list-style-type: none">▪ 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.		
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it		
Citrus Berry Splash (Only after Day 27)	5 min	Serves 1
<ul style="list-style-type: none">▪ 2 scoops Solutions4 Orange▪ ½ cup blackberries▪ ¼ cup blueberries▪ ½ cup strawberries	<ul style="list-style-type: none">▪ ½ banana (optional)▪ The juice from 2 freshly squeezed oranges▪ 1-2 cups ice cubes	
Combine all ingredients in a blender and blend well.		
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> 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 		

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 ▪ 1/2 cup finely chopped celery ▪ 2 hard cooked, chopped eggs ▪ 1 medium onion, chopped 		

1. Moisten with Candida friendly mayonnaise (See page 112) also 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 	▪ $\frac{1}{4}$ 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 ▪ $\frac{1}{2}$ chopped basil 	▪ $\frac{1}{4}$ cup extra-virgin olive oil	▪ $\frac{1}{2}$ tsp Celtic salt

Combine all ingredients in bowl and toss well.

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 	• $\frac{1}{2}$ cup chopped fresh cilantro	• 1 avocado, pitted, peeled, and chopped

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 	▪ 4 Sheets of Nori	▪ $\frac{1}{2}$ Avocado, diced

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

Spring Garden Salad		30 min	Serves 4		
Salad		Dressing			
<ul style="list-style-type: none"> ▪ 4 cups chopped iceberg lettuce ▪ 4 cups chopped Butter Leaf lettuce ▪ ½ cup chopped tomato ▪ ½ cup alfalfa sprouts ▪ ½ cup 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 ½ tbsp lemon juice ▪ 2 tbsp Candida Friendly Mayonnaise ▪ 1/4 tsp dried mustard powder ▪ 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, 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 ▪ ½ cup finely chopped celery ▪ 2 hard-boiled eggs, chopped 	<ul style="list-style-type: none"> ▪ 1 medium onion, chopped ▪ 1 head romaine lettuce chopped ▪ 1 cup of spinach 	
Combine chicken, celery, eggs and onion. Toss lettuce and spinach, and add Chicken 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.		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
Energy Dressing	5 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 clove garlic, minced ▪ 3 tbsp Extra-Virgin Olive Oil 	<ul style="list-style-type: none"> ▪ 1 tbsp lemon juice ▪ $\frac{1}{4}$ teas sea salt 	
Place all ingredients in bowl and let marinate for 10-15 minutes.		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
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 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.		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
Garlic Olive Oil Dressing	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 cloves of garlic ▪ 1/8 tsp sea salt 	<ul style="list-style-type: none"> ▪ Juice from half of a freshly squeezed lemon ▪ 1/3 cup flax oil 	
Mash garlic cloves with Salt. Squeeze lemon juice into the mixture. Taste...if needed; add more salt, garlic, or juice. Add flax oil. Mix all ingredients together and pour over salad.		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
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 Extra-Virgin 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.		
✓ LOVED IT!	✓ 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 mash ▪ 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 fresh 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 	

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 	

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 	<ul style="list-style-type: none"> ▪ 1 tsp Dry Mustard ▪ 1 Cup extra virgin olive oil 	
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. Use Sunflower, Safflower, or Canola Oil, they taste better		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

Homemade Tomato Sauce	25 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 2 leaves fresh basil ▪ Small handful loosely packed parsley leaves ▪ 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 	
1. Process the fresh basil and parsley until finely chopped.		
2. Add the onion and chop.		
3. Transfer into saucepan with the oil and cook, stirring, for 2 minutes.		
4. Process the tomatoes until coarsely chopped and add to saucepan.		
5. Bring to a boil; reduce heat and cook, partially covered, for 20 minutes, stirring occasionally.		
6. Process the mixture all together.		
7. Strain the sauce. Add salt, pepper and cook uncovered for 10 minutes more or until thick.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

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 	
Combine all ingredients and mix together. For best results let refrigerate for 1 hour before Serving.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

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 <ul style="list-style-type: none">▪ 1/2 cup fresh chopped tomato▪ 1 cup cooked vegetables▪ 2-4 slightly beaten eggs▪ 1 tbsp extra virgin olive 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▪ ½ avocado, peeled and diced <ul style="list-style-type: none">▪ 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 <ul style="list-style-type: none">▪ ½ cup chopped tomato▪ 1 cup cooked vegetables▪ 2-4 eggs slightly beaten		

Heat skillet, add oil, onions and green peppers. Stir fry until tender. Add tomato and other vegetables.

Bring to boil, stir constantly. Add eggs and cook gently

LOVED IT! Didn't like it

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 <ul style="list-style-type: none">▪ 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 10min	Serves 6
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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.

✓ LOVED IT!

