DIAMOND COACH GUIDE

A HEALTHYFY INSTITUTE SERIES



The

BLOOD PRESSURE

Coach Guide

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HEALTHYFY® HEALTH AND EDUCATION INSTITUTE & RESEARCH COUNCIL

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Diamond Coach Guide

The Blood Pressure Coach Guide

One structure for every disease. The order follows the client: before they come, the consultation form from start to end, then the transformation journey. For the next disease the structure stays and only the content changes.

Order	What it covers
1 · Before the client comes	The 1-2-1 Clarity Call: name, offer, Blueprint
2 · The consultation form	The blank form, then each form section with its ready reckoner (the disease, medicines, system, what is possible)
3 · The Transformation Journey	Explaining the programmes, the client journey with us (3, 6, 12 months and delivery), tracking in Mealie, marked *
4 · Real cases and quick reference	Cases, pre-call checklist, open decisions, where each part comes from
5 · Audience, pain points and content ideas	Who has the problem, lead magnet and ad ideas, post topics, a video script

Built from Dr. Sheenu's Diamond Council Blood Pressure protocol card (session of 10 April 2025), the Diamond Council hypertension case sessions presented by Dt. Shweta (30 October 2025 and 21 May 2026), the HFS case studies, HFS client files and trackers, the Healthyfy Meal Kit and Overlay System, and the Healthyfy Sales Kit made on 3 October 2026. Teaching use only. Not medical advice and not a treatment claim to clients.

Index: what is on which page

*Page numbers are in the footer of every page. Tracking fields marked * are the ones held in Mealie.*

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SECTION 1

Before the client comes: the 1-2-1 Clarity Call

Source: Sales Kit documents made on 3 October 2026 (Clarity Call offer and Blueprint, ready-made, nothing for the coach to fill).

1.1 The name

Name the call by what the client walks away with. For blood pressure use **Blood Pressure Clarity Call** (the niche version of the Root Cause Clarity Call). Never call it a "sales call" or a "free consultation".

Item	Detail
Name	Blood Pressure Clarity Call (or Root Cause Clarity Call)
Length and price	45 minutes. Free. Say it twice: in the booking message and again in the first minute of the call
Who it is for	People with high or low blood pressure (headaches, dizziness, tiredness, palpitations, a reading that keeps going up or down, or a doctor's diagnosis of hypertension or hypotension) who want to know the real reason behind it, and the way out

1.2 The offer: what the client gets

This is the Disease Reversal coach version, written in the second person. The coach fills nothing in.

1. **Your problem, symptoms and side effects.** Your condition, your symptoms and the side effects of your medicines, seen clearly.
2. **Your lifestyle.** How you eat, sleep, move and handle stress today, and the daily habits behind it.
3. **Your root cause analysis.** The reason underneath: the body system that has failed, and the mind, feelings, people around you and lack of purpose that kept it going.
4. **Your priority.** The one thing to fix first, so that everything else becomes easier.
5. **Your Blueprint and action plan** to fix all four above.

> Keep the wording as it stands. No tree words (fruit, trunk, roots) and no "door back" in anything the client sees.

1.3 Say it in blood pressure words (optional)

The five benefits above are fixed. If you want a blood pressure line for the booking message, use only this one: "On this call you will see what is really behind your high or low blood pressure, your headaches, dizziness or tiredness, and the first steps to fix it."

1.4 The Blueprint (Disease Reversal coach version), sent at the end of the call

Send it on WhatsApp within ten minutes of the call. Everyone gets it, whether they enrol or not. Text below is the approved wording.

1. Your present problem, symptoms and side effects

Your condition, your symptoms, and the side effects of your medicines, and how they affect your daily life.

Your first step: For seven days, write down each symptom and side effect, and when it is at its worst. Keep your latest reports and your list of medicines with you.

2. Your present lifestyle

Follow these every day:

- Eat balanced meals at fixed times.
- No junk food.
- Take only seasonal food.
- Sleep 7 to 8 hours.
- Drink 3 to 5 litres of water, unless your doctor has told you otherwise.
- Walk, run, jog or go to the gym for 1 hour.
- No alcohol.
- Quit smoking.

Dos in your meals: eat at the same times every day. Sit down, eat slowly and chew well. Fill half your plate with vegetables and seasonal fruit, and add protein and whole grains. Finish your last meal 2 to 3 hours before sleep.

Don'ts in your meals: do not skip meals. Do not eat in front of a screen. Do not eat in a hurry, or when you are not hungry. Do not take packaged food, fried food, sugary drinks or cold drinks.

Your first step: Choose one wake-up time and one dinner time. Keep both for seven days.

3. Your root cause

Knowing what to do is not the problem. Doing it is. What stops you is underneath: what you believe, what you feel, who is around you, whether you have a reason to keep going, and the body system that has failed.

Affirmations. Say each one three times, every morning and every night: "I can change my health, one day at a time." "I am not my past attempts. I begin again today." "I choose food that heals my body." "My feelings do not decide my plate." "I am worthy of my own time and care." "I am supported, and I keep going."

Meditation. 10 minutes every morning. Sit comfortably and close your eyes. Watch your breath coming in and going out. When your mind wanders, bring it back gently. End with one affirmation.

Breathing exercise. 5 minutes, morning and evening, and whenever you feel stressed. Breathe in slowly through your nose for 4 counts. Breathe out slowly through your mouth for 6 counts.

Your first step: Write in one line what stopped you the last time you tried.

4. Your priority

The one thing to fix first, so that everything else becomes easier.

Your first step: Read what you wrote in steps 1 to 3. Choose the one that troubles you most. Work on that first.

5. Your action plan and daily tracker

Mark Yes or No every day. A habit is followed only if it is done fully. Habits on the sheet: balanced meals, no junk food, seasonal food; slept 7 to 8 hours; drank 3 to 5 litres of water; 1 hour of walk, run, jog or gym; no alcohol, no smoking; affirmations morning and night; meditation 10 minutes; breathing exercise 5 minutes. On the seventh day, look at what you followed and what you did not.

Coach's note

> You need the immediate handholding of an expert who can help you solve your problems, eliminate the root cause and manage your habits. Without it, within the next 6 to 12 months your condition is likely to keep progressing, with more doctor visits and medicines to be taken regularly.

⚠ **Check before you send a Blueprint to a blood pressure client (from Section 2.6):**

The Blueprint is general. Its walk, run, jog or gym line and its water line follow the client's doctor first. Sheenu's card gives a 30 minute brisk walk for BP, says no fast exercise, no heavy lifting and no inversions for high BP, and says more than 4 to 5 litres of water a day washes out minerals. Where the client has kidney disease, heart disease, swelling, is pregnant, or has any doctor-set limit, the doctor's limit leads.

Tell them to keep taking every medicine exactly as the doctor said, at the same time every day. The Blueprint says nothing about medicine and must never sound as if it does.

The Blueprint contains no herbs, no salt advice, no supplements and no detox. Sheenu: no herbs from day one; those are delivered inside the programme, after you have seen their BP chart, reports and medicines (Sections 2.6.8 to 2.6.10).

If the client reports chest pain, severe headache, trouble breathing, a sudden vision change or fainting, they need a doctor now, not a Blueprint (Section 2.6.11).

1.5 The follow-up after the call

How the call ends	Before you hang up	Within ten minutes
Yes	Send the payment link on the call and stay on while they pay. Fix the first session date	Welcome message, what happens next, the group or app link
Needs to ask at home	Fix the next call, date and time, and invite the family to it	A short recap they can show at home: their pain, their goal, the path, one matching result
Not now	Fix the date of the next conversation	Their Blueprint. Then follow up at 15 days, 30 days, 90 days and 6 months

02

SECTION 2

The consultation form, from start to end

Source: Sales Kit: Sales Call Guide, Client Registration and Consultation Form (sections A to G), Coach Guide. BP listening cues come from Sheenu's Blood Pressure protocol card (symptoms, causes, medicines, scope) and the HFS Hypertension overlay and BP Format. Questions marked "BP prompt" are built only from those sources.

2.1 The blank consultation form (as the client sees it)

This is the blank Client Registration and Consultation Form, exactly as the client sees it. Keep it open during the call. The reckoner for each section follows in Sections 2.3 to 2.12.

HEALTHYFY INSTITUTE · CLIENT REGISTRATION AND CONSULTATION FORM · Please answer in your own words. There are no right or wrong answers.

REGISTRATION · PERSONAL DETAILS

Detail	Information
Full name	
Age / date of birth	
Gender	
Mobile / WhatsApp number	

Detail	Information
Email address	
City / place of residence	
Occupation	
Height (cm)	
Current weight (kg)	

HEALTH CONCERN AT A GLANCE

What is the main health problem or concern you would like help with?

Your answer: .....

Do you have any other diagnosed health condition(s)?

☐ No ☐ Yes, please specify: _____

Registration date: _____

A. GOAL · WHAT YOU WANT TO ACHIEVE

A clear health goal gives direction to the changes we make in everyday life.

1. What would you like to improve about your health?

Your answer: .....

2. What would you like to be able to do when your health improves?

Your answer: .....

3. Why is reaching this goal important to you?

Your answer: .....

Area	Coach's findings
Main health goal	
Desired changes in daily life	
Personal importance of this goal	

B. PROBLEMS, SYMPTOMS AND THEIR IMPACT · CURRENT REALITY

4. What are the main health problems you have come for?

Your answer: .....

5. What symptoms are you facing right now?

Your answer: .....

6. How are these problems affecting your daily life: your energy, sleep, work, confidence, family or social life?

Your answer: .....

Symptoms and problems: tick all that apply to you

☐ Bloating / gas / acidity

☐ Constipation / loose motions

☐ Hair fall / dull skin / acne

☐ Fatigue / low energy / low stamina

☐ Joint pain / body pain

☐ Headache

☐ Breathlessness

☐ Poor sleep

☐ Irregular periods / diagnosed PCOS

☐ Sugar cravings

☐ Weight stuck / fluctuating

☐ Mood swings / irritability

☐ Diagnosed nutritional deficiencies

☐ Others: _____

Health information

Detail	Information
Diagnosed condition(s): since when and stage/ severity, if known	

Detail	Information
Current medicines	
Any other treatment or therapy you are currently taking	
Family medical history	
Food allergies	
Pregnant / breastfeeding, if applicable	
Recent delivery or surgery	
Blood reports	☐ Shared ☐ Available, not shared ☐ Not done
Date of latest reports	

For multiple conditions, write each on a separate line. Mention stage/severity as informed by your doctor or recorded in reports.

Area	Coach's findings
Main conditions, duration and known stage/severity	
Key symptoms	
Impact on daily life	
Relevant reports, medicines and other treatments	
Any clarification or medical follow-up needed	

C. PRESENT LIFESTYLE AND HABITS

Our lifestyle influences our health. The way we eat, move, sleep and handle stress contributes to the health we experience today.

Area	Current situation
Physical activity	☐ Sedentary ☐ Light ☐ Moderate ☐ Active ☐ Very active
Sleep quality	☐ Poor ☐ Fair ☐ Good

Area	Current situation
Meal pattern	☐ Regular ☐ Irregular
Smoking	☐ No ☐ Occasionally ☐ Regularly
Drinking alcohol	☐ No ☐ Occasionally ☐ Regularly
Stress level, 1 to 10	
Screen time, hours a day	

Habits are the actions we repeat every day. Like water to a tree, they feed our lifestyle day after day.

7. Briefly describe your usual daily routine.

Your answer: .....

Detail	Your answer .....
Food preference	☐ Vegetarian ☐ Non-vegetarian ☐ Vegetarian + egg
Water intake in a day	
Tea / coffee, cups per day	
Favourite food	

8. Looking at your day, which habits do you already feel are not right?

Your answer: .....

Area	Coach's findings
Present lifestyle pattern	
Eating habits and meal timings	
Movement and physical activity	
Sleep and daily routine	
Other relevant habits	
Habits that may be contributing to the concerns	

D. ROOT CAUSES · MESS (Mental, Emotional, Social, Spiritual)

The underlying patterns that can make a healthy lifestyle difficult to maintain.

M · MENTAL. Our mind shapes our thinking patterns, self-image, beliefs and deeply rooted habits. Many times we know what to do, but we still don't do it. This is the knowing–doing gap. Old patterns can make us react the same way again and again, almost on autopilot. When we learn to recognise these patterns, we can start changing them consciously.

9. Have you tried anything before to improve your health? ☐ Yes ☐ No

If yes: what did you try, how long did it last, and what made you stop?

Your answer: .....

10. What makes it difficult for you to follow a healthy routine consistently? Tick any that apply.

☐ I struggle to stay motivated.

☐ If I cannot follow the plan perfectly, I tend to give up.

☐ I often have negative thoughts about myself.

☐ I lose patience when results are slow.

☐ I overthink even small things.

☐ My mind keeps racing at night before sleep.

☐ I wake up with negative thoughts or worries.

☐ Other: _____

☐ None of these.

11. What do you usually say to yourself about your ability to stay consistent?

Your answer: .....

12. What do you believe about your health problem and your ability to improve it?

Your answer: .....

Is there anything else you would like to add? _____

Area	Coach's findings
Thinking patterns and self-image	
Beliefs about health and change	
Patterns affecting consistency	

E · EMOTIONAL. Emotions influence many of our actions and behaviours. Sometimes we know what is right for us, but how we feel in that moment changes what we actually do. Understanding emotional patterns, triggers and ways of handling difficult feelings helps us recognise their effect on everyday choices.

13. Which of these do you experience? Tick all that apply.

☐ I eat more or less when I am stressed or emotional.

☐ I often feel anxious or worried.

☐ My mood affects my eating or daily routine.

☐ I feel guilty after eating.

☐ Other: _____

☐ None of these.

14. How do you usually handle feeling low, stressed or hurt?

Your answer: .....

15. Is there anything from the past that still feels emotionally heavy? Share only what you feel comfortable sharing. You do not have to describe the experience.

Your answer: .....

Area	Coach's findings
Emotional patterns and triggers	
Usual responses and coping patterns	
Effect on eating, routine and consistency	

S · SOCIAL. We are social beings. Our health routines are influenced by the people and environment around us, at home, at work and among friends. Support, social expectations and space for ourselves can affect how consistently we care for our health.

16. Who around you supports your health goals, and who makes it harder?

Your answer: .....

17. At family functions, parties or outings, do you feel pressured to eat or drink differently from what you intended?

Your answer: .....

18. Do you get time in the day just for yourself?

Your answer: .....

19. Is there someone you can comfortably share your feelings with?

Your answer: .....

Area	Coach's findings
Support at home, work and among friends	
Social pressure affecting health choices	
Personal time available	
Someone to share feelings with	

S · SPIRITUAL. In today's busy life, we take care of everyone and everything, and can slowly become disconnected from ourselves. Life may feel chaotic, without meaning, or empty inside, even after achieving a lot outside. Spiritual does not mean only religion. It means our connection with ourselves, our purpose, and what gives meaning to our lives.

20. While taking care of everyone and everything, do you stop and notice how you are really feeling, or are you just getting through the days?

Your answer: .....

21. What gives meaning to your life? What makes you feel truly satisfied inside?

Your answer: .....

22. Where do you put yourself in your list of priorities? How does it feel when you spend time or money on yourself?

Your answer: .....

Area	Coach's findings
Connection with self and awareness of personal needs	
Meaning, purpose and fulfilment	
Self-priority and comfort with self-care	

E. MAKING HEALTH A PRIORITY

Continuing with the same patterns can have implications for our health and daily life. The purpose of this discussion is not to create fear. It is to understand why taking action on our health deserves priority now, and not later.

23. If nothing changes and things continue like this, what are you worried could happen?

Your answer: .....

Area	Coach's findings
Concerns expressed by the client	
Relevant concerns explained by the coach	
Agreed health priority	
Why this needs attention now	

F. REAL-LIFE CHALLENGES

24. Apart from what we have already discussed, what practical difficulties should we consider while planning your health routine?

Your answer: .....

25. How much time can you realistically set aside for your health, and at what times of the day?

Your answer: .....

26. Are there any budget limitations we should consider while planning your food, activity or support?

Your answer: .....

27. How are your daily meals arranged: who usually shops, cooks or orders the food?

Your answer: .....

28. Will anyone else need to help put the agreed plan into practice? If yes, what will their role be?

Your answer: .....

Practical area	Arrangement or adjustment needed
Work schedule and available time	
Travel or caregiving responsibilities	
Budget	
Food shopping and meal preparation	
Access to suitable food or activity facilities	
Help needed to implement the plan	
Other practical arrangements	

G. TRANSFORMATION JOURNEY AND RECOMMENDED PROGRAMME

Part of the journey	Personalised summary
Starting point: main problems, symptoms and challenges	

Part of the journey	Personalised summary
Desired destination, Point D: the health and daily life changes sought	
First priority to work on	

Recommended programme: _____ Programme duration: _____

Reason for this recommendation: _____

Identified need	Programme feature	Guidance and support included	Benefit / expected outcome	Estimated standalone value
Main health problem and goal: _____	Personalised Health Roadmap	Priorities, progress milestones and weekly focus based on the main concern and goal	Clear direction on what to work on first	₹ _____
Symptoms and their impact: _____	Symptom & Progress Review	Review of relevant symptoms, daily functioning and available health data	Better understanding of changes and adjustments needed	₹ _____
Food, lifestyle and habits: _____	My Weekly Lifestyle Plan	Written steps for food, movement, sleep and daily routine	Clarity on what to follow throughout the week	₹ _____
Mental patterns: _____	Mindset & Consistency Coaching	Guidance on relevant beliefs, self-talk and patterns affecting consistency	Greater consistency and ability to resume after setbacks	₹ _____
Emotional patterns: _____	Emotional Wellbeing Guidance	Support to recognise triggers and practise suitable ways of responding	More conscious handling of emotions affecting eating and routine	₹ _____
Social influences: _____	Social Support & Boundaries	Guidance for family support, social pressure and gatherings	Greater ease in maintaining health choices in everyday surroundings	₹ _____
Connection with self and purpose: _____	Self-Connection & Purpose	Awareness, personal priorities and meaningful self-care practices	Space for self-care and a stronger connection with the goal	₹ _____
Practical obstacles: _____	Real-Life Fit Planning	Adjustments for work, travel, budget, meals and responsibilities	A plan that fits actual daily life	₹ _____

Identified need	Programme feature	Guidance and support included	Benefit / expected outcome	Estimated standalone value
Implementation and follow-through: _____	Tracking, Support & Accountability	Simple tracking and regular between-session check-ins through calls, audio notes or messages	Ongoing support, early identification of difficulties and better follow-through	₹ _____

Programme delivery. Guidance across the relevant areas is brought together in one weekly 1-to-1 session. Each session is followed by one consolidated written plan for the coming week.

Programme element	Delivery details
Weekly personal coaching	One 1-to-1 session each week
Session mode	☐ Online ☐ In person
Written weekly plan	A consolidated plan covering the actions and practices to follow
Plan format / delivery channel	
Tracking	A simple record of selected habits, symptoms and progress parameters
Between-session accountability	Regular check-ins through calls, audio notes or messages
Check-in frequency	
Support channel and response timings	
Review and adjustments	Progress and difficulties reviewed in the weekly session; plan adjusted accordingly

Programme value and fee	Amount
Total estimated standalone value of included features	₹
Regular programme price	₹
Today's offer price	₹
Payment options	

Programme value and fee	Amount
Offer valid until, if applicable	

Questions and next step: what would you like to clarify about the programme?

Your answer: .....

Your decision: ☐ Ready to enrol ☐ Would like a follow-up discussion ☐ Not proceeding at present

Next step decided: _____ Enrolment / follow-up date, if applicable: _____

2.2 The call at a glance, and the Trust stage

Stage	Minutes	What must be done by the end of it
1. Trust	0 to 7	They know who you are, what you work on and how the call will go. You know whether they can decide and commit
2. Discovery	7 to 27	You have their story, in their words, on paper. They feel understood
3. Bridge	27 to 32	Their words said back and a "yes, exactly". They have seen the gap and the real reason
4. Offer	32 to 38	The way out shown, what you add for each thing they said, the value and the bonuses
5. Close	38 to 45	The package chosen and the objection answered, or the next date fixed

The rule of the sales call. Find the gaps. Do not deliver the personalised solution. Explain what support the programme includes and why it is relevant. Meal plans, herbs, salt advice, yoga, pranayama and detox belong to onboarding and the paid programme, never to this call.

