Healthy Inflammation Response Program

Reshape Your Life in just 10 Days
Welcome to Renewal

Congratulations on starting the 10-Day Healthy Inflammation Response Program.

This wellness journey will help you realize how your lifestyle habits can affect the way your body addresses challenges. Diet, nutrition, and exercise can all impact your body’s natural inflammation response.

This program will help jump-start your body’s normal natural inflammation response process. After just 10 days, you’ll have started habits that can put you on the fast track to living a healthier, more active life.*

*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.
What will the next 10 days be like?

When you start the 10-Day Healthy Inflammation Response 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.

Buckwheat, as found in Cyruta® Plus and all SP Complete® formulas
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 energy and avoid hunger.
- 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 liquid a day.
Program Products

The products in the program kit support the organs and glands that help maintain a healthy inflammation response. 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 whole food nutrition 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*

Boswellia Complex (MediHerb®)

- Combines boswellia, celery seed, ginger, and turmeric to support healthy joints, circulation, and the normal function of the kidneys*

Cyruta® Plus

- Supports capillary integrity and function while also helping to support healthy peripheral circulation*

Black Currant Seed Oil

- Supports the body’s normal tissue repair process, normal blood flow, and healthy immune system function*

Your Daily Supplement Schedule

<table>
<thead>
<tr>
<th>SUPPLEMENT</th>
<th>AMOUNT</th>
<th>FREQUENCY</th>
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<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>Boswellia Complex</td>
<td>1 tablet</td>
<td>3x/day</td>
</tr>
<tr>
<td>Cyruta® Plus</td>
<td>3 tablets</td>
<td>3x/day</td>
</tr>
<tr>
<td>Black Currant Seed Oil</td>
<td>2 perles</td>
<td>3x/day</td>
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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 (allowed only in shakes) and/or vegetables, as 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.

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

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 $\frac{1}{2}$ 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, endive (escarole), lettuce, mustard greens, spinach
- Green onions
- Horseradish
- Kale
- Kohlrabi
- Leeks
- Mushrooms
- Okra
- Olives
- Onions
- Parsley
- Pimentos
- Radishes
- Rhubarb
- Rutabagas
- Squash
- Summer squash (yellow summer squash, zucchini)
- Tomatoes
- Turnips
- Water chestnuts
- Yams
- Winter squash (acorn, butternut)

**Starchy Vegetables**  
Serving size is $\frac{1}{2}$ cup. Limit of three servings per day.

- Chickpeas
- Green peas
- Lentils
- Lima beans
- Parsnips
- Plantains
- Pumpkins
- Sweet potatoes
10-Day Program Food List

**Fruit (for Shakes Only)**  
*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, such as salmon and tuna *(Strive for one or two servings per day.)*
- Eggs (organic, free-range if possible)
- Fowl: chicken, turkey, etc.
- Red meat (grass-fed, organic if possible)
- Wild game: any variety

**Nuts and Seeds**  
*Average serving sizes are ¼ cup for nuts and 1 tablespoon for seeds. Strive for one to two servings per day in this category.*

- Nuts (raw and unsalted), such as almonds, walnuts, cashews, Brazil nuts
- Seeds, such as flaxseeds, chia seeds

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

- Oils: olive, flaxseed, coconut, sesame seed, macadamia nut (healthy, cold pressed)
- Butter
- Dressing: oil/cider vinegar only

**Beverages**

- Filtered or spring water  
  *See Page 7 for serving recommendations.*
- Herbal (noncaffeinated) tea and/or green tea
Let’s do this.

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?
Breakfast ___________________________________________________ Supplements ☐
________________________________________________________________
Lunch _____________________________________________________ Supplements ☐
________________________________________________________________
Dinner _____________________________________________________ Supplements ☐
________________________________________________________________
Other ______________________________________________________
________________________________________________________________

How are you feeling?

Exercise:

DAY 2
What did you eat today?
Breakfast ___________________________________________________ Supplements ☐
________________________________________________________________
Lunch _____________________________________________________ Supplements ☐
________________________________________________________________
Dinner _____________________________________________________ Supplements ☐
________________________________________________________________
Other ______________________________________________________
________________________________________________________________

How are you feeling?

Exercise:
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?
😊😊😊😊😊

DAY 6
What did you eat today?
Breakfast ____________________________________________________
_______________________________________________  Supplements  ☐
Lunch _______________________________________________________
_______________________________________________  Supplements  ☐
Dinner _______________________________________________________
_______________________________________________  Supplements  ☐
Other ______________________________________________________
__________________________________________________________
How are you feeling?
😊😊😊😊😊
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 Healthy Inflammation Response Program!

You’ve worked hard to follow a healthy meal plan and take supplements with whole food and other ingredients. You can continue your journey toward maintaining a healthy inflammation response 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 day.
- Brown rice
- 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.

Water/tea

Vegetables

Protein

Shake
1-2 per day

Your Plate After the 10-Day Program

MULTIPLE

50%

VEGETABLES

20%

PROTEIN

10%

GRAIN

10%

FRUIT

5%

NUTS AND SEEDS

5%

MISCELLANEOUS

Daily Supplement Schedule After the 10-Day Program

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

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<th>LUNCH</th>
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10 DAY
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