10Day Blood Sugar Support Program

Reshape Your Life IN 10 Days
Welcome to Renewal

Congratulations on starting the 10-Day Blood Sugar Support Program.

You’re about to start a wellness journey that will help you realize how your eating habits affect many different areas of your life. Your diet can impact your mood, sleep, energy levels and food cravings. You will start new habits that will help create a healthy foundation for years to come.
What will the next 10 days be like?
When you start the 10-Day Blood Sugar Support Program, you begin a new way of life. You will:
» Follow eating guidelines that focus on whole, unprocessed foods like vegetables, fruits, and lean protein.
» Avoid refined carbohydrates, artificial sweeteners, sugar, chemical additives, processed meats, fried foods, caffeine, and soft drinks.
» Drink supplement shakes with whole food ingredients.
» Take a simple protocol of supplements throughout the day.

Getting Ready
Before beginning your 10-day program, here are some steps you can take to make the transition easier:
» Evaluate your kitchen: Clear out the foods that are not on your food list. Remove any foods high in refined sugar, fats, and carbohydrates.
» Stock your pantry: Go shopping for vegetables, protein, fruit, and other items on your food list. Be prepared with a few days’ worth of meals on hand.
» Make simple lifestyle changes:
  • Get more sleep.
  • Don’t sit for long periods. Take stretching breaks.
  • Be more active. Do yoga, take a brisk walk, or enjoy a meditative stroll.
Tips for Success

Try the suggestions below to help complement your program and help achieve optimal health benefits.

Food
» Make sure to eat frequently throughout the day to help maintain a level blood sugar range.
» Eat more vegetables to help increase fiber and antioxidant activity levels.
» Add a mixed green salad with your lunch and dinner.
» Try different vegetables with a variety of color; each color category provides different nutrients.

Water
» Water is cleansing! To better determine how much water you need each day, divide your body weight in half. The result is the approximate number of water in ounces you should drink daily.
» This total can vary depending on the climate you live in, the environment, your physical activity level, or other factors. The Institute of Medicine determined an adequate daily intake for men is roughly 3 liters (about 13 cups) of total liquid a day. For women the total is 2.2 liters (about 9 cups) of total liquids a day.
Program Products

The products in the program kit support the organs and glands that help maintain healthy blood sugar metabolism. These include supplements made with whole food and other ingredients to help fill nutritional gaps in your diet. Your health care professional has recommended your kit based on the best protein choice for your individual needs.*

SP Complete®, SP Complete® Chocolate, SP Complete® Vanilla (all with whey protein), or SP Complete® Dairy Free (with rice protein)
- A convenient powder that offers essential nutrition from whole food ingredient sources with protein, fiber, and calcium to support immune system, intestinal, and muscular health*

SP Cleanse*
- Combines 20 unique whole food and botanical ingredients designed to support the body’s normal toxin-removal processes*

Diaplex®
- Encourages healthy blood sugar metabolism and supports healthy function of the pancreas when combined with a balanced diet*

Gymnema (MediHerb*)
- An herbal product that helps reduce sweet cravings and suppress/inhibit sweet taste sensation*

Your Daily Supplement Schedule

<table>
<thead>
<tr>
<th>SUPPLEMENT</th>
<th>AMOUNT</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP Complete® or SP Complete® Dairy Free</td>
<td>2 tablespoons per shake</td>
<td>2-3/day</td>
</tr>
<tr>
<td>SP Complete® Chocolate or SP Complete® Vanilla</td>
<td>4 tablespoons per shake</td>
<td>2/day</td>
</tr>
<tr>
<td>SP Cleanse®</td>
<td>5 capsules</td>
<td>3x/day</td>
</tr>
<tr>
<td>Diaplex®</td>
<td>5 capsules</td>
<td>3x/day</td>
</tr>
<tr>
<td>Gymnema</td>
<td>2 tablets</td>
<td>2x/day</td>
</tr>
</tbody>
</table>

The suggested uses for products in this 10-day program are different than those on the individual product labels and have been evaluated for safety during the 10-day duration of this program by the nutrition scientists at Standard Process.