The gap must come from their own words or be explicitly agreed by them. A coach's guess is not a finding.

How to ask: RECORD facts (names, medicines, readings, report dates) and move on. TICK clear choices without probing. EXPLORE one or two follow-ups where a

pattern is unclear. EXPLAIN all four MESS concepts briefly, even when they have no difficulty in one area. Listen 70% of the time. Never put words in their mouth.

Use the Word-for-Word Sales Call Guide for the full Trust script (rapport, who I am, the bigger mission, a result, how the call will go, decision maker, commitment). Only these points change for blood pressure:

- **Which result to share.** The kit gives five Dr. Sheenu clients; none is labelled as a BP client, so choose by the client in front of you. The HFS case studies carry real BP readings with the medicine status written beside each (Section 4.1), for example Naveen S., whose BP went from 140 to 132/68, 128/64, 120/70 and 108/75 while the medicine was being reduced by the doctor. Share a result only with its context: "with their doctor".
- **Ask for a reading, not only a story.** "What was your last BP, and when? Do you check at home?" A client who has never measured has a different first month from one with a chart.
- **Ask which way it goes.** High, low, or up and down. Do not assume: tiredness happens in both (Section 2.6.3).
- **Decision maker.** Ask it plainly. If someone at home cooks, pays or decides, invite that person to the call or fix a second call.
- **Say before the call ends that you will look at their reports and medicines.** Ask them to keep ready their latest BP readings or chart, the list of medicines with dose and time, and reports (kidney function, potassium, sugar, lipids, thyroid, haemoglobin, B12).

2.3 Registration: record and move on

Name, age or date of birth, gender, contact, city, occupation, height, weight, main concern, other diagnosed conditions. Do not ask them to repeat what is already entered. If the opening concern is unclear: "What prompted you to book this consultation now?"

BP prompt: note now if the client is pregnant or recently delivered, has had a heart attack or been told the heart is weak, has kidney disease, or is a child or over 60. The plan and the doctor's role change (Section 2.6.11). Note if they have chest pain, a severe headache, trouble breathing, a sudden change in vision or fainting: they go to the doctor now, before anything else.

2.4 Section A · Goal

Ask the three form questions: What would you like to improve? What would you like to be able to do when your health improves? Why is it important to you? Stop when the improvement and its personal importance are clear.

They say	Your finding (confirm it with them)
"I want my BP under control."	Goal: steady numbers. Ask what number they are chasing, and what their doctor says is the target. Never promise a reading
"I want to reduce my BP tablets."	Goal: less dependence on medicine. **Only their doctor can change it.** Do not promise it. Say: "We plan the food around your medicine and your doctor decides"
"I want to stop the headaches and heaviness."	Goal: symptom relief. Note it as a symptom, not a diagnosis. Ask when, and what the BP was
"My BP is low. I am dizzy and tired all the time."	Goal: steady energy, no dizziness. Low BP is not "fine" (Sheenu). Ask about posture, water, meals and salt
"I am scared of a heart attack or a stroke like my father."	Goal: protection of the heart. Use their words only; never add a bigger fear
"I want to lose weight and my BP will come down."	Goal: weight and BP together. Do not promise a number; the HFS overlay tracks the BP chart as well as weight
"My sugar and cholesterol are also high."	Goal: several numbers together. Note it; the ladder decides what leads (Section 2.6.11)
"I want to stay off medicine as I age."	Goal: long-term health with the doctor. Record, do not promise

Confirm: "So [their goal in their words] matters more than a number alone. Have I understood correctly?" Never promise a reading, a weight or a date.

2.5 Section B · Problems, symptoms and their impact

Ask the three form questions (main problems, symptoms now, effect on daily life). Then listen for the pattern below. Do not ask all of these; ask only where their answer is thin or where it would change the recommendation.

Listen for	BP prompt (only if unclear)	What it may point to
Headache, nosebleeds, vision trouble	"When do you get the headache: morning or evening? Any nosebleeds or blurred vision?"	Pressure on the brain's arteries and fragile vessels (high BP, Sheenu). A severe headache or a sudden vision change goes to the doctor now
Chest pain, breathlessness	"Any chest tightness or breathlessness on stairs?"	The heart under strain (Sheenu). Doctor first
Dizziness, black-outs, cold hands and feet, nausea	"Do your eyes go dark when you stand up? Cold hands or feet?"	Low BP and postural drop (Sheenu)
Tiredness	"Is the tiredness there with a heavy head, or with dizziness and a low reading?"	The same in high and in low BP; you cannot tell from tiredness alone (Sheenu). Ask for other symptoms and the readings
Swollen ankles, sore ankles, a dry cough	"Any swelling in the ankles? A dry cough that will not go?"	Known side effects of medicines (amlodipine; ACE inhibitors). Note it for the doctor, never advise on it
Frequent urination, cramps, weakness	"Do you pass urine very often? Muscle cramps?"	A diuretic losing potassium (Sheenu). Note the medicine
Anxiety, anger, tension at small things	"Do small things make your heart race or you tense?"	Stress and the adrenaline response (Sheenu: stress raises pressure)
Sleep and screen time	"How many hours do you sleep? When do you switch off screens?"	Sheenu: seven to eight hours; no screen after 9:30
Salt and food habits	"Papad, pickle, namkeen, packaged food, outside food? Extra salt at the table?"	Excess salt (Sheenu: a named cause). Record, do not correct
Dizziness on standing, vertigo	"Is it when you stand up quickly, or when you turn your head?"	Posture and low BP; an ear cause is possible (Sheenu: suggest an ENT check)

Record every answer in their words. Mark unknown as unknown. Do not name a disease from a conversation. Medical care that is needed must never be delayed or made conditional on enrolling.

Health information to record

Record	BP detail to capture
The readings	Last reading, date, time of day, sitting or standing, which arm if known, the device (digital, wrist, doctor's), and whether the client takes it at home. A chart if they keep one. If they have none: say so without judgement
Diagnosed conditions, since when	High BP, low BP, heart condition, kidney disease, diabetes, thyroid, high cholesterol, fatty liver, anaemia, sleep apnoea
Current medicines	Name, dose and **time of day**, and what they eat at that time (Sheenu: a heavy meal delays absorption). Diuretic, ACE inhibitor, ARB, calcium channel blocker, beta blocker, fludrocortisone, midodrine, statin, diabetes tablets, thyroid tablet. Anything started or stopped lately
Salt substitutes	Do they use a low-sodium salt, rock salt, or another substitute? (Sheenu: high potassium with an ACE inhibitor or an ARB can harm)
Supplements and herbs on their own	Ashwagandha, arjuna, licorice, sarpagandha, moringa, cinnamon water, giloy, hibiscus tea, fenugreek water, potassium or magnesium supplements, and how long each (Sheenu: sarpagandha never with BP medicine)
Reports	Kidney function, electrolytes (sodium, potassium), sugar and HbA1c, lipids, thyroid, haemoglobin, B12, vitamin D (Section 2.6.6). Note the date. Note "not done" without judgement
Habits that touch BP	Caffeine cups a day, alcohol, smoking, grapefruit juice, water in litres a day
Heart, kidney, pregnancy, a child, or over 60	If yes, Section 2.6.11 applies
Family history	BP, heart attack, stroke, kidney disease in parents. In their words

Offline assessment: with consent, record BCA and body measurements on the Offline Assessment sheet, and take the BP with the same device and the same steps every time (Section 2.6.2). Record the device units. Do not turn a device estimate into a diagnosis, and do not use body age to frighten them.

2.6 Ready reckoner for Section B: the disease

Source: Dr. Sheenu, Blood Pressure protocol card, built from the Diamond Council session of 10 April 2025 (Blood Pressure Holistic Plan). The BP categories, the measuring steps and the BP chart format come from the HFS BP Machine document and the HFS Blood Pressure Format sheet. Dt. Shweta's BP revision and case sessions (30 October 2025 and 21 May 2026) are used only where named.

Blood pressure is the force of blood against the walls of the arteries. When the heart pumps, blood leaves through the vessels, and the pressure it makes on the artery walls is blood pressure. Think of watering plants with a pipe: the pressure of water inside the pipe is what blood pressure is inside your arteries. Read this part once before your first BP client, and keep it open while you listen to Section B of the consultation form.

Why pressure matters at all (Sheenu). Blood carries oxygen and nutrients to every organ. A certain pressure is needed for it to reach the organs, the tissues, the cells and the brain. Too little and it does not reach; too much and it damages.

Both are imbalances (Sheenu). Low BP is not "fine". It can be life threatening too. High BP is silent: the arteries and organs are slowly damaged while the person feels almost nothing.

Source: Dr. Sheenu, Blood Pressure protocol card (Diamond Council session of 10 April 2025: Steps 4 to 8). The rule that you never prescribe medicine is Sheenu's. HFS Overlay System (Hypertension overlay, priority rule and conflict table).

The coach has already read the disease. This reckoner is the same knowledge, laid out in the order you need it while you listen to the answers in Section B of the form. Use it to name, for the client, what they are living with and what is possible.

What you listen for in Section B	Where to find it
1. What blood pressure is, and the five things that control it	Section 2.6.1
2. The numbers, the stages and the instruments	Section 2.6.2
3. Reading the symptoms: high, low, and the confusion over tiredness	Section 2.6.3

What you listen for in Section B	Where to find it
4. Why it happened: the causes	Section 2.6.4
5. What long-standing high or low BP leads to (for your knowledge, never to frighten)	Section 2.6.5
6. Tests and readings you can ask for	Section 2.6.6
7. Which body system has failed, and what is possible with the doctor	Section 2.6.7
8. Medicines: five classes for high BP, three for low BP	Section 2.6.8
9. Food and medicine, salt, water	Section 2.6.9
10. Herbs: what each does and what it clashes with	Section 2.6.10
11. Where your line is, and when to refer	Section 2.6.11
12. What is possible, from point A to point D	Section 2.12

2.6.1 What blood pressure is, and what controls it

Two numbers. The upper value is **systolic**: the heart is pumping blood out. The lower value is **diastolic**: the heart is relaxing. Like squeezing a water bottle: the squeeze is systolic, the release is diastolic. Five things control it (Sheenu):

Organ or system	What it does	What goes wrong
Heart: the pump	Pumps and pushes blood through the vessels to the organs	A stronger beat means higher pressure. If the heart is weak, for example after a heart attack (myocardial infarction) where the heart muscle is damaged, it cannot pump properly, so there are chances of low BP. Such clients should not climb stairs or walk long distances

Organ or system	What it does	What goes wrong
Blood vessels: the pipe	Widen and narrow, adjusting their own size	Narrow vessels raise BP; wide vessels lower it. When we water a far plant we put a hand in front of the pipe: we narrowed it, so the water came out with high pressure. The same happens in the vessels
Kidneys	Filter, and regulate fluid, sodium and electrolytes	If sodium rises, BP rises
Brain: the command centre, the electrical control panel	Detects pressure and signals the heart to adjust	On danger or fear the brain tells the adrenal gland to release adrenaline, the heart beats fast, and BP rises. Stress raises pressure
Hormonal (endocrine) system	The chemical messenger	The adrenal gland releases adrenaline under stress or danger. Brain and endocrine system are closely linked

How the body corrects itself (Sheenu)

- BP dropping: the body signals the kidney and heart to correct it.
- BP rising: the body signals the vessels to relax, and to release excess fluid.
- **The dehydration chain:** dehydration, then the kidney holds on to salt, then the blood becomes thick, and BP increases. (Dehydration can sometimes also cause low BP, but the kidney's own role is to push it up.)

Hypo means less, hyper means more

	Low BP (hypotension)	High BP (hypertension)
Reading	Below 90/60	More than 130/80
What happens	Less blood reaches the brain and organs. Dizziness, and in severe cases sudden shock. Feeling nervous, not feeling like working, feeling very sleepy	The arteries become stiff, the organs overwork, and silently the arteries and organs begin to get damaged because blood flows with too much pressure. Risk of heart attack, stroke, brain issues and kidney problems

2.6.2 The numbers, the stages and the instruments

The five stages are from Sheenu's card. The same stages as written in the HFS BP Machine document are shown on the right where they differ in wording.

Stage	Systolic (upper)	Diastolic (lower)	What it means (Sheenu)
Normal	90 to 120	60 to 80	Healthy range; the body regulates it easily
Elevated	120 to 129	80	Like pre-diabetes: a risk of future hypertension
Stage 1 hypertension	130 to 139	80 to 89	Early high BP. Lifestyle changes are needed
Stage 2 hypertension	140 and above	90 and above	Medical concern. Long-term risk to the heart and kidney
Hypotension	Below 90	Below 60	Blood flow may be insufficient and needs support
Hypertensive crisis (HFS BP Machine document)	Higher than 180	and/or higher than 120	Consult the doctor immediately

The instruments (Sheenu)

- **Mercury and aneroid sphygmomanometer** (the one without mercury): what doctors and health professionals mostly use, because the reading is accurate. You must know how to use it properly.
- **Digital BP monitor:** the value may be a little up or down, so it is not absolutely accurate. Clients can use it at home; wellness clinics and dietitians use it. If you cannot use the first one, use this. Omron is a good brand; also Dr. Morepen, Beurer, Accusure and Rossmax.
- **Wrist monitor,** and the **ambulatory monitor** which is tied on and monitors BP for 24 hours.
- **Smartwatches and mobiles** can also monitor BP these days.

How to take a reading with an automatic monitor (HFS BP Machine document)

1. Sit in a comfortable place with good back support, at a table or desk. Sit quietly for three to five minutes first.
2. Feet flat on the floor. Rest the arm on the table, level with the heart, palm upward. Lean against the back of the chair.

3. Put the cuff on the bare upper arm, one inch above the bend of the elbow, tubing over the front centre of the arm. Tight enough that only two fingertips fit under the top edge. The skin must not pinch.
4. Press start. Stay still and quiet while it measures. The monitor shows blood pressure and pulse.
5. If no reading comes, reposition the cuff and try again. Wait one to two minutes before another reading.
6. Write the number down, with the date and time (the HFS Blood Pressure Format sheet has three columns: date, time, blood pressure).

2.6.3 Reading the symptoms: high, low, and the tiredness confusion

From Sheenu's card. Use this table while you listen to Section B. You are listening for a pattern, never naming a disease.

Low BP: the client says	What it means (Sheenu)
Dizziness, light-headedness	Not enough blood is reaching the brain
Tiredness, nervousness, lethargy	Low oxygen and glucose are reaching the cells
Blurred vision	Inadequate circulation to the eyes
Cold hands and feet	Reduced blood flow to the extremities
Nausea	Low blood flow to the digestive system
Dizziness on standing up fast (postural drop)	Standing or getting up with a jerk gives mild dizziness. Tell every client never to do things too fast: give yourself a few seconds. A BP client has to take extra care of this

High BP: the client says	What it means (Sheenu)
Headache	Pressure on the arteries of the brain
Nosebleeds	Fragile vessels under high pressure
Chest pain	The heart is under strain
Shortness of breath	The heart and lungs get overloaded
Vision issues	Retinal damage from long-term high BP

High BP: the client says	What it means (Sheenu)
Fatigue	The heart is working and lacks oxygen delivery

The one thing that will confuse you (Sheenu). Fatigue happens in both. In low BP the person gets tired, and in high BP the person also gets tired, because oxygen is not delivered properly either way. You cannot tell from tiredness alone whether it is high or low. You have to observe the other symptoms, and you need a reading.

The brain not getting oxygen is an emergency. Dt. Shweta's 21 May session: about 70% of high BP cases have no symptoms and are found by accident (a student's figure, stated in the session; the card does not give it).

2.6.4 Why it happened: the causes

Sheenu's list. Use it only for your knowledge and to know what to ask; never name the cause for the client.

Cause (Sheenu)	How it links to BP
Dehydration	The kidney holds on to salt, the blood thickens, BP rises. Sometimes it also causes low BP
Excess salt	Sodium rises, BP rises
Stress	Adrenaline: the heart beats faster and BP rises
Sedentary lifestyle; wrong food; no exercise	Overused arteries get thick
Nutrient deficiency; anaemia	Low BP with tiredness, brain fog; the person may be anaemic or B12 deficient
Adrenal fatigue	The adrenals may become tired in chronic low BP
Poor kidney function	The kidney cannot regulate fluid, sodium and electrolytes
Hormonal imbalance	The endocrine system and the brain are closely linked

2.6.5 What long-standing high or low BP leads to

For your knowledge only, never to frighten. Nothing here is a prediction for any one client.

If it stays out of balance	What can follow (Sheenu)
Long-standing high BP: the heart	Heart attack, heart failure, an enlarged heart
Long-standing high BP: the brain	Stroke, memory loss, dementia
Long-standing high BP: the kidneys and eyes	Chronic kidney disease and kidney failure; retinopathy and blurred vision
Long-standing high BP: the arteries	Thickening and atherosclerosis: plaque forms and thickens the arteries, which raises BP further and raises the chance of a heart attack
The old pipe (Sheenu's picture)	A very old pipe develops pressure inside, leaks or bursts, and we put cello tape on it. Arteries do the same, not only from age but from being overused: wrong nutrition, wrong food, no exercise. Stress is also a major reason
Severe low BP	Hypovolemic shock: life threatening, BP drops suddenly and blood does not flow to the organs
Chronic low BP	Fatigue, brain fog, poor focus, nutrition deficiency (nutrition is not carried properly), adrenal fatigue, anaemia or B12 deficiency, and nerve problems through postural hypotension (for example a wrong posture in cervical spondylosis blocks the nerves and low BP makes the blockage worse)

2.6.6 Tests and readings to ask for

Sheenu's card gives no list of tests, so this table is the guide's arrangement of what the card and the sessions mention. Ask for what already exists; the doctor decides what is ordered.

What to ask for	Why	Where it comes from
The BP chart: readings once, twice or three times a day depending on the stage, with date and time	The reading is the main data. Sheenu: ask for the BP chart regularly	Sheenu, Step 7; HFS BP Format sheet
Whether each reading was before or after the medicine	HFS: BP is recorded at every visit with medicine status written beside it: "with medi" or "without medi"	HFS Hypertension overlay

What to ask for	Why	Where it comes from
Blood potassium	If the client is on an ACE inhibitor or an ARB, monitor potassium through blood tests	Sheenu, Step 5
Haemoglobin and B12	Anaemia and B12 deficiency go with low BP; fenugreek water given regularly drops haemoglobin	Sheenu, Steps 3 and 7
Lipid profile, thyroid profile, vitamin D, kidney tests (creatinine, urea), CBC	Named by a student in the 21 May 2026 session as the "special investigations" for a BP case, and accepted by Dt. Shweta: they show the state of the heart, kidney and other causes	Dt. Shweta's session of 21 May 2026
Calcium, protein and energy levels; an ENT check	For vertigo: it can come from low BP and posture, from low calcium or protein, or from the ear	Sheenu, Step 7

2.6.7 The body system that has failed, and what is possible

The Disease Reversal programme asks you to name the body system that has failed. For a BP client Sheenu's card names five systems that control pressure: the heart, the blood vessels, the kidneys, the brain and the hormonal system. Name the one that fits what the client told you and what their reading shows, never from a guess. A client can have more than one.

