

21-Day Detox Diary (Phase 2)



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Professional Advice Disclaimer

The nutrition, exercise, and health information and activities described in this book were developed by the author and are to be used as an adjunct to improved health, fitness, and weight-loss. These programs may not be appropriate for everyone. All individuals, especially those who suffer from any disease or are recovering from any injury, should consult their physicians regarding the advisability of undertaking any of the activities suggested in these programs. The author has been painstaking in her research. However, she is neither responsible nor liable for any harm or injury resulting from this program or the use of the exercises or exercise devices described herein.



| Day 11: | | | |
|--|--------------------------------|--|--------------------------------------|
| Follow your medita | ation practice water with 3 | ninute meditation practice. with 8-10 oz. of warm water with fres 0-60 minutes of gentle yoga, walking a othie. | |
| Take an Epsom sal | t bath every e | vening. (add 1 cup salt and relaxing e | ssential oil.) |
| End your day doing | g a 10 to 30-m | inute meditation practice. | |
| Water Goal: | | _ (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Dinner | | | |
| Time: | | | |
| Snack Time: | | | |
| Time. | | | |
| Supplements | | | |
| With Breakfast Smoot | thie: | With Lunch Smoothie: | With Dinner: |
| 1-2 caps HLC Po1-2 caps Digesti Ultra | - | 1 scoop ClearVite mixed with 8 oz. water 1-2 caps Digestive Enzymes Ultra | •1-2 caps Digestive Enzymes Ultra |
| | | size, shape) | |
| | | What time did you go to sleep? (' | |
| 3. What did you do fo | or relaxation? | (activity & duration) | |
| 4. Detox reactions? _ | | | |



oil.

| Meal Plan Breakfast Time: Snack Time: Lunch Time: | Day 12: | | | |
|--|---|---|---|---------------------------------|
| Meal Plan Breakfast Time: Snack Time: Lunch Time: | Start your day doing Follow your meditate Follow your lemong Follow your exercise Evening Ritual: Take an Epsom sale | ation practice water with 3 se with a smo | with 8-10 oz. of warm water with fre 0-60 minutes of gentle yoga, walking othie. Evening. (add 1 cup salt and relaxing expenses) | and/or other "work in exercises |
| Breakfast Time: Snack Time: Lunch Time: | Water Goal: | | (ounces) Actual Water Intake: | (ounces) |
| Breakfast Time: Snack Time: Lunch Time: | Meal Plan | | | |
| Time: Snack Time: Lunch Time: | | | | |
| Snack Time: Lunch Time: | | | | |
| Lunch Time: | | | | |
| Time: | Time: | | | |
| | | | | |
| Snadk | Time: | | | |
| SHACK | Snack | | | |
| Time: | Time: | | | |
| Dinner | Dinner | | | |
| Time: | Time: | | | |
| Snack | Snack | | | |
| Time: | Time: | | | |
| Supplements | Sunnlements | | | |
| With Breakfast Smoothie: With Lunch Smoothie: With Dinner: | | thie: | With Lunch Smoothie: | With Dinner |
| • 1-2 caps HLC Potency • 1 scoop ClearVite mixed with • 1-2 caps Digestive | | | | |
| • 1-2 caps Digestive Enzymes 8 oz. water Enzymes Ultra | • | • | • | |
| Ultra • 1-2 caps Digestive Enzymes • 1-2 caps Digestive Enzymes | 1 0 | ve Enzymes | | Ziizyiiies eitita |
| Ultra | oma | | | |
| Other: 1. Bowel movements (times, color, size, shape) | | (times, color | | |
| 2. What time did you get up? What time did you go to sleep? (The goal is 10pm) | | | | |
| 3. What did you do for relaxation? (activity & duration) | 3. What did you do fo | or relaxation? | (activity & duration) | |
| 4. Detox reactions? | 4. Detox reactions? | | | |



| Day 13: | | | |
|---|---|--|----------------------------------|
| Follow your medit Follow your lemon Follow your exerc Evening Ritual: Take an Epsom sa | tation practice n water with 3 ise with a smo lt bath every e | minute meditation practice. with 8-10 oz. of warm water with free 0-60 minutes of gentle yoga, walking so othie. vening. (add 1 cup salt and relaxing es ninute meditation practice. | and/or other "work in exercises. |
| | | _ (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Mear Plan Breakfast | 1 | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| | • | | |
| Supplements | | | |
| With Breakfast Smoo | othie: | With Lunch Smoothie: | With Dinner: |
| • 1-2 caps HLC Po | otency | 1 scoop ClearVite mixed with | •1-2 caps Digestive |
| • 1-2 caps Digest | ive Enzymes | 8 oz. water | Enzymes Ultra |
| Ultra | | 1-2 caps Digestive Enzymes | |
| | | Ultra | |
| Other: 1. Bowel movement. | s (times, color | , size, shape) | |
| | | What time did you go to sleep? (| |
| 3. What did you do f | or relaxation? | (activity & duration) | |
| 4 Detox reactions? | | | |
| I. Deton reactions: _ | | | |