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.
Shakes

To prepare a shake with SP Complete Chocolate or SP Complete Vanilla, simply mix the powder with water. Or substitute either flavor for original SP Complete, as detailed in the basic shake recipe below.

Basic Shake Recipe

» 1 cup water
» ½ to ¾ cup fruit and/or vegetables (listed on pages 15-16)
» 3-4 cubes ice, more for a thicker shake
» 2 rounded scoops SP Complete/SP Complete Dairy Free or 4 rounded scoops SP Complete Chocolate/SP Complete Vanilla
» 2 teaspoons flaxseed oil

Thoroughly blend all ingredients together, adding water and ice cubes until the shake reaches the desired consistency. You may make a large enough batch to last you through the day, but make sure to keep the shake refrigerated and remix as needed before pouring.
Your Plate During the 10-Day Program

Your diet for the next 10 days will provide you with vitamins, minerals, and antioxidants. Focus on nourishing yourself with a variety of nutrient-rich foods. Eat frequently throughout the day to maintain a level blood sugar range.

This is what your main meals should look like while on this program.

Water/tea

Shake
2-3 per day

[Diagram showing percentage breakdown of meals: 35% Protein, 60% Vegetables, 5% Miscellaneous]

See pages 15-16 for a list of the foods you can eat while on this program.
10-Day Program Food List

For the next 10 days, focus on nourishing yourself with a variety of nutrient-rich foods. Eat frequently throughout the day to maintain a level blood sugar range.

**Vegetables**

*-serving size is ½ cup. Target is 13-15 servings per day.*

- Artichokes
- Asparagus
- Avocados
- Bamboo shoots
- Bean sprouts
- Beets
- Bell peppers
- Broccoli
- Brussels sprouts
- Cabbages (sauerkraut)
- Carrots
- Cauliflower
- Celeriac
- Celery
- Chives
- Cucumbers
- Eggplant
- Garlic
- Green beans
- Green leafy vegetables: beet greens, bok choy, chard, chicory, collards, lettuces (including endive chicory, escarole), mustard greens, spinach
- Green onions
- Horseradish
- Kale
- Kohlrabi
- Leeks
- Mushrooms
- Okra
- Olives
- Onions
- Parsley
- Pimientos
- Radishes
- Rhubarb
- Rutabagas
- Squash
- Summer squash (yellow summer squash, zucchini)
- Tomatoes
- Turnips
- Water chestnuts

**Starchy Vegetables**

*-serving size is ½ cup. Limit of one serving per day.*

- Chickpeas
- Green peas
- Lima beans
- Lentils
- Parsnips
- Plantains
- Pumpkins
- Sweet potatoes
- Yams
- Winter squash (acorn, butternut)
10-Day Program Food List

Fruit
Average serving size is ½ to ¾ cup
Use only in shakes (three servings per day). Refer to the shake recipe on Page 11.

- Apples
- Berries
- Cherries
- Grapes
- Papayas
- Peaches
- Pears
- Plums

Protein
Average serving size is 3 ounces (size of a deck of cards or palm of hand). Two or three servings per day.

- Cold-water fish
- Eggs (organic, free-range if possible)
- Fowl: chicken, turkey, etc.
- Red meat (grass-fed, organic if possible)
- Wild game: any variety

Miscellaneous
Serving size is 2 teaspoons. Three or four servings per day.

- Butter
- Dressing: oil/cider vinegar only
- Nuts except peanuts, raw: serving size is 1 oz. limited to one or two servings per day
- Oils: coconut, flaxseed, olive, sesame seed, macadamia nut (healthy, cold pressed)

Beverages

- Filtered or spring water
  See Page 7 for serving recommendations.
- Herbal (noncaffeinated) teas
  Green tea is an excellent choice. Limit to 2 cups per day.
### Daily Journal

Record your experiences to allow your health care professional to determine how the program is working for you.