✓ Didn't like it

Best Chicken Soup <ul style="list-style-type: none"> ▪ 8 oz chicken wings ▪ ½ can (17 ½ oz) natural chicken broth (no MSG) ▪ 1 ½ cup water ▪ ½ medium yellow onion, chopped ▪ 1 carrot, peeled and cut into rounds 	60 min	Serves 2
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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. Remove check and save for other use.

✓ LOVED IT!

✓ 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 all natural chicken broth (no MSG) ▪ 1 clove garlic, minced ▪ 1 bay leaf 	25 min	Serves 3-4
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Combine broth, onion, whole bay leaf and herbs mixture. Bring to a boil. Reduce heat, cover, and simmer for 10-15 minutes. 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.

✓ LOVED IT!

✓ 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 Extra-Virgin Olive Oil 	<ul style="list-style-type: none"> ▪ 5 cups low-sodium, organic vegetable broth ▪ Freshly ground pepper ▪ 4 cups chopped vegetables, in $\frac{1}{2}$ to 1 inch pieces 	

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 and bring to a 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 	<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 tomato, diced 	

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 minutes.
5. Top with a squeeze of lime.

LOVED IT! Didn't like it

Vegetable Garden Soup	20 min	Serves 8
<ul style="list-style-type: none"> ▪ 6 cups low-sodium, organic vegetable broth ▪ ½ tsp Extra-Virgin Olive Oil ▪ 2 carrots, peeled and diced ▪ 1 large onion, diced ▪ 1 cup of chopped broccoli ▪ 4 Cloves of garlic, minced ▪ 1/2 cabbage, chopped 	<ul style="list-style-type: none"> ▪ 1/2 pound frozen green beans ▪ 2 tbsp tomato paste ▪ 1 tsp fresh basil ▪ 1 tsp fresh oregano ▪ 1 tsp sea salt ▪ 1 large zucchini, diced 	
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
<ul style="list-style-type: none"> ▪ 3 cups low-sodium, organic vegetable broth ▪ 1 carrot, peeled and sliced thin ▪ 1 stalk of celery sliced thin 	<ul style="list-style-type: none"> ▪ 1 ½ cups coarsely chopped chard or cabbage ▪ 1 cup cooked brown rice 	
1. Boil water and broth. Add carrots and celery. Cook at a low boil for 3 minutes.		
2. Add chard (or cabbage). 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
<ul style="list-style-type: none"> ▪ 2 large tomatoes, peeled, cored and pureed ▪ 1 cup water ▪ 1 medium red bell pepper, diced ▪ 1 medium yellow onion, finely chopped 	<ul style="list-style-type: none"> ▪ 1 garlic clove, minced ▪ 1 tbsp fresh parsley, chopped ▪ 1 tbsp fresh sage, 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 ▪ $\frac{1}{2}$ cup minced fresh parsley 	

1. Cut vegetables into $\frac{1}{2}$ 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. Broth 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 at least 2 minutes

White Chicken Chili	25 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 oz cooked chicken breast, shredded ▪ $\frac{1}{2}$ cup green bell pepper, chopped ▪ $\frac{1}{2}$ cup onion, chopped ▪ 1 cup low-sodium, organic chicken broth ▪ 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 $\frac{1}{2}$ cup 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 	
<ol style="list-style-type: none"> 1. Preheat oven to 375 degrees F. 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 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 minced garlic ▪ $\frac{1}{2}$ cup 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 	
<ol style="list-style-type: none"> 1. Cut broccoli into small florets. Peel stems and cut crosswise into 1/3 inch slices 2. Prepare rice. (Measure 1 cup into 2 $\frac{1}{4}$ cups boiling water. Add 1 tsp Extra-Virgin 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 seed. Sizzle the seeds briefly. Stir in the coriander, turmeric, asafetida, 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 (continue 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 	<ul style="list-style-type: none"> ▪ 1 bay leaf ▪ $\frac{1}{2}$ cup minced fresh parsley ▪ sea salt to taste ▪ Freshly ground pepper to taste 	
<ol style="list-style-type: none"> 1. Preheat oven to 375°F. 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. 5. Bake for 50 minutes. 6. 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	
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 blade in. 2. Add this to the carrot pulp. 3. Add diced tomatoes to the mixture. 4. Mash 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	
Filled Eggplant	30 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 1 medium eggplant, peeled and cubed ▪ 1 tsp sea salt ▪ 8 tsp coconut oil 	<ul style="list-style-type: none"> ▪ 1 medium green pepper, cored, seeded and chopped ▪ 2 cloves garlic, chopped 	
Cover eggplant in water, add the sea salt and soak for 20 minutes. Drain. Coat heated skillet in oil. Add eggplant, pepper and garlic. Cover and reduce heat to low. Cook until tender, 6-7 minutes.		
✓ LOVED IT!	✓ Didn't like it	
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 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	