| Day 14: | | | |
|---|---|--|----------------------------------|
| Follow your medita Follow your lemon Follow your exercis Evening Ritual : | ation practice water with 3 se with a smo | ninute meditation practice. with 8-10 oz. of warm water with free 0-60 minutes of gentle yoga, walking a othie. vening. (add 1 cup salt and relaxing e | and/or other "work in exercises. |
| - | - | rinute meditation practice. | ssential on.) |
| | _ | _ (ounces) Actual Water Intake : | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack | | | |
| Time: Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Supplements | | | |
| With Breakfast Smoot | thie: | With Lunch Smoothie: | With Dinner: |
| • 1-2 caps HLC Po | | • 1 scoop ClearVite mixed with | •1-2 caps Digestive |
| • 1-2 caps Digesti Ultra | - | 8 oz. water • 1-2 caps Digestive Enzymes Ultra | Enzymes Ultra |
| | | size, shape) | |
| | | What time did you go to sleep? (' | |
| 3. What did you do fo | or relaxation? | (activity & duration) | |
| 4. Detox reactions? _ | | | |



| Day 15: | | | |
|--|---|---|----------------------------------|
| Follow your medita Follow your lemon Follow your exercis Evening Ritual: Take an Epsom sale | ation practice water with 3 se with a smo t bath every e | minute meditation practice. with 8-10 oz. of warm water with free 0-60 minutes of gentle yoga, walking a othie. vening. (add 1 cup salt and relaxing es | and/or other "work in exercises. |
| Water Goal: | | _ (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| | | | |
| Supplements | | | |
| With Breakfast Smoot | thie: | With Lunch Smoothie: | With Dinner: |
| • 1-2 caps HLC Po | tency | 1 scoop ClearVite mixed with | •1-2 caps Digestive |
| • 1-2 caps Digesti | ve Enzymes | 8 oz. water | Enzymes Ultra |
| Ultra | • | • 1-2 caps Digestive Enzymes | |
| | | Ultra | |
| Other: 1. Bowel movements | times, color, | , size, shape) | |
| | | What time did you go to sleep? (| |
| 2. What thire are you | ъсирі | ac and you go to sieep. (| Boar to robin J |
| 3. What did you do fo | or relaxation? | (activity & duration) | |
| 4. Detox reactions? _ | | | |



| Day 16: | | | |
|--|---|--|----------------------------------|
| Follow your medita Follow your lemon Follow your exercis Evening Ritual: Take an Epsom salt | ntion practice water with 30 se with a smooth | ninute meditation practice. with 8-10 oz. of warm water with free 0-60 minutes of gentle yoga, walking a othie. vening. (add 1 cup salt and relaxing es inute meditation practice. | and/or other "work in exercises. |
| Water Goal: | | _ (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| - | | | |
| Supplements | | | |
| With Breakfast Smoot | | With Lunch Smoothie: | With Dinner: |
| • 1-2 caps HLC Po | • | • 1 scoop ClearVite mixed with | •1-2 caps Digestive |
| • 1-2 caps Digestiv | ve Enzymes | 8 oz. water | Enzymes Ultra |
| Ultra | | • 1-2 caps Digestive Enzymes | |
| | | Ultra | |
| | | size, shape) | |
| | | What time did you go to sleep? (7 | |
| 3. What did you do fo | r relaxation? | (activity & duration) | |
| 1. Detay reactions? | | | |



| Day 17: | | | |
|--|---|---|----------------------------------|
| Follow your medita Follow your lemon Follow your exercis Evening Ritual: Take an Epsom sale | ation practice water with 3 se with a smo t bath every e | ninute meditation practice. with 8-10 oz. of warm water with free 0-60 minutes of gentle yoga, walking a othie. vening. (add 1 cup salt and relaxing es ninute meditation practice. | and/or other "work in exercises. |
| | _ | (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| | • | | |
| Supplements | | | |
| With Breakfast Smoot | thie: | With Lunch Smoothie: | With Dinner: |
| • 1-2 caps HLC Po | tency | 1 scoop ClearVite mixed with | •1-2 caps Digestive |
| • 1-2 caps Digesti | • | 8 oz. water | Enzymes Ultra |
| Ultra | J | • 1-2 caps Digestive Enzymes | |
| | | Ultra | |
| | | , size, shape) | |
| | | What time did you go to sleep? (| |
| 3. What did you do fo | or relaxation? | (activity & duration) | |
| 4. Detox reactions? _ | | | |