What the client reports or shows	The finding you can name	Where it comes from
High reading, headache, chest pain, breathlessness	The heart and the blood vessels are under strain	Sheenu, high BP symptoms
Stress, anger, poor sleep, palpitations	The brain and the hormonal system: stress is raising pressure	Sheenu, the brain and endocrine rows
Swelling, high salt intake, on a water pill	The kidneys: fluid, sodium and electrolytes	Sheenu, the kidney row
Dizziness on standing, cold hands and feet, tiredness, low reading	Low pressure: blood is not reaching the brain and organs well	Sheenu, low BP symptoms

What the client reports or shows	The finding you can name	Where it comes from
Low reading with low haemoglobin or B12, or adrenal tiredness	Nutrient deficiency, anaemia or adrenal fatigue	Sheenu, causes
Weight gain, borderline cholesterol, sitting job	Overused, thick arteries from food and no movement	Sheenu, the old pipe

- **Sheenu's card says nothing about reversing BP,** and it does not give a time for the numbers to settle. It says clearly what your job is: to know the medicine, to plan the food that goes with it, and to tell the client to inform their doctor that they are on a clinical and therapeutic diet.
- **HFS evidence (Case Study Pack):** Naveen S. (hypertension, diabetes, cholesterol): BP 140, then 132/68, 128/64, 120/70, 125/62, and 108/75, with the medicine status written beside each reading as it changed. A number that fell while the medicine was being reduced is proof. Preeti S. stayed on medicine throughout, and their readings moved from 168/100 to 125.
- **What you say to the client:** the numbers can settle with food, stress work, movement and sleep; their doctor decides about any medicine; you track the chart with the medicine status beside it. No promise on a date, a reading, or that a medicine will stop.

2.6.8 The medicines you will see (knowledge only)

Sheenu (Step 4): "Our job is to know what medication is being given, what nutrition should go with it, and what the role of that medicine is." For each class: what it does, in one line, and the side effects you may hear about as symptoms. You never advise on a side effect; the client tells the doctor.

For high BP: five classes

Class	Salts and brands (card)	What it does	Side effects the client may report
1. Diuretics (water pills)	Hydrochlorothiazide, chlorthalidone, furosemide. Lasix, Dytor	Increase urine, so extra salt and water leave the body; less fluid, lower BP	Low potassium, electrolyte imbalance, dehydration, passing urine often

Class	Salts and brands (card)	What it does	Side effects the client may report
2. ACE inhibitors	Enalapril, ramipril, lisinopril. Envas, Ramace, Lisoril	Stop angiotensin I from turning into angiotensin II, the hormone that tightens the vessels. No tightening, so BP stays lower	Dry cough, high potassium, kidney issues
3. ARBs (angiotensin II receptor blockers)	Telma (the most common), Repace	Block the places where angiotensin II acts, so the vessels stay relaxed	Digestion issues, high potassium, tiredness, kidney strain
4. Calcium channel blockers	Amlodipine, nifedipine, verapamil. Amlong, Stamlo, Calaptin	Keep calcium out of the heart and vessel cells; vessels stay relaxed, the heart pumps slower, the workload falls	Swollen legs and sore ankles, constipation, headache, slow pulse
5. Beta blockers	Atenolol, metoprolol, propranolol. Betaloc, Ciplar	Slow the heart rate and block adrenaline and noradrenaline. Given when a person is repeatedly stressed or stressed by small things	Tiredness, cold hands and feet, slow heart rate

For low BP: rarely given in India

Sheenu: no medicine is given for low BP in most cases in India. It is worked on through lifestyle and supportive therapy. Sometimes it is necessary, so you should know these three.

Medicine	What it does	Side effects	Note
Fludrocortisone (Florinef)	A synthetic steroid. Holds sodium and water, expands the blood volume, and raises BP	Fluid retention, high BP, low potassium	Imported and rare in India
Midodrine	Tightens the vessels (alpha-1 receptors), so BP rises	Gastric issues, urinary irritation, high BP	Imported brand only, not available in India
Droxidopa	Turns into norepinephrine; raises vessel tone and heart output	Headache, high BP, nausea	Very rare; not widely available in India

> **One line each, to remember (Sheenu):** diuretics flush out extra water and sodium. ACE inhibitors and ARBs block the pressure hormones. Beta blockers work on the heart. Calcium blockers soften the arteries. Fludrocortisone holds on to salt and water. Midodrine squeezes the vessels tighter.

The medicines taken with other conditions. Many BP clients also take a statin, a diabetes tablet or a thyroid tablet. The card does not cover those, so write each one with its dose and time beside the BP medicine, and plan around the whole list. A statin is the only one the card links to a herb (guggulu and giloy, see the herb table).

2.6.9 Food and medicine: what works with and what works against

Sheenu (Step 5): this is the part that decides whether your plan helps the medicine or quietly cancels it.

Medicine	What supports it	What works against it
Diuretics	Coconut water, banana, oranges: they restore the potassium the diuretic keeps washing out	Licorice (raises sodium and BP). Alcohol (more dehydration). Too much potassium-rich food: excess potassium can weaken the kidneys, so keep it in moderation
ACE inhibitors	Nothing named	Salt substitutes. A client who avoids salt for high BP may switch to a substitute that is low in sodium but high in potassium; with an ACE inhibitor that can do more harm. Always ask whether the client uses one
ARBs	Amla and hibiscus support the vessels relaxing	A high-potassium diet with no potassium check. Grapefruit has minor interactions with some ARBs
Calcium channel blockers	Beetroot helps dilation. Omega-3 as an anti-inflammatory	Grapefruit juice: it blocks the liver enzyme that clears the drug, so the drug stays in the blood longer and risks swelling and dizziness. High-fat meals delay absorption
Beta blockers	Magnesium-rich food helps the heart relax. Ashwagandha supports the stress response	Caffeine, alcohol, a high-sodium diet. Sheenu's example: three cups of strong coffee a day with metoprolol may reduce its effect

Medicine	What supports it	What works against it
Fludrocortisone (low BP)	Raisins and rock salt, to support BP	High salt and processed food: more water retention, swelling and higher BP
Midodrine (low BP)	Hydrating fruits, balanced electrolytes, lemon salt water	Hydrating fruits or caffeine too close to bedtime

Four rules that apply across all of them (Sheenu, Step 5)

1. **Grapefruit** is a classic enzyme blocker. It changes how many heart and BP drugs are cleared, above all calcium channel blockers.
2. **Salt substitutes need caution,** including monosodium glutamate and seaweed granules. They raise potassium and cut sodium further. Keep them in mind with beta blockers and calcium channel blockers (and, from the table above, with ACE inhibitors and ARBs).
3. **Space the medicine from herbal teas by one to two hours.** For ashwagandha, at least two hours; for hibiscus tea, one to two hours.
4. **Never take BP medicine with a high-fat or heavy meal,** because it delays absorption. Clients come again and again saying they took the tablet and the BP is still high. Ask what they ate. A tablet that was not absorbed will not lower the pressure. Teach them what to eat, what not to eat and when to take the medicine.

Also (Sheenu): check potassium through a blood test if the client is on an ACE inhibitor or an ARB. For low BP, encourage hydration and the same meal time every day so that doses are steady.

Sheenu's five questions to the group, with her answers

Situation	Her answer
Calcium channel blocker, and grapefruit juice every morning	This causes complications: the juice blocks the liver enzyme, the drug stays in the blood longer, and swelling and dizziness are possible
Diuretic, with coconut water and a banana daily	This helps. These foods restore the potassium the diuretic loses
ARB, and rock salt every day	This raises the potassium risk. ARBs already raise potassium; an extra source adds to it

Situation	Her answer
Fludrocortisone, on a high-salt processed diet	Water retention and swelling. The medicine already holds salt and water, so extra salt worsens both swelling and BP
Metoprolol, and three cups of strong coffee a day	The effect may reduce. Caffeine stimulates the heart and nerves, the opposite of what a beta blocker does

Salt, in plain words (Sheenu, Step 7)

- The idea that you must take rock salt for low BP and pink salt for high BP is **largely a myth.** Salt is sodium chloride: keep it within the limit and do not add extra on top.
- For a sudden low-BP episode, **salt with lemon water** is absorbed faster and helps.
- For a thyroid client the question is **iodine, not sodium.** Look at both the sodium and the iodine before choosing a salt.
- A member who works with cardiologists said: Tata Lite is potassium-chloride and iodine fortified (sodium about 38 per cent against pink salt's 36 to 38; potassium 22 to 28 per cent against pink salt's 1.5 to 2). Sheenu did not rely on this from memory and said she would check the values. Treat the numbers as unconfirmed.
- A salt substitute is high in potassium: ask every client on an ACE inhibitor or an ARB whether they use one.

Water and swelling (Sheenu, Step 7)

More than four to five litres of water a day starts washing out minerals and vitamins. Water retention comes either from too much sodium or from drinking too little water. Leg-raise exercises help clear it. Vertigo has many causes: it can come from low BP and is often worse with posture. Work on posture first, check calcium, protein and energy, and suggest an ENT check, since an ear imbalance can be the cause.

2.6.10 Herbs: what each does and what it clashes with

Sheenu, Step 6, twelve herbs. The right-hand column is the part you must remember.

Herb	What it does	Given in	The risk, and with what
Ashwagandha	Lowers stress and BP; supports the adrenals	Hypertension, stress-linked BP	Beta blockers and sedating medicines: adds to the BP-lowering effect and causes drowsiness
Arjuna bark	Heart tonic; helps heart function; mostly given for cholesterol	Mild hypertension, and hypotension	Beta blockers, calcium channel blockers, ARBs: can add to the BP-lowering effect. Monitor BP
Brahmi	Works on the mind; lowers anxiety	Hypertension	Sedatives and beta blockers: more sedation. Lower dose
Licorice (mulethi)	Adrenal tonic; raises BP; anti-inflammatory	Hypotension, adrenal fatigue	Diuretics, ACE inhibitors and fludrocortisone: holds sodium; dangerous together
Punarnava	Diuretic; anti-inflammatory; liver support	Hypertension, fluid retention	Diuretics: it is itself a diuretic, so it can deepen water loss and upset the electrolytes
Guggulu	Lowers cholesterol; anti-inflammatory	Fatty liver, high cholesterol	Statins: may double the effect. Check lipids
Sarpagandha	A strong BP-lowering herb	Severe hypertension	**All BP medicines: together they can crash the BP. Never give it with any allopathic BP medicine** (Sheenu: "with a big red pen")
Triphala	Mild detox; liver support	Fatty liver, metabolic issues	No direct interaction seen; generally safe; keep the dose low
Giloy	Liver tonic; immunity; antioxidant; useful with statins	Fatty liver, immunity	It lowers BP: do not give it regularly to someone whose BP or haemoglobin is on the low side
Tulsi	Relieves stress; balances BP; antioxidant	Hypertension	Beta blockers: decide consciously whether to give; otherwise it can be harmful
Cinnamon	Better circulation; lowers BP; helps insulin sensitivity	Hypertension, fatty liver	Calcium channel blockers and beta blockers: avoid with them. Safe only in culinary doses: put it in the food, no separate cinnamon water

Herb	What it does	Given in	The risk, and with what
Moringa	Nutrient rich; a natural calcium channel blocker	Hypertension	**Calcium channel blocker medicine: do not combine at all.** Not a "monitor it" case

The "instead of the medicine" table, for a client who is not on any (Sheenu, Step 6)

Instead of	Give
Diuretic (reduces fluid)	Dandelion tea, coriander water, less salt
ACE inhibitor (opens the vessels)	Garlic, hibiscus tea, amla
Beta blocker (slows the heart rate)	Breathing practice, meditation, magnesium
Fludrocortisone (holds salt and fluid)	Rock salt water, soaked raisins, licorice tea
Midodrine (tightens the vessels)	Cold shower, leg elevation, compression stockings

Natural support for low BP (Sheenu): black salt or rock salt water, salt in lemon water, licorice tea as a natural cortisol booster, small frequent meals, compression stockings for a postural drop, and good hydration. Read this table together with the herb rules below: for a client with high BP on no medicine, the first month is culinary-only.

Safe combinations Sheenu listed

Medicine	Herb	Why, and the condition
ARB	Moringa	A vasodilator and a mild calcium channel blocker. Keep monitoring BP
Amlodipine	Cinnamon	Better circulation, less sugar and inflammation. Culinary amount only, no supplements. (The herb table says to avoid cinnamon with calcium channel blockers)
Metoprolol	Ashwagandha	Less stress load on the heart; helps sleep and anxiety. Start with a low dose; watch for drowsiness

Medicine	Herb	Why, and the condition
Diuretics	Punarnava	Kidney support, mild diuretic. Focus on hydration; monitor blood and potassium through reports
Statins	Giloy	Liver support, antioxidant. Space it an hour from the statin
Any medicine	Triphala	General detox; helps metabolism. One teaspoon at night. Lower the dose if digestion is weak
Mild, non-severe hypertension	Arjuna	Supports the heart and strengthens tone. Use under guidance
Any BP medicine with a stress link	Tulsi	Mental clarity and BP balance. A small daily amount of fresh leaves

The rules for herbs (Sheenu; they apply to every herb)

1. **Choose one herb per condition.**
2. **Always start with the culinary dose and mild herbal teas.**
3. **Keep a one to two hour gap between a herb and any allopathic medicine.** (Step 5 adds: no herbal thing should go along with a BP medicine.)
4. **Ask the client to track fatigue, dizziness, swelling and sleep changes.**
5. **Fenugreek water given regularly drops haemoglobin,** and energy falls with it. Be very careful with herbs and spices (Step 7).
6. **Not at the start, and not in the first month except in food** (Step 7). Read the safe combinations as what is possible later, after the two weeks of befriending the body, never as a day-one list.

Written in brackets: when you choose one herb, write in brackets the next herb and the week you will give it, so that nothing is given all at once. (the card gives one herb per condition.)

2.6.11 Your scope, and where to refer

⚠ **You never prescribe medicine.** Sheenu: "We are not there to prescribe. That is the doctor's job. Our job is to know what medication is being given, what nutrition should go with it, and what the role of that medicine is." The medicine, herb and salt tables in this part are given so that you understand what a client may be taking and what could cancel it, not so that you start or stop anything on your own.

Rule	What it means in your work
Tell the client to inform their doctor (Sheenu, Step 8)	Say it directly: "You are on a clinical and therapeutic diet. Write it in your prescription, in your own handwriting, so that your doctor knows." When the numbers are on the higher side and you feel a challenge is coming, tell them to see the doctor, because a silent heart attack is possible
Put a line on your letterhead (Sheenu, Step 8)	In small print at the bottom: "Not for medical-legal purposes." Everyone should have this
Do not start herbs at the beginning (Sheenu, Step 7)	With a high BP, or an HbA1c of 9, herbs from day one can make the numbers drop too fast, into low BP or low sugar. Start with balanced meals, more fibre and lean protein. Then move the herb into the food (Section 3.2.4)
"Give me two weeks to befriend your body" (Sheenu, Step 7)	Say it to the client. There is no magic. In two weeks you see how their body acts and reacts, and only then decide what to give. For the whole first month, herbs only in a culinary way
Never make drastic changes (Sheenu, Step 7)	The client will run away. Change the cooking style first, add things alongside, and bring the rest slowly
Ask for the BP chart regularly (Sheenu, Step 7)	Once, twice or three times a day, depending on the stage. Always write the medicine status beside each reading

Rule	What it means in your work	
Check BP before and after sessions in the first week (Sheenu, Step 6)	Online: have the client report it. Offline: check it yourself. Start slow, and teach the client to listen to their body	
Do not answer from memory when unsure (Sheenu, Step 7)	On the rock salt question Sheenu refused to answer until she had checked the actual values. Do the same	
If you see this	**What you do**	**From**
Chest pain, a severe headache, trouble breathing, a sudden change in vision, fainting, or a sudden weakness or numbness on one side	The client's doctor or emergency care now. Do not plan around it. Do not delay care to enrol	Safety line; the card names these as symptoms and says the brain not getting oxygen is an emergency
A high reading with symptoms, or the numbers climbing and a challenge coming	Tell the client to see the doctor now. A silent heart attack is possible	Sheenu, Step 8
Very high reading with no symptoms (HFS: 180/120 or above)	Tell the client to contact the doctor the same day; record the reading and what they ate and took	HFS overlay (hypertensive crisis row)
Any prescribed BP medicine	Plan the food around it. Never suggest a change. Tell the client to inform their doctor that they are on a clinical and therapeutic diet	Sheenu, Step 8
Client on an ACE inhibitor or an ARB	Ask for a potassium test. Ask about salt substitutes. No extra rock salt	Sheenu, Step 5
Client has had a heart attack or heart weakness	The heart may not pump enough, so low BP is possible. No stairs or long walks; the doctor leads	Sheenu, Step 1; HFS ladder (cardiac first)
Client has kidney disease	Excess potassium can weaken the kidneys. The doctor decides. HFS: renal beats hypertension on potassium	Sheenu, Step 5; HFS conflict table
Sudden episode of low BP, dizziness, eyes going dark	Sit or lie down, legs up, salt with lemon water. If it does not settle, the doctor	Sheenu, Step 7 (salt with lemon water)

Rule	What it means in your work	
Vertigo	Posture first; check calcium, protein and energy; suggest an ENT check	Sheenu, Step 7
Client wants a herb	Check the medicine first (herb table). One herb, culinary first, a gap, the next in brackets. Sarpagandha never with BP medicine; moringa never with a calcium channel blocker	Sheenu, Steps 6 and 7
Pregnancy, a child, or a client over 60 with high or low BP	The doctor leads. HFS: pregnancy ranks above uncontrolled BP	HFS ladder

When two conditions pull the plan apart (HFS priority rule)

The HFS Overlay System sets one ladder: organ failure or surgery (including renal and cardiac) first; then pregnancy and lactation; then insulin-dependent diabetes and **uncontrolled BP**; then chronic metabolic conditions; then symptomatic conditions such as gut; and the weight goal always last. The goal bends to the condition, never the reverse. The HFS hypertension overlay is the only BP overlay: **there is no HFS overlay for low BP**.

Conflict (HFS)	Winner	What you do instead
Renal against Hypertension (potassium)	Renal	Keep potassium-rich foods in check; the doctor decides. This agrees with Sheenu's caution on excess potassium
Cardiac against anything	Cardiac	Conservative target, the doctor in the loop
Thyroid against Gut or Detox	Thyroid	Permitted greens, cooked
Lactation against weight loss	Lactation	No deficit until feeding reduces
Uric acid against vegetarian diabetes (dals)	Uric acid	Low-purine protein: paneer, curd, egg white

the guide's reading: the ladder puts uncontrolled BP at level 3, above chronic conditions such as thyroid, cholesterol and fatty liver. So when a client has high BP together with those, BP safety leads, and you write down which condition leads and tell the client.

2.7 Section C · Present lifestyle and habits

Ask: "Briefly describe your usual daily routine." and "Looking at your day, which habits do you already feel are not right?" Accept what they give. Ask only about a relevant missing area. Meal-by-meal quantities belong to onboarding.

Listen for (BP prompt, only if missing)	Why it matters (Sheenu, HFS Hypertension overlay)
Salt: pickles, papad, chips, namkeen, packaged and outside food	Excess salt is a named cause. HFS overlay: sodium under about 1500 mg a day. Packaged and processed food are the largest hidden source
Water: how much, and when	Dehydration makes the kidney hold salt and the blood thick (Sheenu). Over four to five litres a day washes out minerals
Tea, coffee, cola, energy drinks	Caffeine works against a beta blocker (Sheenu)
Alcohol	Works against diuretics and beta blockers (Sheenu)
Fried, heavy and fatty meals	Avoid saturated fat and excess fat (Sheenu). A heavy meal at the time of the tablet delays absorption
Refined carbohydrates, sugar, bakery	Avoid processed food and refined carbohydrates (Sheenu)
Fruit, vegetables, nuts, seeds	Sheenu: high potassium and magnesium, in moderation if on an ACE inhibitor, an ARB or a diuretic. HFS plan: the DASH pattern
Meal gaps, skipped meals	Small frequent meals and the same time each day (Sheenu, esp. low BP)
Walking and exercise	Sheenu: a 30 minute brisk walk. Ask what they already do; do not give the plan
Sleep, screen time, late nights	Seven to eight hours; no screen after 9:30 (Sheenu)
Stress, anger, anxiety	Stress is a major cause (Sheenu)
When they take the tablet, and with what	Never with a high-fat or heavy meal (Sheenu)

Example finding: "Packed lunch with pickle and papad, four cups of tea, a tablet at breakfast with a heavy paratha, no walk, sleeps at 1 am." Confirm the pattern. Do not give the correction on the call.

2.8 Section D · Root causes: MESS

Say the concept for all four areas, even where they have no difficulty. If no gap appears, record "No current concern reported" or their strength. Do not create a weakness to justify a feature. MESS explores what makes a routine hard to keep; it does not establish the medical cause of the BP, which is on the causes table in Section 2.6.4.

