

THE QUIT FOR LIFE PROGRAM

Table of Contents

Quick Guide	1
Price Sheet	2
The Quit For Life Program	3-6
Food List	7-10
Structuring your diet on the Quit For Life Program	11-12
Detoxification	13
Healing Crisis	14-15
Frequently Asked Questions about Detoxification	16
Supplements Included in the Quit For Life Program	17-19
Daily Checklists	20-54
Day 1-2	20-21
Day 3-4 DETOX #1	22-23
Day 5-9	24-28
Day 10-11 DETOX #2	29-30
Day 12-16	31-35
Day 17-18 DETOX #3	36-37
Day 19-23	38-42
Day 24-25 DETOX #4	43-44
Day 26-30	45-49
Day 31-32 DETOX #5	50-51
Day 33-35	52-54
Day 36 and Beyond	55
Shopping List	56
Recipes	57-67
Week by Week at a Glance	68
Example Menu	69

THE QUIT FOR LIFE PROGRAM

PROGRAM BREAKDOWN



✓ Products and Services Received	Price
1 Quit For Life Supplement Kit	\$725.00
5 Weekly Evaluations to review progress	\$300.00
5 Sessions of Exercise with Oxygen Therapy	\$250.00
5 Sauna treatments for detoxification	\$250.00
5 Body Wraps for detoxification and inch loss	\$425.00
10 Self Mastery Technology (SMT) In-Office Treatments	\$300.00
1 Follow up Evaluation with Club Reduce Symptom Assessment	\$50.00
24 Hours a day phone access to the Doctor and Staff	Priceless!
Total Price for Everything You Pay	\$2,173.00

The Quit For Life Program

Smoking affects the body in many negative ways – but fear not, this information includes real solutions to quitting without the use of prescription drugs, patches, gum or e-cigarettes. By simply giving your body what it needs with proper diet and supplements, you'll find your addiction to cigarettes or other tobacco products subsiding and diminishing altogether.

The amount of money spent on cigarettes by 1 individual is pretty astronomical. The average cost for a pack of cigarettes nationwide for 2011 is \$6.25. The average person smokes about $\frac{3}{4}$ to 1 pack per day – that's about \$188 a month and over \$2000 per year spent on cigarettes!

Below are some of the many dangerous substances contained in cigarettes and other tobacco products and how they affect the body:

Free Radicals:

The majority of a smoker's ailments are the result of free radicals. Though free radicals are formed during every day functions such as eating, breathing and environmental stress – factors such as smoking accelerate their production. In fact, each puff on a cigarette generates millions of free radicals. To fight off free radicals you need anti-oxidants. Solutions4 has one of the best anti-oxidants in a very pure form without all the additives common in a lot of US Grade supplements.

Carbon Monoxide:

Carbon monoxide is the same odorless, colorless gas that comes out of the exhaust pipe of your car or even a malfunctioning gas heater. In high concentrations it is deadly; in smaller portions, it causes shortness of breath and increased heart rate.

Normally red blood cells carry oxygen to all parts of the body by attaching oxygen to a molecule called hemoglobin. When carbon monoxide enters the body from smoking, it will attach itself to hemoglobin instead of oxygen. The red blood cells are then unable to perform their regular duties for a period of time. Eventually the carbon monoxide falls off or the red blood cells are replaced. However, as one continues smoking, there is a continuous stream of new carbon monoxide entering the body. This is one of the key reasons athletes almost never smoke, since smoking can inactivate over 10% of the body's hemoglobin.

The body is able to eliminate most of the carbon monoxide fairly quickly when someone stops smoking. Most people who quit smoking already feel more energetic and don't feel a shortness of breath within a few days.

Nicotine:

Although it is only one of the many dangerous substances in cigarettes, nicotine is what is responsible for making cigarettes so addictive. Studies have shown that nicotine can be as addictive as heroin or cocaine and has been found to be one of the hardest addictions to break.

Nicotine is found in the family of nightshade plants and was used for years as an insecticide since it functioned as an anti-herbivore chemical.

Tar:

Tar is the dark substance that actually carries the nicotine to the lungs. Along with the nicotine, it also carries the long list of other chemicals: Benzene, Radon and other nasty stuff. These are chemicals that the EPA (Environmental Protection Agency) has said you don't want in your home since they are known to cause cancer.

Cadmium:

One of the risks faced in smoking is heavy metal poisoning from the cadmium in cigarette smoke. The highest concentration of cadmium has been found to be absorbed in the kidneys of humans. Tobacco smoking is the most important single source of cadmium exposure in the general population. It has been estimated that about 10% of the cadmium content of a cigarette is inhaled through smoking. The absorption of cadmium from the lungs is much more effective than that from the gut, and as much as 50% of the cadmium inhaled via cigarette smoke may be absorbed. Too much exposure to cadmium or other metal poisoning can result in severe anemia.

Iron:

Iron is a key component in red blood cell production. Since vitamin C is required for blood cell production and iron absorption, smoking robs your body of vitamin C, thus leading to a residual iron deficiency. The decrease in the numbers of healthy blood cells leads to a condition called vitamin deficiency anemia. Symptoms of vitamin deficiency anemia include fatigue, diarrhea, muscle weakness, irritability, confusion and forgetfulness.

Calcium:

Smoking interferes with absorption of calcium, which is essential for building new bones. Decreased calcium absorption, combined with decreased vitamin D absorption and impeded blood circulation, accelerates bone loss, resulting in increased risk of osteoporosis, bone fractures and pain. Even if they do not smoke, exposure to children and young adults to secondhand smoke increases their risk of low bone mass development. Solutions4 has amazing detox programs to rid your body of these toxins that were brought on by smoking.