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 ▪ 1 Clove Garlic ▪ 1 tsp Extra-Virgin Olive Oil 		

1. Combine Extra-Virgin 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 ▪ 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 when outer 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: <ul style="list-style-type: none"> ▪ Broccoli florets ▪ Green or red cabbage, shredded ▪ Cauliflower florets ▪ Onion, sliced ▪ Any color bell pepper, cored, seeded, and cut into strips ▪ Tomato wedges ▪ 3 cloves garlic, chopped ▪ Sea salt to taste ▪ 2 tbsp chopped fresh parley ▪ $\frac{1}{4}$ cup 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"> ▪ 1 pinch of Sea Salt ▪ 1 pound tender young green beans ▪ 2 tsp lemon juice ▪ 2 tbsp extra virgin 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 Extra-Virgin Olive Oil and toss again. Serve chilled or at room temperate

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 dried basil 	<ul style="list-style-type: none"> ▪ 2 tsp fresh oregano ▪ 1 tsp paprika ▪ Freshly ground pepper 	
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		
✓ LOVED IT!	✓ Didn't like it	

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

Lettuce Wraps	20 min	Serves 6-8
<ul style="list-style-type: none"> ▪ 2 very ripe avocados ▪ 3 tomatoes, diced ▪ ½ jalapeno pepper, diced 	<ul style="list-style-type: none"> ▪ 3 cloves fresh garlic, minced ▪ 2 tsp lime juice ▪ 6-8 large romaine lettuce leaves 	
1. In a medium bowl mash the avocado.		
2. Add remaining ingredients and stir until well mixed.		
3. Spread 2-3 tbsp of the mixture onto lettuce leaves and wrap		
✓ LOVED IT!	✓ Didn't like it	

Lemon Broccoli	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 head of broccoli ▪ 1 tbsp lemon juice, fresh squeezed 	<ul style="list-style-type: none"> ▪ ¼ tsp lemon zest ▪ Salt & pepper 	
1. Cook broccoli in microwave according to package instructions.		
2. Combine lemon juice and zest.		
3. Pour over heated broccoli.		
✓ LOVED IT!	✓ 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 ▪ salt & pepper 	

1. Place tomato and onion slices in a shallow dish, slightly overlapping each other.
2. Combine remaining ingredients in a separate bowl and pour over vegetables.
3. For best flavor results refrigerate for several hours

LOVED IT! Didn't like it

Melted Tomato & Zucchini Wraps	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tbsp Extra-Virgin Olive Oil ▪ $\frac{1}{2}$ cup thinly sliced zucchini rounds ▪ $\frac{1}{2}$ large tomato, chopped 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ medium yellow onion, finely chopped ▪ Garlic powder, to taste ▪ Fresh basil, to taste ▪ 2 Butter Leaf 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
<ul style="list-style-type: none"> ▪ 1 Head of Fresh Cauliflower ▪ 1 tbsp low-sodium organic chicken broth ▪ 1 tbsp minced dried onion 	<ul style="list-style-type: none"> ▪ 1/8 tsp black pepper ▪ $\frac{1}{4}$ cup water 	

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
<ul style="list-style-type: none"> ▪ 8 medium parsnips, peeled, trimmed and quartered lengthwise ▪ 2 tbsp Extra-Virgin Olive Oil 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup minced fresh parsley 	

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
<ul style="list-style-type: none"> ▪ 5-6 Brussels sprouts ▪ 1 cucumber 	<ul style="list-style-type: none"> ▪ 1 orange pepper ▪ 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
<ul style="list-style-type: none"> ▪ ½ pound asparagus, cut diagonally ▪ 4 cups of water ▪ 1 tbsp coconut oil 	<ul style="list-style-type: none"> ▪ Grated fresh gingerroot, to taste ▪ 1 garlic clove, minced ▪ ½ tsp sea salt, optional 	

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

LOVED IT! Didn't like it

Sautéed Spinach	10 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 2 tbsp Extra-Virgin Olive Oil ▪ ¼ cup sliced onion ▪ 1 – 10 oz package fresh spinach, rinsed and torn 	<ul style="list-style-type: none"> ▪ 1 clove garlic, sliced ▪ Sea salt, to taste 	

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

LOVED IT! Didn't like it

Spicy Taco Crunch Wraps	10 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 ripe avocados ▪ 1 large onion ▪ ¼ cup fresh lemon juice 	<ul style="list-style-type: none"> ▪ ¼ cup fresh parsley, chopped ▪ 1 ½ tsp sea salt ▪ Romaine or leaf lettuce 	

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

LOVED IT! Didn't like it

Steamed Cabbage	15 min	Serves 2
<ul style="list-style-type: none"> ▪ ½ head of Cabbage, chopped ▪ juice of ½ lemon 	<ul style="list-style-type: none"> ▪ ½ 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
<ul style="list-style-type: none"> ▪ 4 tsp Coconut oil ▪ 1 pound vegetables: Broccoli, cauliflower, onions, and green pepper 	<ul style="list-style-type: none"> ▪ 1 tbsp minced garlic ▪ 1 tsp fresh lemon juice 	