MESS	Form questions to use	BP prompts and what to listen for
Mental	Have you tried anything before? What stopped you? What do you say to yourself about staying consistent? What do you believe about your health problem?	"BP is in the family, nothing to do." "Once the tablet starts, it is for life." "I feel fine so I stopped checking." Giving up after one high reading. Confirm: "Is restarting after a setback an area where support would help?"
Emotional	Which of these do you experience? How do you handle feeling low, stressed or hurt? Anything from the past that feels heavy? (only what they are comfortable sharing)	Sheenu: stress raises pressure; fear and anger are linked to the root and solar plexus chakras. Anger, pressure at work, control. Do not investigate trauma or begin release work on the sales call
Social	Who supports you and who makes it harder? Pressure at functions? Time for yourself? Someone to share feelings with?	Family food with salt and ghee, who cooks, office meals, outside food. Confirm: "Is the difficulty pressure to join in, or no suitable food option?"
Spiritual	Do you stop and notice how you really feel? What gives your life meaning? Where do you put yourself in your priorities?	Putting everyone else first, no time to breathe, always rushing. Is five minutes of breathing a day possible for them?

2.9 Section E · Making health a priority

Ask only: "If nothing changes and things continue like this, what are you worried could happen?" Then stay silent. Write every word. If several worries come, ask which matters most.

> ⓘ What long-standing high or low BP leads to (Section 2.6.5) is for **your** knowledge. On the call use only the fear they name themselves. Never predict a heart attack, stroke or kidney failure, never imply that enrolling is the only safe choice. Their doctor gives the diagnosis and the outlook.

2.10 Section F · Real-life challenges

- Which practical difficulties should the plan allow for? How much time, and at what hours? Any budget limit? Who shops, cooks or orders the food? Who needs to help put the plan into practice?
- **BP prompts:** how often do they eat outside or order in? Do they eat from a tiffin at work? Will the family eat the same low-salt food? Do they travel? Can they take the tablet at the same time every day, and can they check BP at home?
- **HFS prompt (Case 23):** "What is coming up in the next 90 days?" Moving house, festivals, travel, exams, a wedding. These events, not disagreements, are what end programmes.
- **HFS prompt (Case 17):** if they travel, say on the call that the travel version of the plan is built before they need it.
- Do not label real lack of time or money as an excuse.

2.11 Reflection before the Bridge

Say back their goal, their symptoms in their words, their pattern and what support they said would help. Ask: "Have I understood correctly? What have I missed?" Update the record if they correct you. Silence or politeness is not agreement. The test of a good Discovery is that they say "yes, exactly".

2.12 Section G · Turn the record into a recommendation, and what is possible from A to D

Sort what they told you into the programme's ten features. Group related statements into broad features; do not create a separate paid solution for every symptom. Every feature you present must answer something they said or agreed to.

What they told you (examples)	Programme feature (Disease Reversal)
A BP chart, medicine timing, salt, caffeine, no clear food pattern; reports show high potassium, high sugar or high lipids	Functional Nutrition Plan
Heavy meal with the tablet, late dinner, no walk, irregular sleep	Your Daily Routine Plan
"I stop checking when I feel fine." "BP is in the family."	Habit and Mindset Coaching
Stress, anger, tension at small things, poor sleep	Emotional Release and Stress Regulation
"I never get time to breathe."	Daily Stillness Practice
Weddings, parties, travel, tiffin, eating out, family food	Travel, Festival and Eating-out Guides
"I follow for two weeks, then it falls apart."	Accountability
Has reports, does not understand potassium, creatinine, lipids; tests every few months	Reports and Marker Review
The heart, the vessels, the kidney and the stress system as found; the root and solar plexus chakras if raised	Life System and Chakra Healing
On a diuretic, ACE inhibitor, ARB, calcium blocker or beta blocker, with herbs, salt substitutes or supplements of their own	Medicine and Food Guide

Which programme? If they have a diagnosed condition, reports and medicines, and the root cause involves a body system (the heart, vessels, kidney or stress

system), offer the **Disease Reversal programme** (10 features). A BP client on medicine, or with high BP together with sugar, cholesterol or kidney findings, fits this. If the picture is mainly lifestyle and habit, for example an occasional high reading with no medicine and no reports, the **MPESS programme** (8 features) is the honest fit. Say it from their record, not from price.

From point A to point D: what is possible in blood pressure

Use this after Section G, when you name the destination (point D) with the client. Point D is possible, never promised. The system column is built from Dr. Sheenu's card on the five controllers and what goes wrong; the destination lines stay inside what the card and HFS say.

Point A: what the client reports	System behind it	Point D: what is possible
A heavy head in the morning, headaches, nosebleeds	Vessels under high pressure; stress and the adrenaline response	A calmer chart and a lighter head as salt, sleep, stress and walking are corrected. The doctor decides on any medicine
A high chart, a tablet every day, "it is for life"	Narrow or stiff vessels; the kidney holding salt; the heart working hard	A steadier chart, with the medicine status written beside it. HFS evidence: readings fell while the doctor reduced the medicine. Only the doctor can reduce it
Tiredness, anger, tension at small things, poor sleep	The brain and the adrenal system in constant alert	Calmer days as breath work, sleep and stress practice take hold. A beta blocker, where given, is the doctor's choice
Dizziness on standing, eyes going dark, cold hands and feet (low BP)	Too little blood reaching the brain; low blood volume or weak vessels; anaemia, adrenal fatigue	Steadier energy with water, salt in lemon water, regular meals and slow standing; haemoglobin and B12 checked. The doctor leads if the heart is weak
Swollen ankles, sore ankles, a dry cough	Often a side effect of the medicine	Noted for the doctor, never advised on by you. Cut hidden salt, raise the legs
Extra weight, high cholesterol, high sugar with the BP	Several systems under strain together	The BP safety leads; the sugar and lipids follow on their overlays; weight is slow and comes last

Point A: what the client reports	System behind it	Point D: what is possible
A salt substitute, herbs, grapefruit or a heavy meal with the tablet	Foods and herbs working against the medicine	The food stops fighting the tablet. The doctor decides the medicine

Say it as possible, never as promised. Sheenu: you do not prescribe; you know the medicine, plan the food that goes with it, and tell the client to inform their doctor that they are on a clinical and therapeutic diet. Both high and low BP are imbalances; low BP is not fine. The medicine decision is always the doctor's.

03

SECTION 3

The Transformation Journey

3.1 Explaining the programmes: Bridge, offer, price, close

Source: Sales Kit: Sales Call Guide stages 3 to 5 and the Disease Reversal and MPESS programme documents (names, features, values, prices, bonuses and promise lines are as approved and unchanged). BP wording is from Sheenu's Blood Pressure card and the HFS Hypertension overlay.

3.1.1 Stage 3 · Bridge

Nothing is offered until the Bridge, and the Bridge needs a yes. Say back what you heard, show three pictures, name why it has not worked, name the real reason, and ask permission.

1. Say it back, in their words. Example (illustration only): "Your BP has been 150 over 95 for two years. You get a heavy head in the mornings and you are tired by afternoon. You take one tablet at breakfast, you use a lot of pickle and papad, and you sleep late. Your doctor said it is for life and to cut salt. Did I understand you correctly?" Wait for "yes, exactly".

Picture	What you say, filled from their words
Tree A: today	Where they are now. "BP 150 over 95, heavy head in the morning, tired, a tablet every day, late nights, a lot of salt."
The falling tree	Their own fear from Section E, in their exact words. "You told me that in a year, [their fear]. That is where it falls if nobody works on the roots."

Picture	What you say, filled from their words
Tree D: what is possible	Where they can be in twelve months, in their words, from Section A. "Steady numbers, no morning headache, steady energy, and your doctor reading a better chart."

Ask: "Which one do you want to be standing in a year from now?"

2. Why it has not worked (blood pressure version of the three reasons in the Sales Kit):

Reason	In blood pressure words
Treating the fruit, not the roots	"A high reading, a tablet. A headache, a painkiller. The salt, the stress, the sleep, the water and the habits underneath are never touched." (Sheenu: both high and low BP are imbalances in the heart, the vessels, the kidney, the brain and the hormones; the tablet works on one of them.)
Fixing only one part	"Only a no-salt diet. Only a herb from a shop. Only a walk. Sheenu: the food, the medicine, the stress, the sleep and the movement work together, and some herbs and foods quietly cancel the tablet."
Doing it alone	"No system, no one who knows your case, no one to keep it going. Motivation comes and goes."

Ask: "Does any of this match you?" Then the real reason, from their record: "[their constraints]. Your plan was not wrong. You had no place to run it." Never tell the client they cannot do it alone. Ask until they see it.

3. Permission. "You cannot fix these alone, and that is what I am for. May I show you how we would do this together?" Wait for the yes.

> ⚠ Never speak ill of their doctor or their medicine. The Disease Reversal promise says medicines are "reduced or stopped by the doctor". The doctor decides. For a BP client, never promise a cure, a reading, or that a medicine will stop.

3.1.2 Stage 4 · Offer

Their journey, in the approved promise lines

Point	Approved line	What you may add in blood pressure words
Relief · 3 months	Energy, sleep and cravings settle, and the first visible change comes	The first change to look for is in the symptoms and the early chart: headache, heaviness, energy and steadier readings. No reading is promised by any date
Correction · 6 months	Markers move, and the first medicine conversation with the doctor	The chart and the markers tested (potassium, kidney, sugar, lipids and the rest) are reviewed with the medicine status beside them, and the plan adjusted; the first conversation with the doctor about the medicines
Freedom · 12 months	Markers held, medicines reduced or stopped by the doctor, and it holds on its own	Improvement that holds without you. The doctor, not you, decides about any reduction in medicine
Kickstart · 1 month	The body starts responding, and the routine begins to hold	

How to present each feature, always in this order: remind the client what they told you; the problem; the solution and how it reaches them; the benefit; the value. Describe the solution without delivering it: "We will build it and review it with you", never the plan itself. Never promise that a pattern or the condition will disappear.

3.1.3 The ten features, presented for blood pressure

Feature names, "what is included" and "what changes" are the approved Disease Reversal wording. The spoken lines below are examples to adapt to their words, in the order the client said them. Values are the 12-month values.

1. Functional Nutrition Plan · ₹1,00,000 (12 months)

Remind: You told me about the salt, the heavy meals and the tablet that does not seem to work.

The problem: A generic "no salt" diet does not fit the heart, vessels and kidney that are under strain; the wrong foods work against the medicine, and a heavy meal at the tablet time stops it being absorbed.

The solution and how it reaches them: Foods chosen for the system that has failed and its nutrition gaps, built on their BP chart, their medicines, their reports and their kitchen, in our weekly session and written plan.

The benefit: Food that works with the medicine, less strain on the vessels and the kidney, and numbers that can settle.

2. Your Daily Routine Plan · ₹32,000 (12 months)

Remind: Tablet with a heavy breakfast, a walk that never happens, sleep at 1 am.

The problem: Irregular meals, a tablet at the wrong time, no movement and short sleep keep the pressure up.

The solution and how it reaches them: Wake, tablet, meal, walk, breathing and sleep times, written for their day and reviewed weekly. Sheenu: a 30 minute brisk walk, no screen after 9:30, seven to eight hours of sleep.

The benefit: The body gets a steady rhythm, and the readings follow it.

3. Habit and Mindset Coaching · ₹20,000 (12 months)

Remind: You said you stop checking when you feel fine, and that BP is in the family so nothing helps.

The problem: The chart stops at the first good week, and the belief under it stays.

The solution and how it reaches them: One habit at a time, the BP chart first, and the belief under it, inside the weekly session.

The benefit: Doing what was always known to be right, and doing it every day.

4. Emotional Release and Stress Regulation · ₹1,00,000 (12 months)

Remind: You told me about the pressure at work, the anger and the tension over small things.

The problem: Stress and the adrenaline response raise the pressure (Sheenu), and the beta blocker or the tablet cannot remove the cause.

The solution and how it reaches them: Release work for long-held emotions, and practices that calm the nervous system, as needed.

The benefit: Clears what has been held for years and brings the body out of long stress.

5. Daily Stillness Practice · ₹12,000 (12 months)

Remind: You said you never get time to breathe.

The problem: Everything else comes first, so the breathing and the plan drop on hard days.

The solution and how it reaches them: A daily stillness and breathing practice. Sheenu: slow deep belly breathing, Anulom Vilom and Bhramari for high BP.

The benefit: A daily anchor that keeps things going when it gets hard, and a calmer nervous system.

6. Travel, Festival and Eating-out Guides · ₹28,000 (12 months)

Remind: Weddings, tiffin, office lunches, eating out.

The problem: Plans break on exactly these days, and outside food is full of hidden salt.

The solution and how it reaches them: A plan for travel, functions, eating out and family, built before they need it.

The benefit: The plan holds on the days that used to break it.

7. Accountability · ₹28,000 (12 months)

Remind: You said you follow for two weeks and then it falls apart.

The problem: Nobody notices the slip until it is a month old.

The solution and how it reaches them: The tracker keeps the client accountable. When they are off track, the coach steps in with calls, audio notes or messages. Sheenu: ask for the BP chart and for meal pictures.

The benefit: Consistency without depending on willpower.

8. Reports and Marker Review · ₹12,000 (12 months)

Remind: You have the reports but you do not know what potassium, creatinine and lipids tell you about your BP.

The problem: Without reading them, nobody sees what is moving, and nobody notices a potassium problem with an ACE inhibitor or an ARB.

The solution and how it reaches them: Reports reviewed at every test, and the markers tracked.

The benefit: Every number understood, and the markers seen moving.

9. Life System and Chakra Healing · ₹40,000 (12 months)

Remind: Your pressure, tension and anger all point to the heart, vessels, kidney and the stress system working under strain.

The problem: Lifestyle alone does not reach the system itself.

The solution and how it reaches them: Support for the body system that has failed, and the energy exercise for the chakra linked to it (root for low BP, solar plexus for high BP, as Sheenu teaches).

The benefit: Works directly on the system that has failed, not only on the lifestyle around it.

10. Medicine and Food Guide · ₹48,000 (12 months)

Remind: You take a BP tablet, a statin, herbs on your own and a low-sodium salt.

The problem: Some foods, herbs and salts work against the medicine: grapefruit with amlodipine, a salt substitute with an ACE inhibitor or an ARB, strong coffee with metoprolol, sarpagandha with any BP tablet.

The solution and how it reaches them: Which foods and herbs support the medicine and which work against it, and when to take the tablet.

The benefit: The food stops working against the medicine. The doctor decides the medicine.

What holds it together (say it once, after the features): the weekly one-to-one session, one consolidated written plan after each session, tracking, check-ins between sessions, and reviews. These are not separate weekly appointments. Explain actual services only. Community, AI check-ins and specialist consultations are not automatic inclusions.

3.1.4 The pseudo price: value first, never price first

(the guide's reading of "pseudo price": the estimated standalone value of each feature, shown and totalled before the real price is spoken.)

Feature	12 months	6 months	3 months	1 month
Functional Nutrition Plan	₹1,00,000	₹50,000	₹25,000	₹8,350
Your Daily Routine Plan	₹32,000	₹16,000	₹8,000	₹2,700
Habit and Mindset Coaching	₹20,000	₹10,000	₹5,000	₹1,700
Emotional Release and Stress Regulation	₹1,00,000	₹50,000	₹25,000	₹8,350
Daily Stillness Practice	₹12,000	₹6,000	₹3,000	₹1,000
Travel, Festival and Eating-out Guides	₹28,000	₹14,000	₹7,000	₹2,300
Accountability	₹28,000	₹14,000	₹7,000	₹2,300
Reports and Marker Review	₹12,000	₹6,000	₹3,000	₹1,000
Life System and Chakra Healing	₹40,000	₹20,000	₹10,000	₹3,300
Medicine and Food Guide	₹48,000	₹24,000	₹12,000	₹4,000
Total value	**₹4,20,000**	**₹2,10,000**	**₹1,05,000**	**₹35,000**

1. **The value of each piece.** Walk down the value column slowly. Let each number land.
2. **The total value.** Say it. They have already been adding it up.
3. **Which costs more?** Their path every year for ever (medicines, doctor visits, tests, supplements, the number they gave you) against this programme, once. Use their own figure. Never invent it.
4. **The bonuses.** For deciding today. Ask: "Does this feel like the right path for your situation?" and stop completely.
5. **Retail, then today's price.** Only now, in the Close.

> ⚠ Never say the price before the value. Do not fill the silence after the question. The discomfort is theirs to break. Use reasonable supportable values and do not count the same session several times.

3.1.5 Bonuses

Bonus	What it does	Value
1. Customised recipe library for the client's condition	Recipes built for their plan, so the plan can be cooked at home (MPESS version: customised MPESS recipe library)	₹2,999

Bonus	What it does	Value
2. Root cause access for 4 family members	Four family members can see the root cause, so the home supports the plan	₹9,999
3. Eating-out guide	What to order at a restaurant, the office canteen, a wedding or a party	₹2,999
Total bonus value		**₹15,997**

Say it as it is: bonuses are for deciding today, and that must be true. A deadline they later find was invented costs you the client and the referral.

3.1.6 Stage 5 · Close: urgency, packages, objections

Urgency: two real reasons, both true

Reason	What you say
1. Their own future risk, in their words	"You told me that if nothing changes, [their fear, in their words]. Is that still what you are worried about?"
2. What ends when the call ends	"The bonuses and today's price end when this call ends."

The close: one package at a time

12 months, then 6, then 3, then 1, then membership. Move on only if the one before was not possible today. Always: value first, then retail price, then today's price.

Package	Retail	Today's price	Per month	Promise
Freedom · 12 months	₹1,29,999	**₹99,999**	₹8,333	Markers held, medicines reduced or stopped by the doctor, and it holds on its own
Correction · 6 months	₹75,000	**₹59,999**	₹10,000	Markers move, and the first medicine conversation with the doctor
Relief · 3 months	₹45,000	**₹34,999**	₹11,666	Energy, sleep and cravings settle, and the first visible change comes
Kickstart · 1 month	₹19,999	**₹14,999**		The body starts responding, and the routine begins to hold

Membership (the last door, never the opening offer): sessions once a month instead of every week, everything else the same. 3 months: total value ₹52,500,

retail ₹23,999, today ₹17,999. 6 months: value ₹1,05,000, retail ₹38,999, today ₹29,999. 12 months: value ₹2,10,000, retail ₹64,999, today ₹49,999.

MPESS programme prices (if they fit that programme): Freedom 12 months, value ₹1,92,000, retail ₹38,999, today ₹29,999. Correction 6 months, value ₹96,000, retail ₹21,999, today ₹16,999. Relief 3 months, value ₹48,000, retail ₹12,999, today ₹9,999. Kickstart 1 month, value ₹16,000, retail ₹5,999, today ₹3,999. Membership 3, 6 and 12 months: today ₹4,999, ₹8,999 and ₹14,999.

Objections: hear it, repeat it, answer it, ask again

What they say	What you say	Then you ask
"It is too expensive."	What they already spend each year on medicines, doctor visits, tests and supplements, for ever, against this, once	"If it were spread over three months, would that work?" Then the milestone route
"I do not have the time."	It is built around the week they already have. Then their own fear, in their words	"How much time can you give in a day, honestly?"
"I need to ask my family."	Offer to be in that conversation so they do not carry your answers alone	"What will their first question be?" Answer it now
"I have tried before." / "BP medicine is for life."	Why each past attempt stopped: one thing only, a symptom only, or nobody keeping it going. Sheenu: food, stress, sleep, movement and the right timing of the medicine work together. Whether any medicine can be reduced is only your doctor's decision. Never promise a cure, a reading or a date	"Of those three, which one was yours?"
"Let me think about it."	"Just so I know I explained it well, what is the part you want to think about?"	Almost always it is one of the four above. Then fix the date
"I am already on BP medicine."	The medicine stays with the doctor. Continue it as the doctor says. We plan the food and lifestyle around it, and the Medicine and Food Guide keeps the food, the herbs and the salt from fighting the medicine	"Would it help if we worked with your doctor's plan, not against it?"