Damage done by smoking cigarettes and what you can do about it:

Below you will find the many different deficiencies caused by cigarette smoking that hurt the body along with the different vitamins and supplements that can help your body recover and heal itself. You will find that the Solutions4 supplements will help your body heal while detoxing.

Vitamin E: one damage that is done by smoking is that the numerous toxic substances from the cigarette smoke cause scars to form on the arterial walls. These scars take the place of normal cells in the body and they don't replace their function. This replacement happens in the process called oxidation. Vitamin E can stop that damage from occurring as it is an antioxidant.

Vitamin B: smoking triggers the release of stress hormones in the body. This means an increased need for all the B vitamins, including folic acid.

Vitamin B5: cigarette smoking damages collagen, depletes vitamin C (necessary for collagen), causes wrinkles, blood vessel constriction and shallow skin. You need Pantothenic acid (B5).

Vitamin B12: it is found that smokers have low blood levels of cobalamin (B12).

Vitamin B6: tobacco blocks your body's use of pyridoxine (B6). Pyridoxine turns the proteins you eat into proteins your body needs. You need it to convert carbohydrates from the form they are stored into a form you can use for energy. It is needed for hormones, neurotransmitters and enzymes.

Vitamin C: smokers have below normal levels of vitamin C – as much as 40% lower in the “pack-a-day” smokers. Cigarettes rob your body of vitamin C by breaking down and excreting it much faster than normal. Studies have shown that people exposed to secondhand smoke also need extra vitamin C.

Smoking uses up about 25 mg of vitamin C per cigarette. It has been noted that smokers are ill more often, directly related to low vitamin C levels. Each cigarette smoked emits extremely high levels of gaseous pollutants. Smokers create poisons that are deposited on oral cavities and tissues in their throat and lungs. The irritation they cause further lowers the body's supply of vitamin C.

As stated above, cigarette smoking damages collagen as it depletes vitamin C (which is necessary for collagen). Following your eating and supplement program will replace your body with the full spectrum of nutrients needed to maintain your health.

Another one of the risks faced in smoking is heavy metal poisoning from the cadmium in cigarette smoke. The accumulation of cadmium in organs caused by smoking and the severe anemia associated with cadmium toxicity are prevented by dietary Solutions4 supplements. Cadmium is also in the air we breathe if we live near any pollution, so supplementation including vitamin C is still needed. Vitamin C protects against this and other oxidative damage caused by smoking as it is a powerful antioxidant.

Note: the best way to get vitamin C is through organically grown fruits and vegetables. But if you are a smoker, you will need Solutions4 supplements for a while until the body is healthy enough to properly absorb the nutrition from food after the toxins have been expelled.

Smokers and those exposed to secondhand smoke should consume foods high in beta-carotene (carrots, squash, and other yellow-orange vegetables). Along with foods rich in vitamin C (citrus fruits, peppers and broccoli) as well as vitamin E. Eating the vegetables that have these ingredients is necessary to assisting the body in staying as healthy as possible if you are a smoker since smoking depletes the body of many essential vitamins.

Selenium: selenium acts to prevent the accumulation of toxic deposits of heavy metals (like cadmium) in your body. Chemically, it creates a bond with the metal, thus rendering it less harmful and helps your body eliminate it.

Magnesium: if you smoke, you may be a special candidate for magnesium deficiency. Smoking causes stress that in turn causes blood cholesterol levels to rise and magnesium levels to fall.

Since magnesium and calcium all work together to make your heart muscle contract in a regular rhythm, one of the first signs of a magnesium deficiency is an irregular heartbeat. As a result of calcium/magnesium imbalance, calcium deposits may form on the heart muscle. If this happens, the heart cannot contract properly.

Magnesium is also important in breaking down fats you eat into fatty acids that can be useful in building body parts like nerve sheaths and cellular membranes. If those fats are not broken down properly, they begin to collect in deposits, which lodge on damaged arterial points. Another point to remember in this regard is that magnesium is necessary for the synthesis of lecithin, which also helps break down those fats.

Magnesium deficiencies can lead to other problems; it can lead to high blood pressure. Your kidneys are very vulnerable to damage by sharp crystalline oxalic acid which can result in hypertension. Spasms of an artery caused by a lack of magnesium can be a direct cause of angina pectoris (chest pain) or even a heart attack.

By following this program and taking the proper supplements and adjusting your diet, you will find your urges and cravings to smoke begin to diminish. You will become empowered and overcome smoking so you can live a healthier, fuller life.

FOOD LIST

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

- Vegetables may be steamed for four minutes or stir fried over low heat; however, for *best results*, *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 $\frac{1}{2}$ cup.
- Fresh herbs and spices may be used. Organic dried spices may be used as long as they are not expired or old.

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

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

Lettuce and Greens

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

Fruits

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

Lean Meat:

(Standard serving size is 3 oz. 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:

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

Brown Lentils
Red Lentils
Brown Basmati Rice
Brown Rice
Wild Rice

Dairy:

Organic Eggs or Organic Egg Beaters
Organic Butter – use sparingly

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

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

*Use cold-pressed and unprocessed

Salt and Spices:

Salt – Real Salt or Celtic Sea Salt

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

Dressings: (Must be sugar free and vinegar free)

Annie's Lemmon and Chive Dressing

Broth:

Low sodium organic vegetable broth

Low sodium organic chicken broth

Nutritional Shakes:

3 scoops a day except on detox-days

Juices:

Fresh Vegetable Juices

Coconut water (raw, from a coconut)

Water:

Distilled Water (Use during lemonade detox.)