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
<ul style="list-style-type: none"> ▪ 3 medium cucumbers ▪ 2 tbsp coconut oil 	<ul style="list-style-type: none"> ▪ 2 garlic cloves, sliced 	

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

LOVED IT! Didn't like it

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

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

LOVED IT! Didn't like it

Tasty Marinated Vegetables	25 min	Serves 6
<ul style="list-style-type: none"> ▪ 2/3 cup fresh lemon juice ▪ 2-4 garlic cloves, chopped ▪ 2 tsp total fresh parsley, basil, dill, celery seed or fennel 	<ul style="list-style-type: none"> ▪ 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

Broccoli and Rice	15-20 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 tbsp Extra Virgin Olive Oil ▪ 4 tbsp Bragg's Liquid Aminos (natural soy sauce alternative) 	<ul style="list-style-type: none"> ▪ 2 heads of broccoli, cut in to $\frac{1}{2}$ inch pieces. ▪ 4 cups of Cooked Brown Rice ▪ 1 Garlic Clove, minced 	
<ol style="list-style-type: none"> 1. Heat Oil, Bragg's and Garlic in frying pan over medium heat. 2. Add broccoli and sauté until broccoli is at desired texture. 3. Put sauce and rice over rice and serve. This dish can be made as a vegetable side dish without the rice 		
✓ LOVED IT!	✓ Didn't like it	

Tomato Cups	15 min	Serves 6
<ul style="list-style-type: none"> ▪ 6 medium tomatoes ▪ $\frac{1}{2}$ small cucumber ▪ 2 sticks of celery ▪ $\frac{1}{2}$ cup fresh parsley ▪ 1 tbsp fresh mint 	<ul style="list-style-type: none"> ▪ 1 clove fresh garlic ▪ 2 tsps 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 	<ul style="list-style-type: none"> ▪ 1 cup carrots ▪ 1 cup onions ▪ 4 tsp coconut oil 	
<ol style="list-style-type: none"> 1. Steam Swiss chard, cauliflower, broccoli, carrots, and onions until tender-crisp (about 3 minutes). 2. Coat skillet with oil and add vegetables. Stir fry about 3 minutes. 		
✓ LOVED IT!	✓ Didn't like it	

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

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

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

✓ LOVED IT!

✓ Didn't like it

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

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

✓ LOVED IT!

✓ Didn't like it

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.		
✓ LOVED IT!	✓ Didn't like it	
Broccoli and Chicken Divine	60 min	Serves 4
<ul style="list-style-type: none"> ▪ 1 – 3 pound chicken ▪ ¼ pound broccoli, sliced ▪ ½ cup Candida friendly mayonnaise (see pg.112) 	<ul style="list-style-type: none"> ▪ 1 medium sweet yellow onion, chopped ▪ 1 tsp garlic powder ▪ Sea salt to taste, optional 	
<ol style="list-style-type: none"> 1. Cover chicken with water in pan. Boil uncovered; reduce heat and cover. Simmer 40 minutes or until tender; cool. 2. Remove bones and skin. Cut into small cubes. 3. Cook broccoli separately until tender; drain, cool and chop. 4. Mix chicken, broccoli, mayonnaise, onion and seasonings in bowl. <p>This may be reheated before serving or serve cold.</p>		
✓ LOVED IT!	✓ 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 chicken 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 ▪ $\frac{1}{2}$ cup thinly sliced zucchini rounds ▪ $\frac{1}{2}$ large tomato, chopped 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ medium yellow onion, finely chopped ▪ Garlic, to taste ▪ Basil, to taste ▪ 2 chicken breasts 	

1. Preheat oven to 350 degrees F. Heat oil in skillet.
2. Add vegetables and seasonings; sauté until tender.
3. Place lightly grilled chicken breasts in a baking pan.
4. Spoon vegetables on zucchini rounds; cover dish with foil. Bake 10 minutes

✓ LOVED IT! ✓ Didn't like it

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 	

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 dried powder 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, dried mustard powder 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 	
<ol style="list-style-type: none"> Combine ginger, lime juice and broth into a pan. Add asparagus, red bell peppers and Garlic to pan. Cook covered over medium heat for 5-8 minutes or until asparagus is mostly cooked. Add chicken and cook for 5 minutes until chicken is fully cooked. 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"> ¼ pound cooked chicken, shredded 1 stalk celery, chopped 1 tsp chopped fresh dill weed 1 tsp chopped fresh basil 	<ul style="list-style-type: none"> ½ tsp garlic powder 2 tbsp Candida friendly mayonnaise 1 tomato, sliced 4 Iceberg Lettuce Leaf 	
<ol style="list-style-type: none"> Preheat oven to 350 degrees F. Blend chicken, celery, seasonings and mayonnaise. Place tomato slice on each leaf; place in baking pan. Top with tuna 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
▪ 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
▪ 2-3 Frozen Bananas (freeze without peel)		
Blend frozen bananas in food processor until very smooth. Bananas may look gritty but keep blending till smooth.		
✓ LOVED IT!	✓ Didn't like it	
Juice Pops (Only after Day 27)	5 min	Serves 6
▪ 4 Oranges ▪ 2 cups Berries		
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.		
✓ LOVED IT!	✓ Didn't like it	