What they say	What you say	Then you ask
"My BP is only a little high, I feel fine."	High BP is silent: the arteries and organs can be damaged with no symptom (Sheenu). Never use fear; use their own worry from Section E. Ask: "Would you like to know what is behind your numbers?"	"What did your last reading say?" Then show the gap

Real objections from HFS call logs (use these for role-play): "Busy in office meeting, call you later." "Travelling." "Diwali thi, 2 days bahar khaya." "Ghar me function tha." "New house shift, sab busy." "Number not reachable." Notice how many are events, not disagreements. Nobody said the plan was wrong; life happened.

No call ends without a date. Yes: send the payment link on the call and fix the first session. Needs to ask at home: fix the next call with the family invited. Not now: fix the next conversation, send the Blueprint within ten minutes, follow up at 15 days, 30 days, 90 days and 6 months. After every call, record the stage reached, the objection, the next action and the date.

3.2 The client journey with us: 3, 6 and 12 months, and how it is delivered

Source: Promise lines: Sales Kit programme documents. "Give me two weeks to befriend your body", herbs only in food for the first month, the BP chart and meal pictures, never drastic changes: Dr. Sheenu (Blood Pressure card, Step 7). BP readings with medicine status: HFS Hypertension overlay and the HFS Case Study Pack (Naveen S., Preeti S.). Weekly weight and inch ranges: HFS Journey Tracker and Case Study Pack. Sheenu gave no 3, 6 and 12 month map and no time for the numbers to settle; placing the work on a map, and the "what the client should notice" column, are the guide's. Treat the map as a guide to set honest expectations, never as a guarantee.

Say this in week zero. For a BP client the first measure is the chart, not the scale. The HFS overlay says: BP at every visit, with the medicine status written beside it, "with medi" or "without medi". Ask for readings once, twice or three times a day, depending on the stage (Sheenu).

Sheenu: "Give me two weeks to befriend your body." There is no magic. In those two weeks you see how the body acts and reacts, and only then decide what can be given. Promise no date and no reading. Never make drastic changes: the client will run away.

Source: Dr. Sheenu, Blood Pressure protocol card (Steps 4 to 8: medicines, food and herb interactions, what to give, live corrections, where you stop); HFS Overlay System (the Hypertension overlay and conflicts) and HFS Indian Food Swap Guide; the Healthyfy Meal Kit (Hypertension plan, differences marked "changed"); Sales Kit (delivery system, onboarding form). The week-by-week order in 3.2.4 is built around Sheenu's "two weeks to befriend your body".

3.2.1 The journey on one page

	Relief · 3 months	Correction · 6 months	Freedom · 12 months
Approved promise	Energy, sleep and cravings settle, and the first visible change comes	Markers move, and the first medicine conversation with the doctor	Markers held, medicines reduced or stopped by the doctor, and it holds on its own
What the client should notice (BP)	The first two weeks of befriending the body are done. Less heaviness and fewer headaches (or less dizziness, in low BP); steadier energy and sleep; the chart has a pattern that you and they can read; the tablet is taken at the right time with the right meal; salt habits changed	The chart holds through a normal month, with the medicine status beside each reading. Potassium, kidney, sugar and lipid markers as tested, read with the doctor. The first conversation with the doctor about the medicine, with your records in their hand	Steady readings through travel and festivals. Herbs, if any, have been introduced one at a time and tracked. **Remission is the honest word if the doctor lowers or stops a medicine;** it is the doctor's decision
What you do	Befriend the body (two weeks, Section 3.2.4): learn the chart, the medicine times and the meals. Salt and caffeine corrected, culinary herbs in the cooking, slow breathing, a gentle walk. Medicines checked against Sections 2.6.8 to 2.6.10 before any herb. Baseline reports	Move from food to a single herb if the medicine check allows, with a gap and tracking. Add the practices for their picture. Plan adjusted from the chart. Doctor conversation prepared (they carry your records; the doctor decides)	They run their own plan. Travel and festival routines proven. Write the final list of what to take and not take alongside their medicines now. Then maintenance diet and membership
What you track	The BP chart * with medicine status; the seven physical metrics monthly; sleep and symptom words; the medicine list and time	The chart *; potassium, kidney function, sugar and lipids as the doctor ordered, with the medicine status beside each reading	Total result with time taken; promise met yes, partly or no; remission date (the doctor's decision); assets captured

	Relief · 3 months	Correction · 6 months	Freedom · 12 months
Realistic numbers (HFS)	3 months: weight 3.2 to 7.5 kg; 10 to 23 inches	4 to 6 months: weight 4.7 to 14.25 kg; 6 to 33 inches	9 months to 1 year: weight 11.4 to 16.85 kg; 33 to 51 inches

The weight and inch ranges are from the HFS tracker across clients in general, not BP only. For a BP client the chart is the main number. In the HFS Case Study Pack, Naveen S. (hypertension, diabetes, cholesterol) went from BP 140 to 132/68, 128/64, 120/70, 125/62 and 108/75, with the medicine status written beside each reading as it changed; Preeti S. stayed on medicine throughout and moved from 168/100 to 125. For a client with low BP, a child, a client over 60 or a client with a heart condition, the aim is not fat loss: it is steady blood flow and strength, so lead with how they feel.

> **What Sheenu says about the end point.** Her card says nothing about reversing BP and gives no time for the numbers to settle. It says what your job is: to know the medicine, to plan the food that goes with it, and to tell the client to inform their doctor that they are on a clinical and therapeutic diet. Say what is true: the numbers can settle with food, stress work, movement and sleep; the doctor decides about any medicine; and you track the chart.

3.2.2 Month by month

When	Coach	Client	Check
Before day 1	Blueprint sent. Onboarding form. BP chart or readings, medicine list with dose and time, and reports collected, with the lab name. Salt substitute, herbs and supplements asked. Promise written: one number, one feeling, a date. Red flags checked (Section 2.6.11): if present, the doctor is involved first	Starts the Blueprint's first steps	Baseline captured: BP readings and device, 7 metrics, reports, their words, MPESS baseline

When	Coach	Client	Check
Week 1	Befriend the body: no change to the medicine, ever. Meal pictures and the BP chart asked for. Water 30 minutes before meals. Salt and packaged food reduced. Tablet timing and meal checked (never a heavy meal). BP checked before and after any session in the first week (online: the client reports it; offline: you check). Slow breathing begins. Tracker on	Takes readings; follows the first plan; sends pictures	Medicine, herb and salt-substitute check. Any red flag to the doctor
Week 2	First practices for their picture: for high BP, Anulom Vilom, Bhramari, legs-up pose and a gentle walk; for low BP, slow poses and a light walk (Sheenu). Herbs only in food. Walk after meals. Slow eating	Practises daily	Are they following? You will know. If not, be loving and firm: the plan stays unchanged (Sheenu)
Week 3 to 4	Review the chart with the medicine status. What moved, what did not. Do not add the next layer until the first has held. Adjust. Month-one herbs stay culinary. Specific compliance review	Continues; asks questions	First checkpoint: chart, 7 metrics, photos, words. Lead with the chart and how they feel
Month 2	If the chart is steady and the medicine check allows: one herb, one condition, a gap from the tablet, the next herb written in brackets (Sheenu). Chakra work and emotional work as found. Review travel and events ahead	Continues	Fatigue, dizziness, swelling and sleep changes tracked (Sheenu). Any herb stopped at the first sign of trouble
Month 3 (Relief ends)	Month 3 checkpoint. Capture assets while they are happy: photos, video, review, testimonial, reference. Offer next package or membership	Decides on continuing	Repeat the markers the doctor wants (potassium, kidney, sugar, lipids), same lab; medicine status beside each

When	Coach	Client	Check
Month 4 to 6 (Correction)	Work on any condition that sits beside the BP (sugar, cholesterol, thyroid, kidney) with its overlay. Herbs rotate and none stays long. Doctor conversation prepared with the chart	Takes the chart and reports to their doctor	Markers for those conditions; medicine status next to every reading
Month 7 to 12 (Freedom)	Reduce your own involvement. They run the plan. Proof it holds through festivals and travel. **Write the final food and herb interaction list for the medicines they are on now** (Sheenu, end of the journey)	Independent practice	Monthly 7-metric report; promise met?
After remission	"The numbers are steady. Keeping them steady is what you do next." Keep the chart. Maintenance diet. Membership: monthly meeting, everything else the same	Keeps the habits; does not slip back to pickle, papad and a late heavy dinner	The dates, and the chart month by month

If they have a heart condition, kidney disease, or a very high reading

The doctor leads, always. Your journey is supportive: food planned around the medicines, gentle movement, stress lowered, breath work. A client who has had a heart attack may have low BP because the heart cannot pump; Sheenu says no stairs or long walks for them. HFS: cardiac and renal beat everything. A conservative target, the doctor in the loop (HFS Samita B., post-bypass: the target was 4 to 5 kg, not 15). A reading of 180/120 or more goes to the doctor the same day.

If they take BP medicine

Never ask the client to stop or change a medicine: the doctor decides. Write each into the plan with the dose and time, and what they eat at that time. Check the table in Section 2.6.9 before any food, herb or salt change. Teach the four cross-rules: no grapefruit with calcium channel blockers, no salt substitute with ACE inhibitors or ARBs, a gap from herbal tea, and never the tablet with a heavy meal.

If their BP is low

Low BP is not "fine" (Sheenu). No medicine is given for it in most cases in India; it is worked on with lifestyle. There is no HFS low-BP overlay. Lead with hydration,

salt in lemon water, small frequent meals at fixed times, slow standing, and gentle movement. Check haemoglobin and B12; a weak heart, anaemia and adrenal fatigue are causes. A client who faints, or whose eyes keep going dark, goes to the doctor.

The ladder: why packages are stacked

In the HFS tracker the highest-value clients bought stacked plans. Amber J. (cholesterol, psoriasis, low motivation) went one month, three months, a fourth month, then six months, then a one-year membership. Nobody bought that up front. They bought the next one because the last one worked, and clients renew on how they feel, not on kilograms. Match the length to the problem.

3.2.3 How delivery runs

Element	How it runs
Onboarding (after enrolment)	Carry forward the consultation answers. Complete meal quantities, medicine timings, report details, schedules, baseline measures and practical arrangements on the Detailed Client Onboarding Form. Agree the first weekly plan, tracker, session day and between-session check-ins
Weekly session	One 1-to-1 session a week brings the relevant areas together. These are not separate appointments
Written weekly plan	One consolidated plan after each session: the actions and practices for the coming week
Tracking	A simple record of selected habits, symptoms and progress parameters, with the BP chart as the main one (Section 3.3)
Between sessions	Proactive calls, audio notes or messages at the agreed frequency. Sheenu: ask for the BP chart (once, twice or three times a day, by the stage) and for meal pictures
Review	Progress and difficulties reviewed in the weekly session; plan adjusted. Reports reviewed at every test

Teach only a small number of relevant practices at a time, and review how each one works for them. Tools support routine and awareness; they do not replace medical or mental-health treatment. Sheenu: give breath work to every client, whatever they came for.

If the client does not share meal pictures and does not follow (Sheenu): be politely firm. Tell them the plan will stay unchanged and that you do not want to waste their week or yours. Be loving and firm at the same time, the way you would be with a small child.

3.2.4 The first four weeks

Sheenu (Step 7): do not start herbs at the beginning; start with balanced meals, more fibre and lean protein; then move the herb slowly into the food. For the whole first month, herbs only in a culinary way. The steps are from Sheenu and the HFS overlay; the order is the guide's.

When	What you deliver
Before the plan	Read the BP chart, the reports and the medicine list. Ask about salt substitutes, herbs, supplements, grapefruit, caffeine and alcohol (Section 2.6.9). Check each medicine against Sections 2.6.8 to 2.6.10 before any food change or herb. If there is any red flag (Section 2.6.11), the doctor is involved first
Days 1 to 14 (befriend the body)	Say it to the client: "Give me two weeks to befriend your body. There is no magic." Watch how the body acts and reacts. No change to any medicine. Ask for the BP chart (high BP: morning and evening; stage 2 or unstable: three times) with the medicine status beside each reading, and meal pictures. Water 30 minutes before meals, never during. No added salt; pickle, papad and packaged food out. Tablet at a fixed time with a light meal. Caffeine cut for a beta blocker client. Culinary spices only. Slow breathing every day. Check BP before and after any session in the first week. Teach standing up slowly. Change the cooking style first and add things alongside; never drastic (Sheenu)
Days 15 to 28	Review the chart with the medicine status. If it is steady, add the practices for their picture (Section 3.2.5). Walk after meals; build to a 30 minute brisk walk (Sheenu). Herbs still only in the food: cinnamon in the spice box, not cinnamon water; garlic in the cooking; coriander. Do not add the next layer until the first has held. First month checkpoint with the chart and their own words

When	What you deliver
Month 2 and after	If the medicine check allows, one herb for one condition, mild first, a one to two hour gap from the tablet, the next herb written in brackets. Track fatigue, dizziness, swelling and sleep (Sheenu). Stress work, the chakra practice and emotional work as found. A herb is stopped at the first sign of trouble. Reports repeated
Month 3 and the end of the journey	No liver cleanse unless it is clearly needed; a proper holistic routine often makes it unnecessary, and if needed it is done in the second month (Sheenu). At the end of the 3, 6 or 12 months, write the final list of what to take and not to take alongside their medicines (Sheenu)

3.2.5 Feature by feature

1. Functional Nutrition Plan

What you build: food that works with the medicine, low in sodium, steady in potassium and magnesium, light in saturated fat, with small frequent meals for low BP. First decide which picture leads (the by-picture table, Section 3.2.9). They are not the same plan.

Picture	Lead with (Sheenu unless marked)	Food and practice
High BP, no medicine	Salt, stress, sleep, walking; culinary herbs only for the first month	Low sodium, high potassium and magnesium, liver-friendly food, no processed food, no refined carbohydrates; DASH style (Meal Kit); 30 minute brisk walk; Anulom Vilom, Bhramari
High BP on medicine	The medicine table (Section 2.6.9): what supports, what works against	By class: diuretic (potassium food in moderation; no licorice or alcohol); ACE inhibitor (no salt substitute); ARB (amla, no extra potassium); calcium channel blocker (no grapefruit; beetroot, omega-3); beta blocker (magnesium; no caffeine or alcohol)
Low BP	Hydration, salt in lemon water, small frequent meals, steady meal timing	Raisins; lemon with a pinch of salt; compression stockings for postural drop; stand slowly; check anaemia and B12; no HFS overlay

Picture	Lead with (Sheenu unless marked)	Food and practice
High BP with diabetes, cholesterol or thyroid	BP safety first (HFS ladder, level 3)	The BP base plus the overlay of the other condition; the conflict table decides (Section 2.6.11)
High BP with kidney disease or after a heart attack	The kidney doctor or cardiologist leads	Potassium as the doctor says; conservative target; the doctor in the loop
A child, or a client over 60	Gentle, balanced food; the doctor involved	Small meals, nutrient-dense; no deficit in pregnancy

The food, in general (Sheenu, Step 6, and the Meal Kit)

Nutrition direction (Sheenu): low sodium; high potassium and magnesium; liver-cleansing foods; avoid saturated fat and excess fat; avoid processed foods and refined carbohydrates; small frequent meals; hydration; heart-friendly drinks. **From the Meal Kit (DASH):** 8 to 10 servings of fruits and vegetables, low-fat dairy, whole grains, flaxseed and walnuts, no pickle, papad or namkeen, no packaged food with over 400 mg sodium a serving, one coffee at most, no alcohol. **The 7-day plan** is in Section 3.2.7.

> **The day around BP (HFS Hypertension overlay).** Remove: pickle, papad, packaged and processed foods, added salt at the table. Add: potassium-rich foods as appropriate (moderation by medicine), clear soups without added salt. Watch: hidden sodium in bread, sauces and namkeen; stress and sleep, which move BP as much as food. Monitor: BP at every visit, with the medicine status written beside it ("with medi" or "without medi"). Conflict: the renal overlay changes the potassium advice completely, and renal wins.

Salt, water and meals (Sheenu, Step 7)

- **Salt:** keep it within the limit and add no extra on top. Rock salt for low BP and pink salt for high BP is largely a myth. Salt with lemon water helps a sudden low-BP episode. For a thyroid client look at the iodine as well as the sodium. Do not answer the salt question from memory; check the values.

- **Water:** over four to five litres a day washes out minerals and vitamins. Water retention comes from too much sodium or too little water; leg-raise exercises help clear it.
- **Theory and practice differ.** If the client bloats in the evening, give cooked or steamed vegetables, or finger-cut roasted beetroot with lemon, in place of raw salad. Fermented food is right for the gut in theory but can bloat some clients. Everyone's body is different.
- **Fenugreek water** given regularly drops haemoglobin, and energy falls with it.

When conditions stack, and where the Meal Kit, HFS and Sheenu differ

A BP client often has diabetes, cholesterol, thyroid or kidney findings as well (HFS Naveen S.: hypertension, diabetes, cholesterol; Samita B.: post-bypass, high BP, high cholesterol). Uncontrolled BP is a level 3 condition in the HFS ladder; cardiac and renal are level 1 (Section 2.6.11).

Where the Meal Kit or HFS and Sheenu differ, Sheenu leads. The rows are in Section 3.2.7, marked "changed":

Hibiscus tea twice a day and 2 to 3 raw garlic cloves daily in the Meal Kit: **changed** to culinary use first, a gap from the tablet, one herb per condition.

Potassium-rich daily foods: **changed** to moderation by medicine and kidney (renal wins).

The Meal Kit line that medication can be reduced or eliminated: **not used**. The doctor decides.

Three non-veg slots a day and milk with egg: **changed** to the HMRE rules.

2. Your Daily Routine Plan

Fixed wake, tablet, meal, walk, breathing and sleep times, written for their day. Sheenu: a 30 minute brisk walk daily, no screen after 9:30, seven to eight hours of sleep; and a daily practice: in the morning pranayama and a yoga flow, in the afternoon a 20 to 30 minute light walk or body-weight training, in the evening deep breathing or restorative poses. HFS: dinner at least 90 minutes before sleep; 100 to 200 steps after meals. The tablet at the same time each day, never with a heavy or high-fat meal.

3. Habit and Mindset Coaching

One habit at a time, the BP chart first, and the belief under it ("BP is in the family", "once the tablet starts it is for life"). Teach restart-after-a-slip. Say in week zero: the chart, not the scale, is how we judge this (HFS overlay). Sheenu: never make drastic changes; change the cooking style first, add things alongside, and bring the rest slowly.

4. Emotional Release and Stress Regulation

Work only with what the client has shared. Sheenu: stress raises pressure; fear or danger triggers adrenaline, the heart beats faster and BP rises. A beta blocker is given to clients who are stressed again and again by small things; the work you do with the mind is the same target. The Meal Kit adds: white-coat hypertension and anger are common, and meditation 10 minutes twice a day is linked to lower BP (Meal Kit, not Sheenu). Root chakra work for low BP, solar plexus for high BP (see 9 below).

5. Daily Stillness Practice

Slow deep belly breathing, inhaling and exhaling on a four-to-eight count (Sheenu). Five to seven minutes of mudra, affirmation and breath together, repeating the affirmation five to ten times. For high BP: Anulom Vilom and Bhramari.

6. Travel, Festival and Eating-out Guides

Built before the client needs them. For BP clients: how to order with low salt, what to carry (unsalted makhana, a lemon), what to do about a tablet time when the meal is late, and how to avoid pickle, papad and gravy salt. HFS Case 17 (Sarvesh K.) lost 11.2 kg while travelling Monday to Friday because the plan was built around hotel and flight food. Low-BP clients: carry water and lemon with a pinch of salt; avoid steam baths and long sweating.

7. Accountability

Tracker, calls, audio notes. Two postponements in a row is a conversation, not another reschedule (Section 3.3). Log compliance specifically: the chart, the tablet time and the meal pictures.

8. Reports and Marker Review

Read the BP chart with the medicine status, and the reports the doctor has asked for: kidney function, potassium and sodium (Sheenu: check potassium on an ACE

inhibitor or an ARB), sugar and HbA1c, lipids, thyroid, haemoglobin and B12 (Section 2.6.6). Never diagnose from a number; the doctor reads it.