Filtered Water

Pure Water

Spring Water

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

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

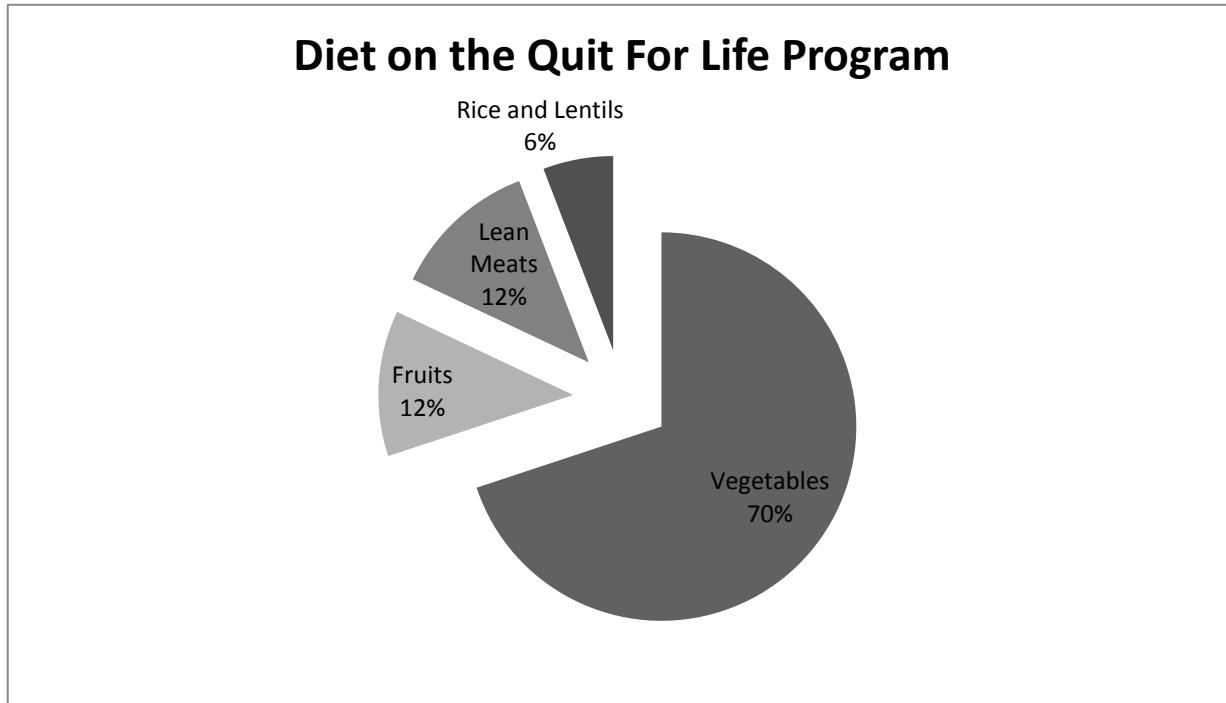
AVOID GROUP:

- Alcohol, Caffeine, tobacco or other stimulants
- All Coffee and tea (including herbal)
- All Dairy Products– All hard cheese is made from mold. Avoid milk, buttermilk, whipped cream, sour cream, ice cream, etc. (With the exception of organic eggs and organic butter)
- All sugars including: refined sugar, fructose, corn syrup, honey, molasses, date sugar and maple sugar. (Maple syrup is allowed on detox days)
- All fruit juices
- All white flour and white flour products.
- All yeast – contained in pastries, bread, crackers, pastas, yeast breads, pretzels, etc.
- All Grains- Wheat, oats, barley, rye, sorghum, etc (With the exception of Wild or Brown Rice)
- All processed meats- such as bacon, sausage, ham, hot dogs, luncheon meats, corned beef and pastrami.
- 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 vitamins made from yeast.
- Processed or Refined Foods
- MSG or Chemicals
- Starchy Vegetables: Hominy, White Rice, Yams, Potatoes and Dried Beans

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

Structuring Your Diet on the Quit For Life 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 is to have it for breakfast in the morning or to add it to a Nutritional Shake. Rice and lentils are allowed on the program, but use them sparingly. Add your rice or lentils to a green salad to get more greens in the meal.



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

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

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

Keep the following tips in mind:

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

DETOXIFICATION

The Solutions4 Company and Dr. Singleton 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.

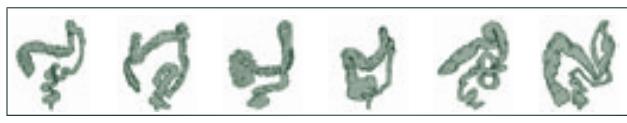
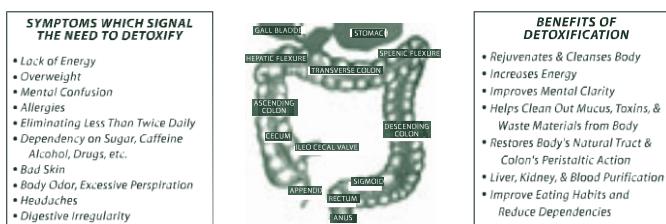
Detoxification is one of the most important factors in the promotion of good health and disease prevention. The Solutions4 Program helps the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only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



The Healing Crisis

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

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

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

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

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

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

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

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

Contact your Club Reduce doctor for specific questions on the healing crisis.