**DAY 1**

What did you eat today?

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Supplements ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>Supplements ☐</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td>Supplements ☐</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

How are you feeling?

😊😊😊😊😊

Exercise:


**DAY 2**

What did you eat today?

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Supplements ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>Supplements ☐</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td>Supplements ☐</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

How are you feeling?

😊😊😊😊😊

Exercise:


---

Let’s do this.
DAY 3
What did you eat today?
Breakfast _____________________________________________________________ Supplements ☐
Lunch ________________________________________________________________ Supplements ☐
Dinner ________________________________________________________________ Supplements ☐
Other ________________________________________________________________

How are you feeling? 😞 😞 😞 😞 😞

DAY 4
What did you eat today?
Breakfast _____________________________________________________________ Supplements ☐
Lunch ________________________________________________________________ Supplements ☐
Dinner ________________________________________________________________ Supplements ☐
Other ________________________________________________________________

How are you feeling? 😞 😞 😞 😞 😞

DAY 5
What did you eat today?
Breakfast _____________________________________________________________ Supplements ☐
Lunch ________________________________________________________________ Supplements ☐
Dinner ________________________________________________________________ Supplements ☐
Other ________________________________________________________________

How are you feeling? 😞 😞 😞 😞 😞

Exercise:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

DAY 6
What did you eat today?
Breakfast _____________________________________________________________ Supplements ☐
Lunch ________________________________________________________________ Supplements ☐
Dinner ________________________________________________________________ Supplements ☐
Other ________________________________________________________________

How are you feeling? 😞 😞 😞 😞 😞

Exercise:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
DAY 7
What did you eat today?
Breakfast ___________________________________________________ Supplements ☐
Lunch ________________________________________________________ Supplements ☐
Dinner ________________________________________________________ Supplements ☐
Other _________________________________________________________

How are you feeling?

Exercise:

DAY 8
What did you eat today?
Breakfast ___________________________________________________ Supplements ☐
Lunch ________________________________________________________ Supplements ☐
Dinner ________________________________________________________ Supplements ☐
Other _________________________________________________________

How are you feeling?

Exercise:

DAY 9
What did you eat today?
Breakfast ___________________________________________________ Supplements ☐
Lunch ________________________________________________________ Supplements ☐
Dinner ________________________________________________________ Supplements ☐
Other _________________________________________________________

How are you feeling?

Exercise:

DAY 10
What did you eat today?
Breakfast ___________________________________________________ Supplements ☐
Lunch ________________________________________________________ Supplements ☐
Dinner ________________________________________________________ Supplements ☐
Other _________________________________________________________

How are you feeling?

Exercise:
Congratulations on completing the 10-Day Blood Sugar Support Program!

■ Post-Program
You’ve worked hard to follow a healthy meal plan and take supplements with whole food ingredients. You can continue your journey toward maintaining a well-functioning blood sugar metabolism by following the post-program recommendations.

■ Post-Program Food Additions

Whole Grains
Serving size is ½ to 1 cup. Limit of two or three servings per week.
- Quinoa
- Sprouted grains
- Wild rice

Fruit
Two or three servings per day in shakes or as a snack

Miscellaneous
Serving size is 1 cup. One or two servings per day.
- Cottage cheese
- Honey (raw), 1 or 2 teaspoons per day
- Milk
- Yogurt (plain, unsweetened) or kefir
Your Plate After the 10-Day Program

Continue to focus on nourishing yourself with a variety of nutrient-rich foods. Remember to eat frequently throughout the day to maintain a level blood sugar range.

<table>
<thead>
<tr>
<th>Water/tea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shake 1-2 per day</td>
</tr>
</tbody>
</table>

50% VEGETABLES
30% PROTEIN
10% FRUIT
5% MISCELLANEOUS

Daily Supplement Schedule After the 10-Day Program

Ask your health care professional which supplements are right for you.

<table>
<thead>
<tr>
<th>SUPPLEMENT</th>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10 DAY
Blood Sugar Support Program