9. Life System and Chakra Healing, and breath work

	Root chakra: for LOW BP	Solar plexus: for HIGH BP
Location	Base of the spine, perineum	The navel
Element and colour	Earth, red	Fire, yellow
Gland	Adrenal	Pancreas and adrenal
Emotional theme	Stability, safety, grounding, survival, fear	Power, control, anger, pressure, ambition
Signs of imbalance	Fatigue, anxiety, dizziness, feeling spaced out and ungrounded, low BP	High BP, stress, digestive issues, irritability
Mudra	Prithvi mudra	Surya mudra
Poses	Tadasana, Malasana, Vajrasana	Balasana, twists, Ardha Matsyendrasana
Tools	Walking barefoot, grounding foods, root vegetables, warm baths	Fire meditation, candle gazing, breathing into the solar plexus area
Affirmation	I am supported and grounded	I let go of control

How to give it (Sheenu): mudra, affirmation and breath together for five to seven minutes. Repeat the affirmation five to ten times. Add visualisation: red for the root, yellow for the solar plexus.

Pranayama, yoga and movement (Sheenu, Step 6)

	Do these	Avoid these
High BP	Anulom Vilom (calms the nerves, balances blood flow). Bhramari (lowers BP, soothes the vagus nerve). Legs-up pose (gentle, reduces heart rate, helps circulation). Tadasana and Vrikshasana. Light to moderate body-weight strength work three times a week. Slow deep belly breathing on a four-to-eight count	Kapalbhati. Fast Vinyasa yoga such as Surya Namaskar (fast standing and sitting causes sudden BP swings). Inversions and headstands. Heavy lifting. Breath retention (kumbhaka). Bhastrika: set aside in stage 1, not at all in stage 2

	Do these	Avoid these
Low BP	Kapalbhati can be done. Gentle, slow poses. Bhastrika is helpful. Bridge pose and palm pose. Body-weight squats, lunges and resistance bands. Active breath awareness with hand movement	Excessive forward folds. Deep inversions. Fasting practices without a warm-up. Hot yoga, steam baths and intense sweating. Long holds in passive poses, or their eyes will go dark

- **Your duty (Sheenu):** monitor BP before and after sessions in the first week. Online: tell them you will check their BP and have them report it. Offline: check it yourself. Always start slow, teach them to listen to their body, and teach the contraindications, because a long-standing high BP client may have complications.
- **Breath awareness during strength work** to avoid spikes: if the heart rate goes above where it should be, they sit quietly and do not increase the training.
- **Heart attack or heart weakness:** no stairs or long walks (Sheenu); the doctor leads.

10. Medicine and Food Guide, and the herb plan

The Medicine and Food Guide is the tables in Sections 2.6.8 and 2.6.9 applied to this client. The herb plan follows Section 2.6.10: one herb per condition, culinary first, mild teas, a gap from the tablet, tracked, and the next herbs written in brackets. At the end of the 3, 6 or 12 month journey, write the final list of what to take and not to take alongside the medicines they are on then (Sheenu).

Herb (Sheenu)	Use in the first month	Later, after the medicine check
Cinnamon	In the spice box, culinary amount; never cinnamon water	Not with a calcium channel blocker or beta blocker (herb table); the "amlodipine and cinnamon" combination is in the safe list
Garlic	In cooking	Raw cloves only after the two weeks and with a steady chart
Coriander, jeera, turmeric	In cooking	Fine; coriander water is the "instead of a diuretic" food
Tulsi	Fresh leaves, a small amount	Not with a beta blocker unless you decide consciously

Herb (Sheenu)	Use in the first month	Later, after the medicine check
Ashwagandha	No	Low dose at least two hours from the tablet; with a beta blocker watch for drowsiness
Hibiscus tea, amla	No	With an ARB it supports the vessels; a gap of 1 to 2 hours
Moringa, arjuna, brahmi, punarnava, giloy, triphala, guggulu	No	By the herb table; moringa never with a calcium channel blocker
Licorice	No	Only in low BP, adrenal fatigue and never with a diuretic, ACE inhibitor or fludrocortisone
Sarpagandha	Never with any BP medicine	Never with any BP medicine

⚠ **Not written in this guide:** a liver or body detox protocol. Sheenu's card lists "a weekly liver-friendly detox day" under lifestyle, and in Step 7 says not to rush the cleanse: a holistic routine often removes the need, and if needed it is done in the second month. No steps are given, so none are written.

3.2.6 The food kit: meal options for every slot

Source: Healthyfy Meal Kit, Hypertension section (the DASH approach with Indian foods, 7-day plan, 1500 kcal, veg and non-veg columns, sodium under 1500 mg); HFS Overlay System (the 9-slot day and the Hypertension overlay); HFS Indian Food Swap Guide (50 swaps); Dr. Sheenu's Blood Pressure card (Steps 5 to 7). Where the Meal Kit or HFS and Sheenu differ, Sheenu leads and the row says "changed". The Meal Kit has no low-BP plan and there is no HFS low-BP overlay, so the low-BP options below are Sheenu's card placed into the HFS day.

The HFS day has nine slots. The client picks one option per slot, so the plan fits their kitchen. Use these after enrolment, not on the Clarity Call. This is the **base for the first month**: balanced meals, no added salt, culinary use of herbs only (Sheenu: two weeks to befriend the body, then decide). **Respect what the client likes** and what the medicine allows.

Tags: (E) egg. **(F)** fish. **(C)** chicken. **(D)** dairy: curd, buttermilk, milk, paneer. **(K)** rich in potassium: keep it in moderation with an ACE inhibitor, an ARB, a diuretic or any kidney problem, and drop it if the kidney doctor says so (renal wins). **(H)** a herb: one at a time and only after the medicine check (Section 2.6.10). **(L)** for low BP.

Mealie rules (HMRE): one non-veg item a day, at most four in ten days; no dairy in the same meal as egg, fish or chicken; no two grains in one meal. Quantities are in bowls: small, half, medium, large. **Salt:** none added for high BP; the limit is about 1500 mg sodium a day (Meal Kit, HFS); check the label (over 400 mg a serving is too much).

Slot	Options	Rule that goes with it
1 · Early morning	Lukewarm water Lukewarm water with lemon (for low BP: add a pinch of salt) **(L)** Soaked raisins, 5 to 6 **(L)** Soaked almonds, 4 to 5	Take the BP tablet as the doctor wrote, with food that is not heavy or fatty (Sheenu). Sit up slowly; give yourself a few seconds before standing
2 · Breakfast	Oats porridge with low-fat milk, banana and flaxseed **(D) (K)** Vegetable upma or dalia, no added salt, with curd **(D)** Moong dal chilla (2) with mint chutney Besan cheela (2) with vegetables Ragi porridge with pumpkin seeds Sprouts with one roti Boiled eggs (2) with vegetables, no milk or curd **(E)**	No added salt; chutney with lemon and spice instead. Do not take the tablet with a heavy paratha (Sheenu). For low BP do not skip it
3 · Mid-morning	One whole fruit: apple, pear, papaya, guava, kiwi Coconut water, 100 ml, unsweetened **(K)** A few walnuts or almonds, 5 **(N)** Buttermilk, unsalted **(D)**	Coconut water: fine with a diuretic (Sheenu); small amount only with an ACE inhibitor, an ARB or kidney disease. Whole fruit, never packaged juice. Grapefruit: never with a calcium channel blocker
4 · Before lunch	One glass of water, 30 minutes before For low BP: also a glass of lemon water with a pinch of salt **(L)**	Water before meals, not during (HFS). Total water about 3 to 4 litres; over 4 to 5 litres washes out minerals (Sheenu). The doctor sets the limit in heart or kidney disease

Slot	Options	Rule that goes with it
5 · Lunch	One roti, dal, a green vegetable such as spinach, salad and curd **(D)(K)** Small brown rice with sambhar (low salt), palak and salad Masoor or moong dal, lauki sabzi, salad, unsalted buttermilk **(D)** Grilled or steamed fish (80 g) with spinach and salad **(F)** Chicken (80 g, home spices, no packet masala) with vegetables and salad **(C)**	Do not double grains. Fish or chicken: no curd or buttermilk in the same meal. Not a high-fat or heavy meal if the tablet is taken now (Sheenu)
6 · Evening	Roasted unsalted makhana Roasted unsalted chana, small handful Boiled sweet potato, small **(K)** A small banana **(K)** Sprouts chaat with lemon, no salt Green tea, one cup (not near the tablet if on a beta blocker, Sheenu)	A planned snack stops an oversized dinner (HFS). Never packaged namkeen, chips or biscuits. Caffeine works against a beta blocker (Sheenu)
7 · Before dinner	One glass of water, 30 minutes before Clear homemade vegetable or lauki soup, no salt, no cream, no corn flour	HFS: clear soup before dinner. Season with pepper, jeera and lemon
8 · Dinner (light and early)	Two rotis with moong or chana dal, bottle gourd, and salad One roti with dal, cooked greens and salad Khichdi with vegetables and unsalted buttermilk **(D)** Grilled fish with ridge gourd or tinda and salad **(F)** Vegetable dalia with curd **(D)**	Dinner at least 90 minutes before sleep (HFS). Not heavy: a large meal can spike BP (Meal Kit). Eat slowly: fast eating raises BP (Meal Kit)

Slot	Options	Rule that goes with it
9 · After dinner and night	100 to 200 steps Warm water Camomile or mild herbal tea **(H)**, only after the first month and at least 1 to 2 hours from any BP tablet (Sheenu) Slow belly breathing, 4 to 8 count, 5 minutes No screen after 9:30 (Sheenu)	Herbs in food for the first month. At night with a beta blocker or a sedating medicine, check first (Sheenu)

3.2.7 A seven-day plan, put together from the options

Every day, the same: no added salt; no pickle, papad, namkeen or packaged food; water 30 minutes before every meal and not during; 100 to 200 steps after every meal; a 30 minute brisk walk (Sheenu); slow eating; dinner early; the tablet at the same time every day, never with a heavy meal; and the BP chart with the medicine status beside each reading.

This is a sample of the Meal Kit's 1500 kcal Hypertension week, rearranged to the HMRE rules (one non-veg item a day) and to Sheenu (herbs only in food for the first month). The real plan is written after the BP chart, the medicines, the reports and the picture (high, low, with another disease) are known, after the medicine check (Sections 2.6.8 to 2.6.10), and in bowls. Fish on day 3 and chicken on day 5: two non-veg items in the week. Vegetarian clients take the vegetarian choice.

Day	Breakfast	Lunch	Evening	Dinner
1	Oats with low-fat milk, banana, flaxseed	One roti, dal, spinach sabzi, salad, curd	Roasted unsalted makhana, a small banana	Two rotis, moong dal, bottle gourd, salad
2	Vegetable upma (no added salt), curd	Small brown rice, dal, lauki, salad, unsalted buttermilk	Boiled sweet potato, small	One roti, rajma small, cooked spinach, salad
3	Moong dal chilla (2), mint chutney	Grilled fish **(F)**, spinach, salad. Vegetarian: paneer cubes (D) with spinach	Roasted unsalted chana	One roti, dal, ridge gourd, salad

Day	Breakfast	Lunch	Evening	Dinner
4	Ragi porridge, low-fat milk, pumpkin seeds	Small brown rice, sambhar (low salt), palak, salad	Walnuts and a pear	Two rotis, chana dal, cooked greens, salad
5	Besan cheela (2), curd, flaxseed	Chicken **(C)** with home spices, vegetables, salad. Vegetarian: masoor dal and roti	Sprouts chaat, lemon	Two rotis, dal, sautéed spinach, salad
6	Oats with berries and walnuts	Two rotis, masoor dal, vegetable sabzi, salad, curd	Roasted unsalted chana, an apple	One roti, dal, cooked beet greens, salad
7	Sprouts, one roti, curd, flaxseed	Small brown rice, sambhar (low salt), palak, salad	Boiled sweet potato, small	Two rotis, chana dal, bottle gourd, salad, curd

Mid-morning on every day is a whole fruit, or 100 ml of coconut water if the medicine allows. Cases with another disease use that disease's overlay with this base (Section 2.6.11). A client with low BP uses the low-BP options (see the next sections).

Where the Meal Kit or HFS and Sheenu differ: the "changed" rows

The Meal Kit or HFS says	Sheenu says	What the guide does
Hibiscus tea 2 cups a day, every day, in the 7-day plan (Meal Kit)	Herbal tea only mild, culinary first; a gap of 1 to 2 hours from any BP medicine; hibiscus supports ARBs; one herb per condition; not in the first month except in food	**Changed.** No hibiscus tea in the first month; then one cup, away from the tablet, after the medicine check
Garlic: 2 to 3 raw cloves daily; "garlic, 2 raw cloves" after dinner (Meal Kit)	Garlic is listed as the herbal counterpart of an ACE inhibitor for a client not on medicine; culinary first	**Changed.** Garlic in cooking for the first month; raw cloves only after the two weeks, the medicine check and a stable chart
Coconut water 1 cup a day, banana, sweet potato, spinach daily as potassium (Meal Kit)	Coconut water and banana help with diuretics; with an ACE inhibitor or an ARB, check potassium; excess potassium can weaken the kidneys	**Changed.** Potassium-rich food in moderation, by medicine; the doctor and the blood test decide; renal wins
"Can reduce or eliminate medication in early-stage hypertension" (Meal Kit)	You never prescribe; the doctor decides the medicine	**Changed.** Not used. Say what the guide says in Section 2.6.7

The Meal Kit or HFS says	Sheenu says	What the guide does
Egg, fish and chicken in three slots a day (non-veg column); milk with egg at breakfast (Meal Kit)	Not covered	**Changed to HMRE.** One non-veg item a day; no milk or curd with egg, fish or chicken
Unsalted everything, "remove the salt shaker" (Meal Kit)	Salt within the limit and nothing extra on top; for a sudden low BP, salt in lemon water helps; rock salt versus pink salt is largely a myth	**Combined.** No added salt for high BP; the limit for the day; low BP gets salt in lemon water
3 to 4 litres of water (HFS swap 46)	More than 4 to 5 litres washes out minerals	**Added a cap.** About 3 to 4 litres; more only on the doctor's say; less in heart or kidney disease on the doctor's advice
1 cup of coffee at most (Meal Kit)	Caffeine works against a beta blocker; three strong coffees reduce the effect of metoprolol	**Kept.** Fewer or none on a beta blocker

3.2.8 The swap guide for blood pressure

From the HFS Indian Food Swap Guide: change the method, not the dish, so the family keeps eating the same food. **Ask the client to pick three swaps only in week one. At the week-four call ask which three stuck, then add three more** (HFS). Several HFS swaps are changed here because Sheenu's BP rules differ, and some new swaps are added. Both are marked.

Instead of	Swap to	Why
Papad and pickle with every meal	Green chutney with lemon, mint, coriander and no added salt (HFS swap 34)	Pickle and papad are the highest-sodium items (HFS overlay REMOVE)
Salt shaker on the table	Lemon, pepper, jeera, coriander, ginger; no extra salt on the plate	No added salt at the table (HFS overlay); Sheenu: keep within the limit, nothing extra on top
Namkeen, chips, packaged snacks	Roasted unsalted makhana or chana; sprouts chaat with lemon (HFS swaps 37 and 39)	Hidden sodium: bread, sauces, namkeen (HFS WATCH)
Bread, sauces, ketchup, soy sauce, readymade masala	Home-made chutney; atta roti (HFS swap 11); home spices	Hidden sodium; the label limit is 400 mg a serving (Meal Kit)

Instead of	Swap to	Why
Low-sodium salt, rock salt every day, or another substitute	Ask the doctor, especially on an ACE inhibitor or an ARB **(new)**	Sheenu: salt substitutes carry extra potassium; "rock salt for low BP, pink salt for high BP" is largely a myth
Cream soup or packet soup	Home-made clear vegetable soup, no salt (HFS swap 30)	Packet soup is salty
Tea with sugar, three cups of tea or coffee	Halve it; green tea one or two cups, not near a beta blocker tablet (HFS swaps 2 and 19) **(changed)**	Caffeine works against a beta blocker (Sheenu)
Grapefruit or its juice (any day)	Another fruit: apple, pear, papaya, guava **(new)**	Sheenu: grapefruit blocks the liver enzyme; a risk with calcium channel blockers
Packaged juice	Whole fruit; coconut water 100 ml only if the medicine allows (HFS swaps 17 and 18) **(changed)**	Potassium, with an ACE inhibitor, an ARB or kidney disease (Sheenu)
BP tablet taken with a heavy paratha	Tablet at a fixed time with a light meal; no high-fat meal **(new)**	Sheenu: a heavy or high-fat meal delays absorption, and the tablet will not work as it should
Aloo paratha, parathas with butter	Stuffed roti with methi or palak, roasted; paratha with green chutney (HFS swaps 7 and 9)	Less saturated fat (Sheenu: avoid saturated fat)
Plain white-flour roti	Bran-mix roti, 70:30 (HFS swap 8)	Fibre
Sabzi in a lot of oil	One teaspoon of oil (HFS swap 27)	Avoid excess fat (Sheenu)
Two large bowls of rice	One small bowl of rice with one medium bowl of dal (HFS swap 24)	Bowls, not grams
Aloo sabzi most days	Lauki, tori, tinda, parwal, kaddu, beans (HFS swap 26)	Fibre and low salt
Fried paneer or malai paneer	Home-made paneer, grilled or in a sabzi (HFS swap 28)	Less fat

Instead of	Swap to	Why
Kadhai chicken, chicken curry	120 to 150 g grilled or tandoori chicken breast, with no packet masala (HFS swap 29)	Packet masala is salty
Full cream milk	Toned or low-fat milk, or chaach (HFS swap 47)	Meal Kit: low-fat dairy, 3 servings a day
Starting the meal with roti	A big bowl of salad first (HFS swap 22)	Fibre and potassium from food
Sitting down straight to eat	One glass of water, 30 minutes before (HFS swap 21)	Hydration; water before meals, never during
Water only 1 to 2 litres	3 to 4 litres; not more than 4 to 5 (HFS swap 46) **(changed)**	Dehydration makes the kidney hold salt (Sheenu); too much washes out minerals
Eating fast in front of the TV or phone	At the table, screen off, slowly (HFS swap 23)	Eating fast raises BP (Meal Kit)
Dinner after 9:30 pm, then straight to sleep	Dinner by 8 pm, at least 90 minutes before sleep (HFS swaps 35 and 45)	A heavy late meal spikes BP
No walk, sitting for hours	100 to 200 steps after meals (HFS swap 42) and a 30 minute brisk walk (Sheenu)	The Meal Kit: walking 30 minutes lowers systolic BP; sitting long raises it
Nothing after dinner	A walk and warm water; ajwain or jeera water if there is gas (HFS swap 43)	Digestion
Skipping breakfast, or long gaps (important for low BP)	Something within two hours of waking; small frequent meals at fixed times (HFS swap 14) **(L)**	Sheenu: small frequent meals and consistent meal timing in low BP
Standing up fast, jumping out of bed (low BP)	Sit for a few seconds, then stand slowly **(new)**	Sheenu: postural drop
Cold drinks and hot sweating baths (low BP)	Water, lemon with a pinch of salt; avoid steam baths and intense sweating **(new)**	Sheenu: avoid hot yoga, steam baths and intense sweating in low BP
Weighing every day	Once a week, same day and time (HFS swap 50); the BP chart is the main number	The HFS overlay tracks BP at every visit

3.2.9 What leads the first month, by picture

Every BP client gets the same base: two weeks to befriend the body, no added salt for high BP, culinary herbs only, the tablet at a fixed time with a light meal, the chart with the medicine status beside each reading, slow breathing, a gentle walk and the medicine check before any herb. The picture decides what you lead with. This table is the guide's arrangement of Sheenu's card, the Meal Kit and the HFS overlay. A client can have two pictures: lead with the one that can do harm first (Section 2.6.11).