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

FREQUENTLY ASKED QUESTIONS ABOUT DETOXIFICATION

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

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

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

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

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

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

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

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

SUPPLEMENTS INCLUDED IN THE SMOKE FREE PROGRAM

ANTIOXIDANT

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

APPETITE APPEASER

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

BODY PURIFIER

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

CELLULITE CLEANSER

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

DIGESTIVE ENZYME BLEND

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

EVENING PRIMROSE OIL

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

FIBER BLEND

This superior source of fiber is essential in the fight against obesity. By speeding up the body's food processing time, the important vitamins, minerals, and other nutrients are absorbed from the food, maximizing efficiency without calories. This formula also helps lower cholesterol levels in the blood, cleanses the intestinal tract, and combats constipation.

FLAX SEED OIL

An Organic source of omega-3 and other essential fatty acids, which play a vital role in healthy cell renewal. Regulates cholesterol levels, reduces risk of strokes, cancer and diabetes.

HERBAL STRESS RELIEF

A natural stress relief formula made from valerian root and a blend of synergistic herbs. Helps the body to maintain and restore maximum performance while promoting relaxation.

INTESTINAL CLEANSER

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

LIQUID CALCIUM

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

MULTIVITAMIN/MINERAL

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

NUTRITIONAL SHAKE

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

VITAMIN D

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

How to Take Your Supplements during Your 5-Week Candida 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:

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

DAY 1

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

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

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Did you use SMT today?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> If stressed, did you use any relaxation techniques?

DAY 2

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

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

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

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"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz. <input type="checkbox"/> Did you exercise? ____ Min <input type="checkbox"/> Hours of Sleep received last night ____ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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 – DETOX #1

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:	Take up to 3 Appetite Appeasers	
<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> Intestinal Cleanser: 2

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- $\frac{3}{4}$ cup of fresh lemon juice (can substitute for pure cranberry juice)
- $\frac{1}{4}$ cup of pure maple syrup
- 24 ounces of distilled water

Makes 32 ounces of Lemon Detox Mixture

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

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

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 4 – DETOX #1

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:	Take up to 3 Appetite Appeasers		
<input type="checkbox"/> Body Purifier: 3	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> Intestinal Cleanser: 2	

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- $\frac{3}{4}$ cup of fresh lemon juice (can substitute for pure cranberry juice)
- $\frac{1}{4}$ cup of pure maple syrup
- 24 ounces of distilled water

Makes 32 ounces of Lemon Detox Mixture

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

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

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

<input type="checkbox"/> Body Purifier: 3	<input type="checkbox"/> Fiber Blend: 8	<input type="checkbox"/> 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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 5

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

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

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = YES x = NO (Check Daily)

- Follow nutrition guidelines for the day?
- Did you take all of your supplements today?
- Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
- Did you exercise? ___ Min
- Hours of Sleep received last night ___ hrs

- Write down any questions you have for your next appointment: _____
- Did you use SMT today?
- Did SMT help?
Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
- If stressed, did you use any relaxation techniques?

DAY 6

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Did you use SMT today?
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> If stressed, did you use any relaxation techniques?

DAY 7

Date: ___ / ___ / ___

Choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

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

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

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = YES x = NO (Check Daily)

- Follow nutrition guidelines for the day?
- Did you take all of your supplements today?
- Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
- Did you exercise? ___ Min
- Hours of Sleep received last night ___ hrs

- Write down any questions you have for your next appointment: _____
- Did you use SMT today?
- Did SMT help?
Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
- If stressed, did you use any relaxation techniques?

DAY 9

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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 10 – DETOX #2

Date: ___ / ___ / ___

AM SUPPLEMENTS:

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

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- $\frac{3}{4}$ cup of fresh lemon juice (can substitute for pure cranberry juice)
- $\frac{1}{4}$ cup of pure maple syrup
- 24 ounces of distilled water

Makes 32 ounces of Lemon Detox Mixture

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

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

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 11 – DETOX #2

Date: ___ / ___ / ___

Last DETOX day for the week.

AM SUPPLEMENTS:

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

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- $\frac{3}{4}$ cup of fresh lemon juice (can substitute for pure cranberry juice)
- $\frac{1}{4}$ cup of pure maple syrup
- 24 ounces of distilled water

Makes 32 ounces of Lemon Detox Mixture

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

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

Nutritional shake: 2 scoops

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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 12

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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 13

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = 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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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 14

Date: ___ / ___ / ___

Choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

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

(Four lines for food list)

(Four lines for food list)

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

(Four lines for food list)

(Four lines for food list)

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

(Four lines for food list)

(Four lines for food list)

Mid-Afternoon:

(Four lines for food list)

(Four lines for food list)

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 1	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

(Four lines for food list)

✓ = YES x = NO (Check Daily)

- Follow nutrition guidelines for the day?
- Did you take all of your supplements today?
- Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
- Did you exercise? ___ Min
- Hours of Sleep received last night ___ hrs

- Write down any questions you have for your next appointment: _____
- Did you use SMT today?
- Did SMT help?
Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
- If stressed, did you use any relaxation techniques?