DETOX MIXTURE

Detox Mixture	5 min	Serves 1
▪ 1 ½ cups fresh lemon juice ▪ 2 quarts Distilled Water ▪ 1/3 cup pure maple syrup (for women) Or ▪ ½ cup pure maple syrup (for men)		
✓ LOVED IT!	✓ Didn't like it	

CALORIE INDEX

Vegetables	Serving Size	Calories
		Raw
Artichokes	½ Cup	30
Alfalfa sprouts	½ Cup	28
Asparagus	1 Cup	27
Avocados	¼ cup	96
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	½ Cup	21
Tomatoes	1	15
Turnips	1 Cup	36
Water Chestnuts	1 Cup	80
Wheat Grass	100 ml	14
Zucchini	1 Cup	20

Greens	Serving Size	Raw
Arugula	½ Cup	3
Beet Greens	1 Cup	8
Belgian endive	1	15
Bib lettuce	1 Cup	7
Boston lettuce	1 ½ Cup	15
Butter Lettuce	1 Cup	7
Cress	1 Cup	16
Collard Greens	1 Cup	11
Curly Endive	½ Cup	4
Dandelion Greens	1 Cup	25
Endive	½ Cups	4
Endigia (Red Endive)	½ Cup	4
Escarole	1 ½ Cup	15
Green Leaf	1 ½ Cup	15
Iceberg	1 Cup	8
Kale	1 Cup	34
Mesclun	1 Cup	10
Mustard Greens	1 Cup	15
Oakleaf	½ Cup	4
Radicchio	1 Cup	9
Red Leaf	1 ½ Cup	15
Romaine	½ Cup	5
Spinach	1 Cup	7
Swiss chard	1 Cup	7
Watercress	1 Cup	4

Fruit	Serving Size	Raw
Apples (medium)	1 Cup	65
Apricots	1 Cup	74
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
Watermelon	1	46

Lean Meat	Serving Size	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	Cooked
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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 (Raw)

Oils		Raw
Coconut Oil- (A great substitute for Butter)	1 Tbsp	125
Extra-virgin olive oil	1 Tbsp	120
Flaxseed Oil- (Great for dressings. Keep refrigeration, do no heat)	1 Tbsp	130
Grape seed oil	1 Tbsp	120
Bragg's Liquid Amino (natural soy sauce alternative)	1 Tbsp	0

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
Edamame
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.
Bragg's Liquid Aminos

Beverages

Distilled water (during detox)
Spring Water
Pure Water

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

EXAMPLE MENU

Excluding detox days.

BREAKFAST

Veggie Scramble

OR

Chocolate Dream Shake

LUNCH

Confetti Salad

OR

Mediterranean Salad

DINNER

Broccoli and Rice

OR

Stir Fry

EXAMPLE MENU (Starting Day 23)

Excluding detox days.

BREAKFAST

Bowl of sliced fruit with squeeze of lemon

OR

Fruit Smoothie

LUNCH

Garden Salad with Energy Dressing

Sliced Apple

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: - Tasty Omelet	Breakfast: - Veggie Scramble	Breakfast: - Tasty Omelet	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 -Any Salad -(Add protein if wanted)	Dinner: - Sautéed Brussels -Any Salad -(Add protein if wanted)	Dinner: - Veggie Chowder -Any Salad -(Add protein if wanted)	Dinner: - Best Chicken Soup -Any Salad	Dinner: - Broccoli and Chicken Divine -Any Salad	Dinner: - Chicken Cacciatora -Any Salad	Dinner: - Bunches of Broccoli -Any 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