Picture	Lead with	Food and practice (Sheenu; Meal Kit and HFS marked)	Watch
High BP, no medicine	Salt, stress, sleep and walking, in food	No added salt; DASH-style food (Meal Kit); culinary garlic, cinnamon and coriander in the cooking; Anulom Vilom, Bhramari, slow belly breathing; 30 minute brisk walk; herbs only after the first month (Sheenu)	The chart twice a day; headaches; any reading of 180/120 or more goes to the doctor
High BP on a diuretic	Restore potassium with food, in moderation	Coconut water, banana and orange help (Sheenu); no licorice, no alcohol; punarnava only with care and reports	Cramps, passing urine often, potassium and electrolytes on the report
High BP on an ACE inhibitor or an ARB	Check potassium; no salt substitute	Potassium-rich food in moderation; no rock salt every day; amla and hibiscus support an ARB (Sheenu); moringa may go with an ARB, with monitoring	Potassium test; dry cough; tiredness
High BP on a calcium channel blocker	No grapefruit; a light meal with the tablet	Beetroot helps; omega-3 helps; no moringa, no cinnamon water, no high-fat meal	Swollen ankles, headache, slow pulse, constipation
High BP on a beta blocker	Less caffeine and alcohol; calm the stress	Magnesium-rich food; ashwagandha only later and at a low dose with a gap (Sheenu); no strong coffee	Tiredness, cold hands and feet, slow pulse

Picture	Lead with	Food and practice (Sheenu; Meal Kit and HFS marked)	Watch
Low BP	Fluids, salt in lemon water, small frequent meals	Raisins, lemon salt water, steady meal times; stand slowly; light walk, Kapalbhati and Bhastrika can be done (Sheenu); no fasting practices without a warm-up, no steam baths; no HFS overlay exists	Dizziness on standing, blurred vision, haemoglobin and B12; the heart, if there has been a heart attack
High BP with diabetes or high cholesterol	The BP safety first (HFS ladder)	The BP base plus the other overlay; sugar and lipid advice on the HFS overlay; the doctor on any medicine	Sugar and lipids; low sugar if medicine changes
High BP with kidney disease	The kidney doctor leads (renal wins)	Potassium as the kidney doctor says; no salt substitutes; no extra rock salt	Creatinine, potassium; the doctor decides
After a heart attack or with a weak heart	The cardiologist leads (cardiac wins)	Conservative target; no stairs or long walks if low BP from a weak heart (Sheenu); the doctor in the loop	Chest pain, breathlessness, swelling
A child, pregnancy, or over 60	The doctor involved	Gentle, balanced food; no calorie deficit in pregnancy (HFS)	The doctor's advice

3.3 Tracking in Mealie (* = held in Mealie)

*Source: HFS Journey Tracker and Case Study Pack (seven metrics, clinical layer, client words, eleven milestones, drop-off sequence). The HFS Hypertension overlay: MONITOR = BP at every visit, with the medicine status written beside it ("with medi" or "without medi"). The HFS BP Format (date, time, blood pressure) and the BP Machine sheet (measuring steps, categories). The BP-specific fields are built from Sheenu's card (symptoms, medicines, herb and salt rules, step 7 corrections). Which fields carry the * is the guide's proposal.*

How to read the star. A field marked * is held in Mealie. For BP, the HFS overlay's MONITOR line is clear: **BP at every visit, with the medicine status beside it.** So the starred field is the BP reading, with the date, the time, and "with medi" or "without medi" (the HFS BP Format has date, time and blood pressure; the medicine status is the overlay's addition). The medicine list with dose and time is starred with it, because a reading means nothing without it. **Weight is not starred for a BP client.** It stays in the tracker sheet and the coach's record, as do all the other fields below. Fields marked * (when stacked) go on the record only when that other overlay is also on the client: for example the sugar, lipid or kidney markers. Nothing in this section has been removed.

3.3.1 Layer 1 · Seven physical metrics

Metric	Unit	Why
Weight loss or gain	kg	The headline number; least informative alone. For a BP client it is not the monitor (HFS overlay). With low BP, in a child, over 60 or after a heart attack the aim is to hold or gain weight, or a conservative target (HFS Samita B.: 4 to 5 kg)
Total inch loss	inches	What they see in the mirror; moves when weight stalls
Abs inch loss	inches	Visceral change; belly fat sits with high BP in many clients
Total fat loss	kg	The real outcome
Visceral fat reduced	%	Fat around the organs
Body age reduced	years	The best testimonial line. Mamta S.: about 1 kg on the scale, three years of body age
Muscle gain	kg	Tells whether the loss was fat or tissue. Preeti S.: 2.6 kg lost, 7.5 kg of fat, muscle up 4.9

Why seven: Preeti S. lost 2.6 kg on the scale but 7.5 kg of fat because muscle rose 4.9; their BP went from 168/100 to 125 while they stayed on medicine. Himani lost 5.7 kg in month one and still left in month three. Results alone do not retain.

Record the cycle day next to the weigh-in for every female client (Himani's file): it explains many wobbles.

3.3.2 Layer 2 · Clinical panel for blood pressure

Always write the medicine status next to the reading, and the lab name. A number that improved while a medicine was reduced is proof; the same number without the note is just a number. HFS Naveen S.: 140, then 132/68, 128/64, 120/70, 125/62, 108/75, the medicine status written beside each as it changed. Use the same lab and the same device each time.

Group	What to record
The BP chart *	Date, time, reading (systolic over diastolic), pulse if the device gives it, sitting or standing, device, and "with medi" or "without medi". Stage (Section 2.6.2). Frequency: once, twice or three times a day by the stage (Sheenu). Hypertensive crisis (higher than 180 and/or 120): the doctor the same day
Kidney and electrolytes	Creatinine and urea; sodium and potassium * when on an ACE inhibitor, an ARB or a diuretic (Sheenu: monitor potassium through blood tests). Renal wins on potassium advice (HFS)
Sugar and insulin	Fasting sugar, HbA1c * (when stacked: baseline and month 3)
Lipids	Full lipid profile * (when stacked: baseline and month 3); check lipids if guggulu is ever given with a statin (Sheenu)
Thyroid	TSH, T3, T4 * (when stacked: baseline and month 3)
Blood count and B12	Haemoglobin (low in anaemia, a cause of low BP; fenugreek water and giloy can lower it, Sheenu); B12 and vitamin D
Heart and others	ECG, echo or other tests the doctor ordered, with the date. Referral only; the doctor reads them

3.3.3 Layer 3 · BP fields and the client's own words

Track	How
BP reading * (as above)	The HFS BP Format: date, time, blood pressure. The coach adds the medicine status. Teach the steps once: sit quietly 3 to 5 minutes, feet flat, arm on a table at heart level, cuff one inch above the elbow with two fingertips under it, stay still, rest 1 to 2 minutes before the next reading (Section 2.6.2)

Track	How
Medicine list * with dose and time	Name, dose, time of day, and what they ate at that time (Sheenu: a heavy meal delays absorption). Any change the doctor made, with the date. Never ask the client to stop; the doctor decides
Symptoms	Headache, heaviness, dizziness on standing, black-outs, swelling in the ankles, dry cough, cramps, tiredness, sleep: better, same, worse. Chest pain, severe headache, trouble breathing, sudden vision change or fainting go to the doctor the same day
Salt and substitutes	Added salt at the table, pickle, papad, packaged food; any salt substitute or rock salt (ask on an ACE inhibitor or an ARB)
Caffeine, alcohol, grapefruit	Cups of tea and coffee; alcohol; grapefruit juice (calcium channel blockers)
Water	Litres a day, and swelling (Sheenu: over 4 to 5 litres washes out minerals)
Herb plan	Which one herb this week, which is next (in brackets), the start date, the gap from the tablet, and any reaction in fatigue, dizziness, swelling or sleep (Sheenu). Culinary only for the first month
Interaction check	The date you checked each medicine against Sections 2.6.8 to 2.6.10, before any herb or food change
Practice log	The pranayama and asanas of the week, the walk, the chakra practice and affirmation
Sleep and screen	Hours of sleep; the time the screen goes off (Sheenu: 9:30)
Daily habit tracker	The Blueprint's Yes or No sheet: followed only if done fully
Compliance, specifically	What exactly was skipped and on how many days (Megha J.'s file: three days mid-morning skipped, four days no dinner soup, five days only 30 minutes' walking). Not "good" or "bad"
Their own words	Write what they said. "No morning headache, I sleep better, my chart has no 150s." Clients renew on how they feel

3.3.4 Who tracks what, and what you watch for

Who	Tracks
The client	The BP chart in their own hand or app; the daily Yes or No habit sheet; meal pictures; symptoms in their words

Who	Tracks
You, the coach	Weekly check-in; the chart with medicine status; compliance specifically; monthly 7 metrics; reports with the lab name; the herb plan; the interaction check date; the promise; assets; the next action and date after every contact
Their doctor	The medicine decision, the doses, and any test. You give them the chart and the records, never medicine advice

The drop-off sequence (HFS, the same in every case)

Compliance slips, then appointments are postponed, then calls stop being answered, then the file closes. Sabiha, Himani, Aditi and Sarita all followed it exactly. You get two clear warnings. **Rule: two postponements in a row triggers a real conversation, not another rescheduled appointment.**

- **A pending payment is a retention alarm** (Cases 9, 16, 18). Tie instalments to attended reviews.
- **Read their intake as a retention document.** A long work day, constant travel, "low motivation" written on the form: the client tells you their risk on day one.
- **Life events are the competition** (house move, Diwali, a wedding, Covid). Deepshikha G. almost left because of a house move. Ask every month what is coming.
- **For a BP client, a missing chart is the first sign.** When the readings stop, call the same day. A client who "feels fine" and stops measuring is where it slips.

3.3.5 The eleven milestones

Promise set; baseline captured; week 1, 2, 3, 4 results; monthly checkpoint (repeated); total result with time taken; maintenance diet; plan closed; membership or monthly follow-up.

- **The promise names one number and one feeling and a date.** For BP, for example: "morning readings in the range your doctor set, and no heavy head by day 90". Not "BP cured", and not "weight loss and clinicals".
- **Capture assets at the month 3 checkpoint,** not the last day: photos, video, Google review, written testimonial with picture, a reference. Get consent before any case is used externally.
- **Result and time together.** Never a number alone. A BP result always carries the medicine status.

- **Add a twelfth, BP-only, marker:** the date the final food and herb interaction list was written for their medicines (Sheenu says to write it at the end of the journey).

04

SECTION 4

Real cases and quick reference

4.1 Diamond Council blood pressure cases (presented by Dt. Shweta)

Source: Diamond Council sessions presented by Dt. Shweta (hypertension case studies of 30 October 2025 and 21 May 2026); the HFS Case Study Pack of 24 client files (the BP-related ones). HFS has no separate BP case-study deck that I could find. The "where Sheenu and HFS differ" column: it checks each case against Dr. Sheenu's BP card and the HFS Hypertension overlay. Cases are for teaching. Names are anonymised. Get client consent before any external use. These are not treatment claims.

The two sessions gave a client profile and asked the students to plan in groups, then discussed the plans. **The group plans are the students' work, not teaching.** The case profiles are the facts used here; the answers come from Sheenu's card. Where a session answer or a student plan differs from the card, the card leads and the row is marked "changed". Use these to practise before a real client: read the profile first, write what you would do, then check.

Case	Presented with	What the session discussed	Where Sheenu and HFS differ, and what it teaches
1 · Neha Sharma, 38, IT professional (30 October 2025)	BMI 27.8, overweight, desk job. Headache mostly in the morning, tiredness, irritability, disturbed sleep. BP 146/92 (stage 1), not taking medicine at present (the slide and the recording are unclear about earlier medicine). Fasting sugar 98; cholesterol 210, borderline high. Six hours of screen time, 3 to 4 cups of tea a day, frequent outside food and processed snacks, sleep at 12 to 1 am. Height and weight were not given	Target order from the groups: control the BP, reduce stress, then weight and cholesterol; no strength training until BP is in control; moong chilla with egg white, buttermilk with jeera, roasted corn or herbal tea in the evening, soup at night; morning hydration and a walk; Anulom Vilom and Bhramari for an IT worker at the desk; leg raises; fennel in the diet for a client who takes an antacid every morning and sleeps late. The answers in the session: **no infused water of any kind (cinnamon, jeera, fenugreek, coriander) within two hours of a BP medicine; give plain warm water instead;** a client on no medicine can have these waters, week by week, but only if there is a need; a thin lemon slice infused for two to three hours; black raisins for haemoglobin, but think before giving them to a diabetic; cinnamon is fine for the body but with medicine check first	**Changed:** groups gave hibiscus or moringa tea, triphala from day one and a stack of waters; Sheenu: culinary first, one herb per condition, hibiscus 1 to 2 hours from the medicine, moringa never with a calcium channel blocker, no herbs in the first month. **Aligned:** the session's two-hour rule agrees with the card (a gap of one to two hours; two hours for ashwagandha). Teaches: stage 1 with no medicine is a food, stress and sleep case first (Meal Kit: walking and DASH food are the base); do not pile on herbs when the BP is only a little high ("Do not give infused water if you already give cumin in buttermilk", session)

Case	Presented with	What the session discussed	Where Sheenu and HFS differ, and what it teaches
2 · Thyroid with hypertension (homework, 30 October 2025)	A female client with both a thyroid problem and hypertension	The answer: **make a separate allow and avoid list for each condition. Hypertension is the major one; keep it first.** Check every item against all the lists: a strict "no" where a marker is high, a small quantity or a rare use (once a week, for 15 days) where it is borderline; then plan the diet	The HFS ladder: thyroid is chronic metabolic (level 4); uncontrolled BP is level 3 and leads. Conflicts are settled by the conflict table (Section 2.6.11). Teaches: the allow and avoid list method, written before the plan. Cruciferous vegetables: thyroid wins over the gut (HFS), so use cooked permitted greens
3 · Hypertension with PCOS (homework, 30 October 2025)	A female client with hypertension and PCOS	The same method: separate avoid lists, strict where the range is high, moderate where it is borderline; 15 days of this before the plan	No Sheenu BP rule on PCOS; use the HFS PCOS overlay (dairy, soya, oats, sugar out; seed cycling) alongside the BP base. Where dairy is removed but the Meal Kit asks for 3 servings of low-fat dairy: **changed**, PCOS and the doctor lead

Case	Presented with	What the session discussed	Where Sheenu and HFS differ, and what it teaches
4 · Sunita Sharma, 48, homemaker (21 May 2026)	Height 158 cm, 74 kg, BMI 29.6, overweight, low activity. Hypertension stage 1 to 2, family history of high BP, borderline cholesterol (total 210, LDL 135, HDL 42, triglycerides 160), sodium high-normal. BP 148/94. Morning headache, dizziness, tiredness, occasional palpitation. Sedentary, high stress, sleep 5 to 6 hours, no exercise	Groups and guests: reduce about 20 kg and the BP will come down; fix hydration; walking and light dumbbells; early morning coconut water or jeera water with 5 almonds and 2 walnuts; roasted chana, makhana or makhana chaat in the evening; ashwagandha for stress; a student asked whether the premenopause stage explains the weight gain; a warm coconut or sesame oil massage for the whole body, scalp and feet was suggested by Dt. Shweta	**Changed:** ashwagandha on day one in a student plan; Sheenu: start with balanced meals and culinary herbs, low dose later with a two hour gap, drowsiness with beta blockers. Coconut water: fine with no medicine; with an ACE inhibitor or an ARB or kidney disease, small amounts only. **The occasional palpitation goes to the doctor** (Section 2.6.11). Teaches: a woman of 48 with stress, short sleep and a headache needs the chart first; weight is the long road. The oil massage is Dt. Shweta's suggestion, not in Sheenu's card

What these sessions add, and what to take care of. The case profiles and the allow and avoid list method are Dt. Shweta's teaching, and the guide uses them with that label. The 10 September 2026 session and other BP sessions were not mined (see the closing note of Section 4). Sheenu's card is the lead where anything differs.

4.2 HFS client files (2018 to 2023)

Case	Presented with	Result and lesson
Naveen S. (HFS Case 2)	Hypertension, diabetes, cholesterol, gas, acidity and headaches. 81.1 kg. Was self-medicating with a "kadha". Vitamin A, B12 and iron deficient	BP 140 → 132/68 → 128/64 → 120/70 → 125/62 → 108/75, the medicine status written beside each as it changed. Month 1: −2.5 kg, 3.8 inches. Month 3: −9.3 kg, 22.1 inches, 15.8 abs inches. **The strongest evidence in the pack: a number that fell while the medicine was being reduced.** Always write the medicine status beside every reading. Sheenu's side: a herbal "kadha" is exactly what to ask about
Preeti S. (Case 3)	Hypertension, hypothyroid, 122.6 kg. Fatigue, headache, ankle pain, low haemoglobin. On BP medicine throughout	BP 139/88, 168/100, 160/101, 138/92, 131/88, 153/88, 137/87, 125, each marked "with medi". Month 1: −2.6 kg, 7.3 inches, muscle +4.9, fat loss 7.5 kg. **The scale is not the outcome.** Teach the metrics on day one. Sheenu: sore ankles can be a calcium channel blocker side effect: note it for the doctor
Samita B. (Case 5)	High BP, high cholesterol, **cardiac bypass three months earlier**. Target 4 to 5 kg	A conservative target and the cardiologist in the loop. **The HFS ladder puts cardiac first.** A scope-discipline case. Sheenu: no stairs or long walks after a heart attack; the doctor decides
Vineet K. (Case 6)	High BP (140/91 without medicine), high cholesterol, constipation, acidity; chemotherapy for seminoma the year before. 72 kg	Post-oncology nutrition is not weight loss; a small gain may be right. The oncologist in the loop; honest description as supportive nutrition. For BP: culinary herbs only, nothing strong
Sarvesh K. (Case 17)	High BP, gas. 116.2 kg. Travels Monday to Friday	11.2 kg and 24.6 inches in 14 weeks, because the plan was built around hotel and flight food. Build the travel version before it is needed. Hidden salt in hotel food is the BP risk; carry unsalted makhana and lemon
Rajshree S. (Case 4)	On insulin, high cholesterol, intermittent high BP, knee pain, tiredness; travelled abroad 12 days after joining	Fasting sugar tracked weekly in the call log; sugar settled around 90 to 100. The HFS ladder: insulin-dependent diabetes is level 3 with uncontrolled BP. Weight is secondary; the follow-up call structure carried them through travel

Case	Presented with	Result and lesson
Megha J., 35 (Case 10)	Hypothyroid, **low BP**, headache, acidity. 77.4 kg	Near-flat curve with a verbatim list of skipped items (three days mid-morning skipped, four days no dinner soup, five days 30 minutes' walk only). **Before you change a plan, check whether it was followed.** For low BP: do not skip the mid-morning and keep meals regular (Sheenu)
Dilpreet K. (Case 12)	Hypothyroid, high uric acid, **low BP**, tiredness, joint pain. 69.4 kg	Two conditions pull the plan apart: decide which leads and write it down. For low BP: hydration, salt in lemon water, small frequent meals; no steam baths or long sweating (Sheenu). The HFS conflict table: uric acid wins over a vegetarian diabetic plan on dals
Sabiha A. (Case 16)	BMI 44.6, 26 years old, **low BP**, headaches, vitamin and calcium deficient, on hormonal medicine. 118.6 kg	Month 1: −3.2 kg, 7.4 inches, muscle 5.6. Then the drop-off: compliance fell first, then appointments, then calls. **Two postponements trigger a real conversation.** For low BP with headaches: check haemoglobin, B12 and hydration before anything else
Sarita R. (Case 9)	Migraine, PCOD, a fibroid and an ovarian cyst under a gynaecologist; BP 120/88 → 116/82. 60.3 kg	Went quiet at about five weeks with two instalments pending. **Know your line:** nutrition supports; the gynaecologist treats. A pending balance is a retention alarm

There is no HFS file for a client whose main complaint is low BP: the three low-BP files above (Megha J., Dilpreet K., Sabiha A.) carry it as a side condition. HFS BP client plan sheets were not found in Drive; the Meal Kit's Hypertension plan was used instead.

4.3 What clients ask, and what you say

Source: Dr. Sheenu, Blood Pressure protocol card (Steps 1 to 8); HFS Overlay System, client files and case studies; Diamond Council sessions presented by Dt. Shweta (labelled). Every fact in the answers and scripts comes from those sources.