DAY 15 – WEEK 3

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

6:00 p.m. to 9:00 p.m. – Dinner:

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DAY 16

Date: _____ / _____ / _____

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

Mid-Morning:

NOON SUPPLEMENTS:

Appetite Appeaser: 1 Cellulite Cleanse: 2 Digestive Enzyme: 2 Evening Primrose Oil: 2
 Fiber Blend: 2 Flax Seed Oil: 2 Herbal Stress Relief: 2 Vitamin D: 2

Lunch:

Mid-Afternoon:

Mid-Afternoon:

PM SUPPLEMENTS:

Appetite Appeaser: 1 Cellulite Cleanse: 2 Digestive Enzyme: 2 Evening Primrose Oil: 2
 Fiber Blend: 3 Flax Seed Oil: 2 Herbal Stress Relief: 2 Intestinal Cleanser: 2
 Liquid Calcium: 4 Multivitamin/Multimineral: 1 Vitamin D: 2

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

✓ = YES x = NO (Check Daily)

<ul style="list-style-type: none"><input type="checkbox"/> Follow nutrition guidelines for the day?<input type="checkbox"/> Did you take all of your supplements today?<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz.<input type="checkbox"/> Did you exercise? ____ Min<input type="checkbox"/> Hours of Sleep received last night ____ hrs	<ul style="list-style-type: none"><input type="checkbox"/> Write down any questions you have for your next appointment: _____<input type="checkbox"/> Did you use SMT today?<input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10<input type="checkbox"/> If stressed, did you use any relaxation techniques?
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DAY 17 – DETOX #3

Date: ___ / ___ / ___

AM SUPPLEMENTS:

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

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- $\frac{3}{4}$ cup of fresh lemon juice (can substitute for pure cranberry juice)
- $\frac{1}{4}$ cup of pure maple syrup
- 24 ounces of distilled water

Makes 32 ounces of Lemon Detox Mixture

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

V = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 18 – DETOX #3

Date: ___ / ___ / ___

Last day of detox.

AM SUPPLEMENTS:

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

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- $\frac{3}{4}$ cup of fresh lemon juice (can substitute for pure cranberry juice)
- $\frac{1}{4}$ cup of pure maple syrup
- 24 ounces of distilled water

Makes 32 ounces of Lemon Detox Mixture

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

V = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? ____ oz.
- Hours of Sleep received last night ____ hrs
- If you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 19

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

6:00 p.m. to 9:00 p.m. – Dinner:

✓ = 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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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 foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?
<input type="checkbox"/> Did you take all of your supplements today?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Hours of Sleep received last night ___ hrs

<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you use SMT today?
<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 – WEEK 4

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 6	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

6:00 p.m. to 9:00 p.m. – Dinner:

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Did you use SMT today?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> If stressed, did you use any relaxation techniques?

<input type="checkbox"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Did you use SMT today?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> If stressed, did you use any relaxation techniques?

DAY 23

Date: _____ / _____ / _____

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

For more information, visit www.ams.org.

Mid-Morning:

ANSWER

NOON SUPPLEMENTS:

Appetite Appeaser: 1 Cellulite Cleanse: 2 Digestive Enzyme: 2 Evening Primrose Oil: 2
 Fiber Blend: 2 Flax Seed Oil: 2 Herbal Stress Relief: 2 Vitamin D: 2

Lunch:

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

Mid-Afternoon:

ANSWER

PM SUPPLEMENTS:

- Appetite Appeaser: 1
- Cellulite Cleanse: 2
- Digestive Enzyme: 2
- Evening Primrose Oil: 2
- Fiber Blend: 3
- Flax Seed Oil: 2
- Herbal Stress Relief: 2
- Intestinal Cleanser: 2
- Liquid Calcium: 4
- Multivitamin/Multimineral: 1
- Vitamin D: 2

Dinner:

✓ = YES x = NO (Check Daily)

<ul style="list-style-type: none"><input type="checkbox"/> Follow nutrition guidelines for the day?<input type="checkbox"/> Did you take all of your supplements today?<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz.<input type="checkbox"/> Did you exercise? ____ Min<input type="checkbox"/> Hours of Sleep received last night ____ hrs	<ul style="list-style-type: none"><input type="checkbox"/> Write down any questions you have for your next appointment: _____<input type="checkbox"/> Did you use SMT today?<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 – DETOX #4

Date: ___ / ___ / ___

Notice: Today's detox mixture is FULL STRENGTH

AM SUPPLEMENTS:

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

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- 1 ½ cups fresh lemon juice (or pure cranberry juice)
- 2 quarts Distilled Water
- 1/3 cup pure maple syrup

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 25 – DETOX #4

Date: ___ / ___ / ___

Last day of detox.

AM SUPPLEMENTS:

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

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- 1 ½ cups fresh lemon juice (or pure cranberry juice)
- 2 quarts Distilled Water
- 1/3 cup pure maple syrup

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

PM SUPPLEMENTS:

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

✓ = YES ✗ = NO (Check Daily)

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

1 2 3 4 5 6 7 8 9 10

DAY 26

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = 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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Hours of Sleep received last night ___ hrs

<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you use SMT today?
<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: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

✓ = 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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DAY 28

Date: ___ / ___ / ___

Choose foods from approved list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Afternoon:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.
<input type="checkbox"/> Did you exercise? ___ Min
<input type="checkbox"/> Hours of Sleep received last night ___ hrs

<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you use SMT today?
<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 – WEEK 5

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Afternoon:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

6:00 p.m. to 9:00 p.m. – Dinner:

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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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: _____ / _____ / _____

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Page 10 of 10

2014-2015 - 1

Mid-Morning:

Appetit
 Fieber

Fiber Blend. 2 Flax Seed Oil. 2 Herbal Stress Reliever. 2 Vitamin D. 2

Digitized by srujanika@gmail.com

Mid-Afternoon:

Mid-Afternoon:

PM SUPPLEMENTS:

- Appetite Appeaser: 1
- Cellulite Cleanse: 2
- Digestive Enzyme: 2
- Evening Primrose Oil: 2
- Fiber Blend: 3
- Flax Seed Oil: 2
- Herbal Stress Relief: 2
- Intestinal Cleanser: 2
- Liquid Calcium: 4
- Multivitamin/Multimineral: 1
- Vitamin D: 2

6:00 p.m. to 9:00 p.m. – Dinner:

Page 10 of 10

© 2024 MDR. All rights reserved. MDR is a registered trademark of MDR Media Group Inc.