| Day 18: | | | |
|--|-----------------------------|--|---------------------|
| Follow your medita Follow your lemon Follow your exercis | ation practice water with 3 | ninute meditation practice. with 8-10 oz. of warm water with fres 0-60 minutes of gentle yoga, walking s othie. | |
| Evening Ritual: | thath arrang a | graning (add 1 gun galt and valaging or | egantial ail |
| - | - | vening. (add 1 cup salt and relaxing es iinute meditation practice. | ssentiai on. j |
| | | • | |
| Water Goal: | | _ (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack Time: | | | |
| Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| | | | |
| Supplements | | | |
| With Breakfast Smoot | | With Lunch Smoothie: | With Dinner: |
| • 1-2 caps HLC Po | | • 1 scoop ClearVite mixed with | •1-2 caps Digestive |
| • 1-2 caps Digesti | ve Enzymes | 8 oz. water | Enzymes Ultra |
| Ultra | | 1-2 caps Digestive Enzymes Ultra | |
| Other: 1. Bowel movements | (times, color, | size, shape) | |
| 2. What time did you | get up? | What time did you go to sleep? (| Гhe goal is 10pm) |
| 3. What did you do fo | or relaxation? | (activity & duration) | |
| 4. Detox reactions? _ | | | |



| Day 19: | | | |
|--|--|--|--------------------------------------|
| Follow your medita Follow your lemon Follow your exercis Evening Ritual: Take an Epsom salt | ation practice water with 3 see with a smo | ninute meditation practice. with 8-10 oz. of warm water with free 0-60 minutes of gentle yoga, walking a othie. vening. (add 1 cup salt and relaxing es inute meditation practice. | and/or other "work in exercises. |
| Water Goal: | | _ (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Complements | | | |
| Supplements | 1 | YAT'AL Y | Marial Discussion |
| With Breakfast Smoot | - | With Lunch Smoothie: | With Dinner: |
| 1-2 caps HLC Po1-2 caps Digestive Ultra | 5 | 1 scoop ClearVite mixed with 8 oz. water 1-2 caps Digestive Enzymes Ultra | •1-2 caps Digestive Enzymes Ultra |
| | | size, shape) | |
| | | What time did you go to sleep? (| |
| 3. What did you do fo | or relaxation? | (activity & duration) | |
| 4. Detox reactions? | | | |



| Day 20: | | | |
|--|---|--|----------------------------------|
| Follow your medita Follow your lemon Follow your exercis Evening Ritual: Take an Epsom salt | ntion practice water with 30 se with a smooth | ninute meditation practice. with 8-10 oz. of warm water with free 0-60 minutes of gentle yoga, walking a othie. vening. (add 1 cup salt and relaxing es inute meditation practice. | and/or other "work in exercises. |
| Water Goal: | | _ (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| - | | | |
| Supplements | | | , |
| With Breakfast Smoot | | With Lunch Smoothie: | With Dinner: |
| • 1-2 caps HLC Por | • | • 1 scoop ClearVite mixed with | •1-2 caps Digestive |
| • 1-2 caps Digestiv | ve Enzymes | 8 oz. water | Enzymes Ultra |
| Ultra | | • 1-2 caps Digestive Enzymes | |
| | | Ultra | |
| | | size, shape) | |
| | | What time did you go to sleep? (7 | |
| 3. What did you do fo | r relaxation? | (activity & duration) | - |
| 1. Detay reactions? | | | |



| Day 21: | | | |
|--|--------------------------------|---|---------------------------------|
| Follow your medita Follow your lemon Follow your exercis | ation practice water with 3 | ninute meditation practice. with 8-10 oz. of warm water with fre 0-60 minutes of gentle yoga, walking othie. | - |
| - | | vening. (add 1 cup salt and relaxing e ninute meditation practice. | ssential oil.) |
| | | _ (ounces) Actual Water Intake: | (ounces) |
| Meal Plan | | | |
| Breakfast | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Lunch | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Dinner | | | |
| Time: | | | |
| Snack | | | |
| Time: | | | |
| Supplements | | | |
| With Breakfast Smoot | thie: | With Lunch Smoothie: | With Dinner: |
| 1-2 caps HLC Po 1-2 caps Digestire Ultra | tency | 1 scoop ClearVite mixed with 8 oz. water 1-2 caps Digestive Enzymes Ultra | ●1-2 caps Digestive En Ultra |
| | | size, shape) | |
| | | What time did you go to sleep? (| |
| 3. What did you do fo | or relaxation? | (activity & duration) | |
| 4. Detox reactions? _ | | | |