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

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	Make Detox Mixture	Make Detox Mixture	Make Detox Mixture	Make Detox Mixture	Make Detox Mixture	
Snack: - Fresh Veggies dipped in salsa	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: - Snack Shake
Lunch: - Lettuce Wraps with Guacamole -No Meat today	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: - Lettuce Wraps 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 -Any Salad - NO MEAT today	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: - Spicy Taco Crunch - Lettuce Wraps -NO MEAT, Only Fresh
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: - Veggie 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: - Lettuce Wraps with variety of fresh veggies Dressing -NO MEAT or anything frozen, just FRESH	Lunch: - Chicken Salad	Lunch: - Any Salad with Fresh Tomato Salsa -(Add protein if wanted)	Lunch: - Mediterranean Salad -(Add fish if wanted)	Lunch: - Any Salad with Guacamole -(Add protein if wanted)	Lunch: - Veggie Kabobs -(Add fish if wanted)	Lunch: - Lettuce Wraps with Italian Marinade or Dressing - (Add Chicken 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 -Any Salad -No Meat, Only Fresh Vegetables	Dinner: - Sautéed Asparagus -Any Salad -(Add protein if wanted)	Dinner: - Sautéed Spinach -Any Salad -(Add Chicken if wanted)	Dinner: - Veggie Kabobs -Any Salad -(Add Chicken if wanted)	Dinner: - Vegetable Delight -Any Salad -(Add fish if wanted)	Dinner: - Marinated Vegetables -Any Salad -(Add fish if wanted)	Dinner: - Heavenly Marinated Vegetables -Any Salad -(Add fish 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 Four

Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Breakfast: -Tasty Omelet	Breakfast: - Veggie Scramble	Breakfast: - Chocolate Dream	Breakfast: - Meal Shake	Breakfast: -Veggie Scramble	Breakfast: -Tasty Omelet	Breakfast: - Chocolate Dream
Snack: - Snack Shake	Snack: - Apple	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa	Snack: - Snack Shake	Snack: - Fresh Strawberries	Snack: - Snack Shake
Lunch: - Lettuce Wraps -(Add fish if wanted)	Lunch: - Any Salad with Garlic Olive Oil Dressing - (Add protein if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Lettuce Wraps with Fresh Tomato Salsa -(Add fish if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Melted Tomato & Zucchini Wraps - (Add fish if wanted)	Lunch: - Green Salad with Guacamole -(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 -Any Salad -(Add fish if wanted)	Dinner: - Melted Tomato & Zucchini -Any Salad -Any Salad -(Add Chicken if wanted)	Dinner: - Layered Zucchini -Any Salad -(Add fish if wanted)	Dinner: - Stir Fried Cucumbers -Any Salad -Any Salad -Add Chicken	Dinner: - Stir Fried Cabbage -Any Salad -Any Salad -Add Chicken	Dinner: - Carrot Stuffing -Any Salad -Add Chicken	Dinner: - Filled Eggplant -Any Salad -Any Salad -(Add fish 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	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: -Tasty Omelet
Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa				Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados
Lunch: - Green Salad with Guacamole -NO MEAT Today	Lunch: - Lettuce Wrap -NO MEAT Today	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: - Confetti Salad - NO MEAT or anything frozen	Lunch: - Green Salad veggies - NO MEAT or anything frozen
Snack: - Fresh Veggies dipped in Salsa	Snack: - Snack Shake	-----	-----	-----	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake
Dinner: - Sautéed Brussels -Any Salad -No Meat today	Dinner: - Vegetable Stuffed Green Peppers -No Meat today	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: - Tomato Cups -Any Salad -No Meat	Dinner: - Spicy Taco Crunch -Any Salad -No Meat
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.

Day 36	Day 37	Day 38	Day 39	Day 40	Day 41	Day 42
Breakfast: - Chocolate Dream	Breakfast: -Citrus Berry Splash	Breakfast: -Veggie Scramble	Breakfast: -Citrus Berry Splash	Breakfast: - Tasty Omelet	Breakfast: -Veggie Scramble	Breakfast: - Meal Shake
Snack: - Snack 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
Lunch: - Chicken Salad	Lunch: - Confetti Salad	Lunch: - Mediterranean Salad -(Add protein if wanted)	Lunch: - Green Salad with Garlic Olive Oil Dressing -(Add fish if wanted)	Lunch: - Veggie Kabobs -(Add fish if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Lettuce Wraps - Add Chicken
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	Snack: - Fresh Veggies dipped in mashed avocados
Dinner: - Steamed Artichokes -Any Salad	Dinner: - Veggie Chowder -Any Salad -(Add protein if wanted)	Dinner: - Best Chicken Soup -Any Salad	Dinner: - Broccoli and Chicken Divine -Any Salad	Dinner: - Chicken Cacciatore -Any Salad	Dinner: -Bunches of Broccoli -Any Salad	Dinner: - Stir Fry -Any Salad -(Add Fish 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 Seven