✓ = YES x = NO (Check Daily)

- Follow nutrition guidelines for the day?
- Did you take all of your supplements today?
- Drink $\frac{1}{2}$ your body weight in ounces? ____ oz.
- Did you exercise? _____ Min
- Hours of Sleep received last night ____ hrs

- Write down any questions you have for your next appointment: _____
- Did you use SMT today?
- Did SMT help?
Rate your stress level today (1=low, 10=high)
1 2 3 4 5 6 7 8 9 10
- If stressed, did you use any relaxation techniques?

DAY 31 – DETOX #5

Date: ___ / ___ / ___

Congratulations! This is your last DETOX!

AM SUPPLEMENTS:

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

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- 1 ½ cups fresh lemon juice (or pure cranberry juice)
- 2 quarts Distilled Water
- 1/3 cup pure maple syrup

Makes 32 ounces of Lemon Detox Mixture

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 32 – DETOX #5

Last DETOX of the program

Date: ___ / ___ / ___

AM SUPPLEMENTS:

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

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

Nutritional shake: 2 scoops

9:00 a.m. to 3:00 p.m.

Detox Mixture

- 1 ½ cups fresh lemon juice (or pure cranberry juice)
- 2 quarts Distilled Water
- 1/3 cup pure maple syrup

Makes 32 ounces of Lemon Detox Mixture

Water Bottle (32 ounces)

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

Nutritional shake: 2 scoops

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 you felt like you wanted to eat for emotional reasons, did you use SMT?
- Did SMT help?
- If stressed, did you use any relaxation techniques?

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

1 2 3 4 5 6 7 8 9 10

DAY 33

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

6:00 p.m. to 9:00 p.m. – Dinner:

✓ = 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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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 34

Date: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

Dinner:

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"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Did you use SMT today? <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: ___ / ___ / ___

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

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 2	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2

Breakfast:

Mid-Morning:

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 2	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Vitamin D: 2

Lunch:

Mid-Afternoon:

PM SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Cellulite Cleanse: 2	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2
<input type="checkbox"/> Fiber Blend: 3	<input type="checkbox"/> Flax Seed Oil: 2	<input type="checkbox"/> Herbal Stress Relief: 2	<input type="checkbox"/> Intestinal Cleanser: 2
<input type="checkbox"/> Liquid Calcium: 4	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Vitamin D: 2	

6:00 p.m. to 9:00 p.m. – Dinner:

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Did you use SMT today?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you exercise? ___ Min	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	

DAY 36 and Beyond

Once you have gone through the Quit For Life Program, you should be feeling like a completely new person. Your cravings should be minimal, and a new level of vitality and health will have been reached. Now you must decide how you 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
 - Herbal Stress Relief
- Eat twice as many veggies as fruits
- Fresh and organic produce is always best
- Have one Solutions4 Nutritional shake daily to replace a meal
- Take all recommended supplements – ask about specific supplementation for your particular needs
- If using salt, use Real Salt or Sea Salt
- DRINK WATER: You should be drinking half your weight in ounces – not tap water!
- Get to bed early and get 8 hours of sleep if possible
- No processed foods!
- No MSG and NO CHEMICALS