Day 43	Day 44	Day 45	Day 46	Day 47	Day 48	Day 49
Breakfast: -Chocolate Dream	Breakfast: - Meal Shake	Breakfast: - Chocolate Dream	Breakfast: -Tasty Omelet	Breakfast: -Meal Shake	Breakfast: - Chocolate Dream	Breakfast: Meal Shake
Snack: -Tomatoes	Snack: -Carrots	Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Red Pepper	Snack: -Berries
Lunch: - Carrot Stuffing - (Add Fish if wanted) - (Add protein if wanted)	Lunch: - Green Salad with Garlic Olive Oil Dressing - (Add protein if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Green Salad with Garlic Olive Oil Dressing - (Add protein if wanted)	Lunch: - Veggie Kabobs - (Add protein if wanted)	Lunch: - Confetti Salad - (Add protein if wanted)	Lunch: - Lettuce Wraps - (Add protein if wanted)
Snack: -Broccoli	Snack: -Figs	Snack: -Cauliflower	Snack: -Orange	Snack: - Cucumber	Snack: -Grapes	Snack: -Broccoli
Dinner: -Stir Fried Cucumbers -Any Salad -(Add protein if wanted)	Dinner: -Layered Zucchini -Any Salad -(Add protein if wanted)	Dinner: -Stir Fried Cabbage -Any Salad -(Add protein if wanted)	Dinner: -Filled Eggplant -Any Salad -(Add protein if wanted)	Dinner: - Veggie Chowder -Any Salad -(Add protein if wanted)	Dinner: -Veggie Kabob -Any Salad -(Add protein if wanted)	Dinner: -Spicy Taco Crunch -Any 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 Eight

Day 50	Day 51	Day 52	Day 53	Day 54	Day 55	Day 56
Breakfast: -Chocolate Dream	Breakfast: -Tasty Omelet	Breakfast: - Chocolate Dream	Breakfast: -Citrus Berry Splash	Breakfast: -Meal Shake	Breakfast: -Veggie Scramble	Breakfast: Meal Shake
Snack: -Radishes	Snack: -Tropical Fruit	Snack: -Fresh Strawberries	Snack: - Red Pepper	Snack: -Orchard Fruit	Snack: -Radishes	Snack: -Berries
Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Veggie Kabobs -(Add protein if wanted)	Lunch: - Green Salad with Fresh Fruit Toppers -No Meat or anything frozen, just FRESH vegetables	Lunch: - Confetti Salad -No Meat or anything frozen, just FRESH vegetables	Lunch: -Melted Tomato Zucchini Wraps (Add protein if wanted)	Lunch: - Lettuce Wraps (Add Fish if wanted)	Lunch: - Chicken Salad Wraps
Snack: -Pomegranate	Snack: -Cucumber	Snack: -Cucumbers	Snack: -Fresh Pear	Snack: -Cucumber	Snack: -Melon	Snack: -Broccoli
Dinner: -Vegetable Delight -Any Salad (Add Fish if wanted)	Dinner: -Tomato Cups -Any Salad (Add Fish if wanted)	Dinner: -Carrot Stuffing -Any Salad -No Meat, Just FRESH	Dinner: -Stir Fry -Any Salad -No Meat, just Fresh	Dinner: -Spicy Taco Crunch -Any Salad (Add Chicken if wanted)	Dinner: - Sautéed Asparagus -Any Salad (Add Chicken If wanted)	Dinner: -Layered Zucchini -Any Salad (Add Fish 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 Nine

Day 57	Day 58	Day 59	Day 60	Day 61	Day 62	Day 63
Breakfast: -Chocolate Dream	Breakfast: - Chocolate Dream	Breakfast: - Meal Shake	Breakfast: -Meal Shake	Breakfast: -Veggie Scramble	Breakfast: -Citrus Berry Splash	Breakfast: -Tasty Omelet
Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Yellow Pepper	Snack: -Berries	Snack: -Radishes	Snack: -Tropical Fruit
Lunch: - Veggie Kabobs - (Add Chicken if wanted)	Lunch: - Lettuce Wraps - (Add Fish if wanted)	Lunch: - Veggie Kabobs - (Add protein if wanted)	Lunch: - Green Salad with Garlic Olive Oil Dressing - (Add Chicken if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Confetti Salad - (Add Fish if wanted)	Lunch: - Lettuce Wraps - (Add Chicken if wanted)
Snack: -Cauliflower	Snack: -Avocado	Snack: - Cucumber	Snack: -Tomatoes	Snack: -Cucumber	Snack: -Grapes	Snack: -Carrots
Dinner: -Marinated Vegetable -Any Salad -(Add Fish if wanted)	Dinner: -Melted Tomato and Zucchini -Any Salad -(Add Chicken if wanted)	Dinner: -Sautéed Spinach -Any Salad -(Add Chicken if wanted)	Dinner: -Stir Fried Cucumbers -Any Salad -(Add Fish if wanted)	Dinner: -Marinated Vegetable -Any Salad -(Add Chicken if wanted)	Dinner: -Vegetable Stuffed Green Peppers -Any Salad -(Add Chicken if wanted)	Dinner: -Veggie Kabob -Any Salad -(Add Chicken 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 Ten

Day 64	Day 65	Day 66	Day 67	Day 68	Day 69	Day 70
Breakfast: -Chocolate Dream	Breakfast: -Pina Colada Shake	Breakfast: - Chocolate Dream	Breakfast: -Citrus Berry Splash	Breakfast: -Meal Shake	Breakfast: -Stir-Fried Vegetable Scramble	Breakfast: Meal Shake
Snack: -Carrots	Snack: -Tomatoes	Snack: - Celery	Snack: -Melons	Snack: - Yellow Pepper	Snack: -Topical Fruit	Snack: -Radishes
Lunch: - Green Salad with Italian Dressing -(Add Fish if wanted)	Lunch: - Veggie Kabobs - (Add Chicken if wanted)	Lunch: - Confetti Salad -(Add Fish if wanted)	Lunch: - Banana Papaya Pudding - (Add protein if wanted)	Lunch: - Green Salad with Fruit Toppers -(Add Chicken if wanted)	Lunch: - Lettuce Wraps -(Add Fish if wanted)	Lunch: - Confetti Salad -(Add Chicken if wanted)
Snack: -Tropical Fruit	Snack: -Cauliflower	Snack: -Orchard Fruit	Snack: - Cucumber	Snack: -Berries	Snack: -Cucumber	Snack: -Avocado
Dinner: -Tomato Cups -Any Salad -Add Fish	Dinner: - Veggie Chowder -Any Salad -Add Fish	Dinner: -Marinated Vegetable -Any Salad -Add Fish	Dinner: -Sautéed Spinach -Any Salad -Add Chicken	Dinner: -Vegetable Stuffed Green Peppers -Any Salad -Add Fish	Dinner: -Marinated Vegetables -Any Salad -Add Chicken	Dinner: -Melted Tomato and Zucchini -Any Salad -Add Protein
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 Eleven

Day 71	Day 72	Day 73	Day 74	Day 75	Day 76	Day 77
Breakfast: -Chocolate Dream	Breakfast: -Veggie Scramble	Breakfast: - Chocolate Dream	Breakfast: -Citrus Berry Splash	Breakfast: -Meal Shake	Breakfast: -Tasty Omelet	Breakfast: Meal Shake
Snack: -Tomatoes	Snack: -Carrots	Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Red Pepper	Snack: -Berries
Lunch: - Carrot Stuffing -(Add Fish if wanted)	Lunch: - Green Salad with Apple Cider Vinaigrette -(Add protein if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Confetti Salad -(Add Fish if wanted)	Lunch: - Veggie Kabobs -(Add protein if wanted)	Lunch: - Green Salad with Fruit Toppers -Add Fish	Lunch: - Lettuce Wraps -Add Fish
Snack: -Broccoli	Snack: -Figs	Snack: -Cauliflower	Snack: -Orange	Snack: - Cucumber	Snack: -Grapes	Snack: -Broccoli
Dinner: -Stir Fried Cucumbers -Any Salad -(Add Chicken if wanted)	Dinner: -Layered Zucchini -Any Salad -(Add Fish if wanted)	Dinner: -Stir Fried Cabbage -Any Salad -(Add Fish if wanted)	Dinner: -Filled Eggplant -Any Salad -(Add Chicken if wanted)	Dinner: - Veggie Chowder -Any Salad -(Add Chicken if wanted)	Dinner: -Veggie Kabob -Any Salad -(Add Chicken if wanted)	Dinner: -Spicy Taco Crunch -Any Salad -(Add Chicken 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 Twelve

Day 78	Day 79	Day 80	Day 81	Day 82	Day 83	Day 84
Breakfast: -Meal Shake	Breakfast: -Tasty Omelet	NO FOOD TODAY Make Detox Mixture	NO FOOD TODAY Make Detox Mixture	NO FOOD TODAY Make Detox Mixture	Breakfast: Citrus Berry Splash	Breakfast: -Veggie Scramble
Snack: -Fresh Carrots	Snack: -Fresh Pear	Snack: -----	Snack: -----	Snack: -----	Snack: - Fresh Apple	Snack: - Fresh Veggies
Lunch: -Lettuce Wraps -No Meat today	Lunch: - Steamed Artichokes -No Meat today	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: - Confetti Salad with variety of fresh veggies -No Meat or anything frozen, just FRESH foods	Lunch: - Green Salad with variety of fresh veggies -No Meat or anything frozen, just FRESH foods
Snack: - Fresh Apple	Snack: - Fresh Broccoli	Snack: -----	Snack: -----	Snack: -----	Snack: -Fresh Veggies dipped in mashed avocados	Snack: -Fresh Peach
Dinner: - Sautéed Brussels -No Meat today If recipe calls for meat, simply don't put it in	Dinner: -Steamed Artichokes -No Meat today	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -Spicy Taco Crunch - Confetti Salad	Dinner: -Tomato Cups - Green Salad
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.