SHOPPING LIST

Vegetables

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

Greens

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

Swiss chard
Watercress

Fruits

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

Dried Fruits

Currants
Dates
Figs
Raisins
Prunes

Nuts and Seeds

Almonds
Brazil Nuts
Cashews
Macadamia

Pecans
Pine Nuts
Pistachios
Sesame Seeds
Sunflower Seeds
Walnuts

Lean Meats

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

Lentils / Rice

Brown Lentils
Red Lentils
Basmati Rice
Brown Rice
Wild Rice

Oils

Coconut Oil
Flaxseed Oil
Grape seed oil
Organic Butter

Condiments

Real Sea Salt

Beverages

Distilled water

Recipes

Shakes

Standard Shake	5 min	Serves 1
<ul style="list-style-type: none">▪ 1 cup water▪ $\frac{1}{2}$ banana (frozen optional)▪ 3-5 frozen strawberries	<ul style="list-style-type: none">▪ $\frac{1}{4}$ orange▪ 1 tbsp flaxseed oil▪ 2 scoops Solutions4's Strawberry, Orange Cream or Vanilla	
Combine all ingredients in a blender and blend well.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
Citrus Berry Splash	5 min	Serves 1
<ul style="list-style-type: none">▪ 2 scoops Solutions4's Orange▪ $\frac{1}{2}$ cup blackberries▪ $\frac{1}{4}$ cup blueberries▪ $\frac{1}{2}$ cup strawberries	<ul style="list-style-type: none">▪ $\frac{1}{2}$ banana (optional)▪ The juice from 2 freshly squeezed oranges▪ 1-2 cups ice cubes	
Combine all ingredients in a blender and blend well.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
Snack Shake	5 min	Serves 1
<ul style="list-style-type: none">▪ 1 scoop of Chocolate, Vanilla, Strawberry, or Orange Cream Solutions4's Nutritional Shake▪ Ice and water to equal 8 oz.		
Combine all ingredients in a blender and blend well.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
Strawberry Twist	5 min	Serves 1
<ul style="list-style-type: none">▪ 1 cup strawberries▪ 1 cup freshly juiced carrots▪ 1 tbsp flaxseed oil▪ $\frac{1}{2}$ banana (optional)	<ul style="list-style-type: none">▪ The juice from 2 freshly squeezed oranges▪ 1-2 cups ice cubes▪ 2 scoops Solutions4's Strawberry or Vanilla	
Combine all ingredients in a blender and blend well.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
Banana Berry Blast	5 min	Serves 1
<ul style="list-style-type: none">▪ $\frac{1}{2}$ c. blackberries▪ $\frac{1}{4}$ c. blueberries▪ $\frac{1}{2}$ c. strawberries▪ $\frac{1}{2}$ banana (optional)	<ul style="list-style-type: none">▪ The juice from 2 freshly squeezed oranges▪ 1-2 cups ice cubes▪ 2 scoops Strawberry or Vanilla Solutions4's Nutritional Shake	
Combine all ingredients in a blender and blend well.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

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

Combine all ingredients in a blender and blend well.

LOVED IT!

Didn't like it

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

Combine all ingredients in a blender and blend well.

LOVED IT!

Didn't like it

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

Combine all ingredients in a blender and blend well.

LOVED IT!

Didn't like it

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

Combine all ingredients in a blender and blend well.

LOVED IT!

Didn't like it

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

Combine all ingredients in a blender and blend well.

LOVED IT!

Didn't like it

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

Combine all ingredients in a blender and blend well.

✓ LOVED IT! ✓ Didn't like it

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

Combine all ingredients in a blender and blend well.

✓ LOVED IT! ✓ Didn't like it

Salads

Garden Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ One head of romaine lettuce tossed ▪ $\frac{1}{2}$ cup Cherry Tomatoes ▪ $\frac{1}{4}$ of an Onion, sliced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup diced Celery ▪ $\frac{1}{4}$ cup shredded Carrots 	

Combine all ingredients with desired amount of dressing.

✓ LOVED IT! ✓ Didn't like it

Crunchy Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ Head of Romaine lettuce ▪ $\frac{1}{4}$ cup chopped Kale ▪ $\frac{1}{2}$ Bell Pepper, sliced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup sliced Mushrooms ▪ $\frac{1}{2}$ Red Pepper, sliced 	

Place all ingredients in a bowl and toss.

✓ LOVED IT! ✓ Didn't like it

Veggie Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 Head of Romaine lettuce ▪ 1 Roma Tomato, diced ▪ $\frac{1}{2}$ Avocado, sliced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup Broccoli ▪ $\frac{1}{4}$ cup Cauliflower ▪ $\frac{1}{4}$ cup sliced Radishes 	

Place all ingredients in a bowl and toss.

✓ LOVED IT! ✓ Didn't like it

Cabbage and Tomato Salad	10 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups of Shredded cabbage or Cole slaw mix ▪ $\frac{1}{2}$ cup Grape tomatoes or sliced tomatoes 	<ul style="list-style-type: none"> ▪ 2 tsp. Annie's Natural Lemon and Chive Dressing ▪ Salt and Pepper to taste 	

In a portable container mix the cabbage, tomatoes and dressing, and salt and pepper. If you let it sit over night it's even better.

✓ LOVED IT!

✓ Didn't like it

Mediterranean Salad	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 4 tomatoes ▪ 2 cucumbers ▪ $\frac{1}{2}$ cup chopped black olives ▪ 1 cup chopped fresh parsley 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ chopped basil ▪ $\frac{1}{4}$ cup extra-virgin olive oil ▪ $\frac{1}{2}$ tsp Celtic salt ▪ Juice of 2 lemons 	

Combine all ingredients in bowl and toss well.

✓ LOVED IT!

✓ Didn't like it

Strawberry Salad	10 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups of Fresh Spinach ▪ $\frac{1}{2}$ cup of strawberries ▪ $\frac{1}{2}$ Avocado, sliced 		

Place all ingredients in a bowl and toss.

✓ LOVED IT!

✓ Didn't like it

Brussels Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 5-6 Brussels sprouts ▪ 5-6 whole white mushrooms 	<ul style="list-style-type: none"> ▪ 1 orange pepper ▪ $\frac{1}{8}$ c. olive oil 	

Lightly steam Brussels sprouts. Slice mushrooms and pepper. Combine sprouts, mushrooms, pepper and oil. Toss. Add salt/spices to taste.

✓ LOVED IT!

✓ Didn't like it

Dressings

Fruit Toppers

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

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

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

LOVED IT! Didn't like it

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

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

LOVED IT! Didn't like it

Garlic Olive Oil Dressing	15 min	Serves 2
<ul style="list-style-type: none">▪ 2 cloves of fresh garlic▪ $\frac{1}{8}$ tsp sea salt <ul style="list-style-type: none">▪ Juice from half of a freshly squeezed lemon▪ $\frac{1}{3}$ cup flax oil		

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

LOVED IT! Didn't like it

Lunches

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

Fresh Mango Salsa	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 large mangos, peeled ▪ 1 tablespoon crushed jalapeno peppers ▪ 4 green onions, chopped 	<ul style="list-style-type: none"> ▪ 2 tablespoons fresh lime juice ▪ Pinch of finely chopped red chili peppers 	
1. Chop the mango into small pieces.		
2. Combine mango with remaining ingredients in a medium sized bowl and stir.		
3. Wrap tightly and refrigerate for one day before serving or leave covered at room temperature to allow flavors to blend. May be stored in fridge for up to 5 days; try serving with celery or cucumber, or zucchini slices.		
✓ LOVED IT!	✓ Didn't like it	

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

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

Mango Grape Cabbage Infusion	10 min	Serves ---
-------------------------------------	--------	------------

- Juice fresh green cabbage.
- Juice red grapes

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

✓ LOVED IT!

✓ Didn't like it

Dinners

Wonderful Steamed Artichokes

50 min

Serves 4

- 4 artichokes
- 1 bay leaf
- Several slices of lemon
- 6 peppercorns
- 1 garlic clove

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

✓ LOVED IT!

✓ Didn't like it

Brussels Sprouts and Chicken Delight

15 min

Serves 1

- 1/8 cup olive oil
- 5-6 Brussels sprouts
- 1-2 cloves garlic, peeled and quartered
- ½ onion, diced
- 3-4 ounces of chicken, cubed

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

✓ LOVED IT!

✓ Didn't like it

Sautéed Asparagus

20 min

Serves 4

- ½ pound asparagus, cut diagonally
- 4 cups of water
- 1 tbsp coconut oil
- 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 ▪ $\frac{1}{4}$ cup sliced onion ▪ 1 – 10 oz package fresh spinach, rinsed and torn 	<ul style="list-style-type: none"> ▪ 1 clove garlic, sliced ▪ Sea salt, to taste 	

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

Season with salt.

✓ LOVED IT!

✓ Didn't like it

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

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

✓ LOVED IT!

✓ Didn't like it

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

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

✓ LOVED IT!

✓ Didn't like it

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

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

✓ LOVED IT!

✓ Didn't like it

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

Marinated vegetables B	20 min	Serves 6
<ul style="list-style-type: none"> ▪ 2/3 c. fresh lemon juice ▪ 2-4 garlic cloves, chopped ▪ 2 t. total dried parsley, basil, dill, celery seed or fennel ▪ 1 c. cold-pressed olive oil ▪ 4 pounds vegetables and/or sprouts ▪ ½ t. sea salt, optional 		
1. Combine lemon juice, garlic and herbs. Simmer 5 minutes. Cover and set aside.		
2. Add oil when cooled to luke warm.		
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	

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

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

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

✓ LOVED IT! ✓ Didn't like it

Chicken with Melted Tomato & Zucchini	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tbsp coconut oil ▪ $\frac{1}{2}$ cup thinly sliced zucchini rounds ▪ $\frac{1}{2}$ large tomato, chopped 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ medium yellow onion, finely chopped ▪ Garlic powder, to taste ▪ Basil, to taste ▪ 2 chicken breasts 	

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

✓ LOVED IT! ✓ Didn't like it

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

Combine all in saucepan. Simmer until zucchini is tender

✓ LOVED IT! ✓ Didn't like it

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

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

✓ LOVED IT! ✓ Didn't like it

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

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

✓ LOVED IT! ✓ Didn't like it

Carrot "Stuffing"	15 min	Serves 4
<ul style="list-style-type: none"> ▪ 3-5 lbs. Carrots, juiced, and then save the pulp. ▪ 1 head celery ▪ 1 red onion ▪ 2 tomatoes 		
<ol style="list-style-type: none"> 1. Mix the celery and onions in a food processor, or with the champion juicer with the blank in 2. Add this to the carrot pulp. 3. Add diced tomatoes to the mixture. 4. Mash up 3 large ripe avocados. 5. Add and mix thoroughly. Mix up and eat! (You may want to add a little bit of the carrot juice back to the mix for extra moistness and sweetness, another option is to not even juice the carrots, and just run them through the champion juicer with the blank in.) 6. This can be eaten alone, added to a salad, placed on lettuce leaves, stuffed in a pepper, etc. 		
<hr/> <div style="display: flex; justify-content: space-around;"> ✓ LOVED IT! ✓ Didn't like it </div> <hr/>		

Filled Eggplant	30 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 1 medium eggplant, peeled and cubed ▪ 1 tsp sea salt ▪ 8 tsp coconut oil ▪ 1 medium green pepper, cored, seeded and chopped ▪ 2 cloves garlic, chopped 		
<p>Cover eggplant in water, add the sea salt and soak for 20 minutes. Drain. Coat heated skillet in oil. Add eggplant, pepper and garlic. Cover and reduce heat to low. Cook until tender, 6-7 minutes.</p>		
<hr/> <div style="display: flex; justify-content: space-around;"> ✓ LOVED IT! ✓ Didn't like it </div> <hr/>		

Detox Mixture

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

Week By Week At A Glance

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

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

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

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

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

EXAMPLE MENU

Date: ___ / ___ / ___

Excluding detox days and juicing days.

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

Bowl of sliced fruit with squeeze of lemon.

Banana

OR

Morning Energizer

Sliced Pineapple

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

8 oz. of fresh orange juice

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

Garden Salad with Garlic Olive Oil Dressing

Sliced Apple

OR

Lettuce Wrap with Fresh Mango Salsa

Orange slices

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

8 oz. Energy shake

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

Garden Salad

Sautéed Asparagus

OR

Spicy Taco Crunch

Tomato Cups