The client asks	You say (and stay inside this)
"Can I stop my BP tablet now? My readings are normal."	Your doctor decides about every medicine. A normal reading may be because of the tablet. We plan the food around it, never instead of it. Keep your chart with the tablet status written beside it, and show it to your doctor. As the numbers settle your doctor can look at the dose.
"Will diet cure my BP?"	Food, stress work, movement and sleep can help the numbers settle. I cannot promise a reading or a date, and only your doctor can change a medicine. We track your chart so that the proof is on paper.
"My BP is low. Is that good?"	Low BP is not fine. Less blood reaches the brain and organs, which can cause dizziness, tiredness and, in severe cases, shock. We look at water, meals, salt in lemon water, posture, haemoglobin and B12. If you faint, or your eyes keep going dark, see your doctor.
"I am tired all the time. Is it high or low BP?"	Tiredness happens in both, so it cannot tell us. Let us look at your readings and the other symptoms: a heavy head and nosebleeds point one way, dizziness on standing and cold hands the other.
"Should I take rock salt or pink salt?"	The idea that rock salt is for low BP and pink salt for high BP is largely a myth. Salt is sodium chloride: keep it within the limit and add nothing extra. For a sudden low-BP episode, salt in lemon water is absorbed faster. If you have a thyroid problem, look at the iodine too.
"I use a low-sodium salt. Is that good?"	Ask your doctor. A salt substitute is high in potassium. With an ACE inhibitor or an ARB, that can do harm, so I note it and tell your doctor.
"I drink grapefruit juice every morning."	If you take a calcium channel blocker such as amlodipine, grapefruit can keep the drug in your blood longer, with swelling and dizziness. Please stop the juice and tell your doctor.
"I take my tablet with a big paratha."	A heavy or high-fat meal delays the absorption, so the tablet may not work as it should. Take it at the same time each day with a light meal, as your doctor says. I will plan your food around it.
"Can I drink cinnamon, methi or jeera water for BP?"	Not within two hours of your BP tablet, and not in the first month. I put cinnamon in your spice box instead. Methi water drunk regularly can lower haemoglobin. We decide after the first two weeks.

The client asks	You say (and stay inside this)
"Can I take ashwagandha, arjuna, tulsi or hibiscus tea on my own?"	No. We check your medicine first and give one herb, mild, with a one to two hour gap, and track your tiredness, dizziness, swelling and sleep. Some combinations are fine, some are not.
"Someone told me sarpagandha is good for BP."	Never with any BP tablet. Together they can crash the pressure. Do not take it.
"Can I drink lots of water to bring down BP?"	Enough is good, about 3 to 4 litres in most cases, but more than 4 to 5 litres washes out minerals. In heart or kidney disease your doctor sets the limit.
"I have swelling in my ankles."	It can come from too much salt, too little water, or a side effect of the medicine. Tell your doctor. Raising your legs helps, and we cut hidden salt.
"I see dizziness when I stand up."	That is called a postural drop. Sit for a few seconds, then stand slowly. Never do things too fast. If it keeps happening, tell your doctor, and we check water, meals, haemoglobin and posture.
"Is coconut water or banana good for me?"	With a diuretic they help restore potassium. With an ACE inhibitor, an ARB or any kidney problem, too much potassium can do harm. Your doctor and your blood test decide.
"Is a detox or a liver cleanse good for my BP?"	Not from me, not yet. Sheenu's own rule is not to rush a cleanse: a proper routine often removes the need. If your doctor agrees to anything more, we plan around it.

4.4 Stop and check: the moments you do not decide alone

If you see this	What you do	From
Chest pain, a severe headache, trouble breathing, a sudden change in vision, fainting, or sudden weakness on one side	The doctor or emergency care now. Do not plan around it	Safety line; Sheenu names these symptoms
A reading above 180 and/or 120	The doctor the same day	HFS BP Machine sheet (crisis row)
Numbers on the higher side and you feel a challenge coming	The doctor now. A silent heart attack is possible	Sheenu, Step 8

If you see this	What you do	From
Client has had a heart attack or a weak heart	The cardiologist leads. No stairs or long walks. A conservative target	Sheenu, Step 1; HFS ladder, Samita B.
Client has kidney disease	Excess potassium can weaken the kidney. Renal wins over hypertension. The doctor decides	Sheenu, Step 5; HFS conflict table
Client on an ACE inhibitor or an ARB	Ask for a potassium test; ask about salt substitutes; no extra rock salt	Sheenu, Step 5
Client on a calcium channel blocker	No grapefruit; no moringa; no high-fat meal with the tablet; cinnamon only in food	Sheenu, Steps 5 and 6
Client on a beta blocker	Cut caffeine and alcohol; ashwagandha only later and low; tulsi a conscious choice	Sheenu, Steps 5 and 6
Client on a diuretic	No licorice; no alcohol; punarnava only with care and reports; watch cramps and passing urine often	Sheenu, Steps 4 to 6
Client on fludrocortisone, midodrine or droxidopa (low BP)	No high salt or processed food; no hydrating fruit or caffeine near bedtime on midodrine; the doctor leads	Sheenu, Steps 4 and 5
Any herb is wanted	Medicine check first. One herb, culinary first, a one to two hour gap, the next in brackets. Never sarpagandha with BP medicine	Sheenu, Steps 6 and 7
Client is on a statin and giloy or guggulu is wanted	Space giloy an hour from the statin; check lipids with guggulu	Sheenu, Step 6
Client has low BP or low haemoglobin and giloy or fenugreek water is planned	Do not give giloy regularly; fenugreek water drops haemoglobin	Sheenu, Steps 6 and 7
Vertigo	Posture first; calcium, protein, energy; suggest an ENT check	Sheenu, Step 7
Pregnancy or after delivery	The doctor leads. HFS: no calorie deficit	HFS overlay
A child, or a client over 60	The doctor involved. Gentle, nutrient-dense food	Connecting wording

If you see this	What you do	From
Thyroid, diabetes, cholesterol or another condition pulls the plan the other way	Decide which condition leads; write it down; tell the client	HFS (priority ladder); Council session answer
A detox or cleanse is asked for	No protocol is written. Doctor first; if needed it is a second-month question	Sheenu, Step 7

4.5 Reading a report: a worked example

Take the Council session's fourth case (21 May 2026, presented by Dt. Shweta): Sunita Sharma, 48, homemaker, 74 kg, BMI 29.6. BP **148/94**, **total cholesterol 210**, **LDL 135**, **HDL 42**, **triglycerides 160**, sodium high-normal. Headache in the morning, dizziness, tiredness and an occasional palpitation. Ranges differ by lab, so always read each number against the range printed on the report. The numbers are the session's.

1. **Which tests are they?** A BP reading, a lipid profile and a sodium. There is no kidney function, potassium, sugar, thyroid or haemoglobin on the list. Say so, and ask whether the doctor wants them.
2. **Medicine first.** Write every medicine, the dose and the time beside the numbers. The session did not say the client is on a tablet, so ask: none, one, or herbs of their own.
3. **Read them one by one.** By Sheenu's table, 148/94 is stage 2 (140 and above, or 90 and above). Cholesterol, LDL and triglycerides are above the usual range; HDL is low. Sodium high-normal fits a salty diet. You never diagnose from them.
4. **See what travels together.** Stress, short sleep, no exercise, extra weight and a family history point the same way: a food, stress, sleep and movement case, with the lipid profile alongside.
5. **Say it plainly.** "Your BP is in the stage that needs attention, and your cholesterol is on the higher side. The palpitation and the headache are for your doctor to know. We plan your food, sleep, stress and walking around whatever your doctor advises."
6. **Choose what leads.** Uncontrolled BP leads on the HFS ladder; cholesterol is chronic metabolic and follows. The palpitation goes to the doctor first (Section 2.6.11). Herbs: not in the first month.

What should change (Sheenu and HFS): the chart and the heavy head first, then the markers at the next test. The session's idea that losing about 20 kg will bring the BP down is the session's, not a promise. The medicine decision stays with the doctor.

4.6 When the client stalls

HFS saw the same sequence in every case that closed early: compliance slips, appointments are postponed, calls go unanswered, the file closes. These are the moments, and what you do. The scripts are the guide's wording of HFS's rules.

The moment	What you do	From
Two postponements in a row	Have a real conversation, not another rescheduled appointment. "Two weeks have slipped. What is getting in the way?"	HFS rule
The chart stops, or "my BP is fine, I feel fine"	Call the same day. BP is silent. Ask for one reading and the meal picture. Be loving and firm; the plan stays unchanged	Sheenu, Step 7; HFS
No meal pictures and no following	Be politely firm: the plan will stay unchanged and you do not want to waste their week or yours	Sheenu, Step 7
Pending payment	Treat it as a retention alarm. Tie instalments to attended reviews	HFS cases 9, 16, 18
"Low motivation", a long work day or constant travel on the form	It was your warning on day one. Build the plan around that day; ask every month what is coming	HFS
A life event (move, Diwali, wedding, illness)	Plan for it before it arrives. Deepshikha G.: a house move nearly ended the plan	HFS
Weight not moving	Show the chart with the medicine status, inches, fat, muscle and body age. For a BP client the chart is the monitor. Check compliance specifically before changing the plan	HFS overlay, Megha J.
Readings good, and they want to go back to pickle and papad	Name it kindly: the plan is why the chart looks like this. Bring one item back and watch the chart	HFS; Sheenu
A herb is wanted, or several at once	One at a time, culinary first, never past what the card says; the medicine check first	Sheenu

The moment	What you do	From
Skipping water before meals, slow eating or the walk	Name the one habit, restart with that alone, then add	HFS case (Sabiha)
The tablet is taken with a heavy meal again	Ask what they ate; a tablet that was not absorbed will not lower the BP; restate when and with what	Sheenu, Step 5

4.7 Before every blood pressure call

- Last BP readings or chart asked for, with the device and the time of day; the medicine list asked for, with dose and time and what they eat at that time; the lab name; any salt substitute, herb or supplement. Registration verified.
- Section 2.6.3 (the symptoms), 2.6.4 (the causes) and 2.6.11 (red flags and where to refer) fresh in your head.
- Form open at section A. Findings in their words only.
- Remember: find gaps, do not deliver the plan. No herbs, no salt advice, no supplement advice, no meal plan, no detox, no yoga or breath practice on the sales call.
- Listen for the picture: high, low, up and down, on medicine or off, with sugar, cholesterol, thyroid, kidney or heart. They are not the same plan, and tiredness alone does not tell you which.
- Look silently: how they sit and stand up, whether they hold their head, whether they look breathless. Keep your opinion to yourself until you have seen the readings.
- Chest pain, a severe headache, trouble breathing, a sudden change in vision or fainting: the doctor now, before anything else.
- Decision maker and commitment asked in Trust.

4.8 Always say, never say

Always say	Never say
"Your doctor decides the medicine. We plan the food around it."	"Stop the tablet", "reduce the dose", "your doctor is wrong", any advice on medicine

Always say	Never say
"Give me two weeks to befriend your body. In that time I learn how it acts, and only then do we decide what to add."	"Herbs will bring your BP down this week", any herb on day one
"Let me check your medicines first. Some foods and herbs work against a BP tablet."	Any herb, salt, rock salt, potassium or supplement advice before that, or a dose
"Keep your salt within the limit, and add nothing extra on top. We do not need a special salt."	"Take rock salt for low BP and pink salt for high BP", "use a low-sodium salt"
"Low BP is not fine. It can need care too, and we look at water, meals, posture and your reports."	"Low BP is good for you", "low BP is nothing"
"Chest pain, a severe headache, trouble breathing or fainting needs your doctor now."	Any diagnosis, or "it is only stress" or "it is only gas"
"We track your BP chart with the medicine status beside it, and how you feel. Weight is slow."	"BP cured in 30 days", "10 kg in a month"
"This is what you told me. Have I understood?"	A finding they did not say or agree to

05

SECTION 5

Audience, pain points and content ideas

Source: Dr. Sheenu's Blood Pressure protocol card (the controllers of pressure, the symptoms, the causes, the medicine, food and herb rules, and where the coach stops); the Council cases presented by Dt. Shweta (labelled as teaching cases); the HFS Case Study Pack and the HFS Hypertension overlay, priority ladder and BP chart sheet; the Sales Kit (the free 45-minute Clarity Call, the five-part offer, Always say and Never say).

This section helps the coach find the right people, speak to the problem they feel, and make free offers, ads and posts about blood pressure. **Everything here is built from this guide and its sources.** No medical fact is added from outside. The facts behind them come from Dr. Sheenu (her card, deck and sessions), the HFS case studies and client files, and the Sales Kit (the free 45-minute Clarity Call and the programme names).

Rules for every line in this section. (1) No client name, age, job or exact figure appears in a lead magnet idea, an ad angle or a post topic: only the pattern is used, for example "same food, weight going up, waking at night". (2) Real results, photos or stories need the client's written consent and are for showcase use only, not for these lines. (3) No cure, reversal, guaranteed result or "stop your medicine" wording: follow "Always say, never say" in Section 4.8 and Dr. Sheenu's scope. (4) For any herb, supplement or medicine, the line is always "ask your doctor", and no dose is given.

Order of problems. Problems are listed in the order the case profiles and Dr. Sheenu's material mention them most. This order is the guide's reading, not a survey. Confirm it by asking each client in Section B of the form.

5.1 Who has this problem

4 types of people, by age and life situation. Each type is built from the cases and Dr. Sheenu's material in this guide (the source is shown under each). Under each type are the top 5 problems, the one that troubles them most first. The full lead magnet, ad and post ideas for every problem are in Parts 2 and 3.

Type 1 · Working adults in their 30s and 40s with a stressful, seated life

Who they are: Adults in their 30s and 40s who sit for long hours, sleep late, drink a lot of tea or coffee, eat outside food and are told their reading is on the higher side. They may not be on a tablet yet, or have only just started.

Where this comes from: The first Council case (a desk worker with a morning headache, tiredness, short sleep and a high-side reading, not on medicine) and the fourth Council case (a stressed, sedentary client with a morning headache, dizziness and an occasional palpitation); Sheenu's teaching that stress, salt, wrong food and no exercise are named causes. The guide gives no age data.

Rank	Problem	In the client's own words (pattern only)
1	Headaches and a heavy head	"I wake with a heavy head, and I do not know if it is my pressure."
2	Stress, anger and tension at small things	"Small things make my heart race and I stay tense all day."
3	Short or late sleep, and screens at night	"I sleep very late and wake up tired, with the phone in my hand."
4	Weight gain and a sitting life	"I sit all day, my weight keeps creeping up, and I have been told my pressure will come down if I lose it."
5	Hidden salt, outside food and travel	"I do not add salt at the table, but I eat outside, and I do not know what is in it."

Type 2 · People who have taken a BP tablet for years

Who they are: Adults, often in their 50s and 60s, who have taken a BP tablet for a long time and worry about side effects, about taking it for life, or about whether their food is working against it. For a client over 60 the guide says the doctor leads.

Where this comes from: Sheenu's card (the five medicine classes, what works with and against each, the heavy-meal and grapefruit rules, "inform your doctor"); the HFS client who stayed on medicine throughout and had sore ankles; the form's goal lines such as wanting to reduce tablets or stay off medicine as they age.

Rank	Problem	In the client's own words (pattern only)
1	Worry about the BP tablet	"Once the tablet starts, it is for life. Is it working? Is it harming me?"
2	Tired all the time, and not sure if it is high or low	"I am tired all the time, and I cannot tell if my pressure is high or low."
3	Weight gain and a sitting life	"I sit all day, my weight keeps creeping up, and I have been told my pressure will come down if I lose it."
4	Hidden salt, outside food and travel	"I do not add salt at the table, but I eat outside, and I do not know what is in it."
5	Stress, anger and tension at small things	"Small things make my heart race and I stay tense all day."

Type 3 · People whose pressure runs low

Who they are: Adults of any age who feel dizzy on standing, tired, cold in the hands and feet, or foggy, and who have been told "low BP is fine". Sheenu says low BP is not fine and can need care too.

Where this comes from: Sheenu's card (low BP symptoms, causes such as dehydration, anaemia or B12 shortage, posture, small frequent meals, salt with lemon water for a sudden episode); the three HFS files where low BP sits beside another condition. There is no HFS file where low BP is the main complaint, so this type rests mostly on the card.

Rank	Problem	In the client's own words (pattern only)
1	Low pressure, dizziness and cold hands	"My eyes go dark when I stand up, and everyone tells me low pressure is fine."
2	Tired all the time, and not sure if it is high or low	"I am tired all the time, and I cannot tell if my pressure is high or low."
3	Headaches and a heavy head	"I wake with a heavy head, and I do not know if it is my pressure."
4	Short or late sleep, and screens at night	"I sleep very late and wake up tired, with the phone in my hand."
5	Stress, anger and tension at small things	"Small things make my heart race and I stay tense all day."

Type 4 · People whose BP comes with sugar, cholesterol or thyroid problems

Who they are: Adults who take a BP tablet and also manage diabetes, high cholesterol or a thyroid condition, so the food has to fit several tablets and several reports at once.

Where this comes from: The HFS priority ladder and conflict table; the two Council homework cases (thyroid with hypertension, hypertension with PCOS); the HFS files with BP together with diabetes, cholesterol, thyroid or a heart bypass. Sheenu's card does not cover the diabetes, thyroid or statin tablets, so those parts rest on HFS and the Council cases.

Rank	Problem	In the client's own words (pattern only)
1	BP together with sugar, cholesterol or thyroid	"I have BP, sugar and thyroid. Every diet I am told clashes with something else."
2	Worry about the BP tablet	"Once the tablet starts, it is for life. Is it working? Is it harming me?"
3	Weight gain and a sitting life	"I sit all day, my weight keeps creeping up, and I have been told my pressure will come down if I lose it."
4	Tired all the time, and not sure if it is high or low	"I am tired all the time, and I cannot tell if my pressure is high or low."
5	Hidden salt, outside food and travel	"I do not add salt at the table, but I eat outside, and I do not know what is in it."

5.2 Lead magnets and ad angles, for each problem

A **lead magnet idea** is something free the client gets in exchange for their contact details (a checklist, a short guide, a quiz). An **ad angle** is the first line of an ad, or the point the ad starts from. Each problem has 5 of each. They are not pairs: line 1 of the ad column does not belong to line 1 of the lead magnet column. Every lead magnet is a free tool or guide for the client; none gives a medicine, a dose or a treatment. For the ads, the call to action is the free 45-minute Clarity Call (Sales Kit).

Problem 1 · Headaches and a heavy head

Source for this problem: Dr. Sheenu's high and low BP symptom tables (headache, pressure on the brain's arteries), the two Council cases that began with a morning headache, and the HFS files where headache sits beside high or low BP. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A two-week headache and reading diary: the time of the headache, the BP reading if one was taken, what they ate and drank, and how they slept.	Waking with a heavy head again? See what may be behind it, with your doctor beside you.
2	A one-page "what to keep ready" sheet: latest readings or chart, the list of medicines with time, and recent reports, to take to the doctor.	A headache and a reading belong on the same page. Learn how to write them down.
3	A short guide in plain words: "Why a headache and a reading are worth writing down together" from Dr. Sheenu's symptom table.	Told "it is only stress"? Get a clearer picture in a free 45-minute call.
4	A short checklist of the warning signs that mean "see the doctor now", taken from the guide's red-flag list.	Do you know the signs that mean the doctor now, not later? Keep this checklist.
5	A simple guide to taking a home reading the right way: sit quietly, arm at heart level, cuff in the right place, write the number with date and time.	Most people never check their reading the same way twice. Here is the right way.

Problem 2 · Stress, anger and tension at small things

Source for this problem: Dr. Sheenu's teaching that stress raises pressure through adrenaline, that fear and anger link to the root and solar plexus chakras, and that breath work is given to every client; the MESS questions in the discovery call; the two Council cases with high stress. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A stress and reading diary for one week: what happened, how the body felt, and the reading if one was taken.	Does a small thing make your heart race? Stress and pressure are linked. Learn how.
2	A short audio of slow breathing, with a note to stop and rest if dizzy.	Always the one who copes? Your body is asking for a turn.
3	A short audio of the humming breath (Bhramari), from Dr. Sheenu's practices, with a note to stop if dizzy.	Five minutes of slow breathing a day. Try the free audio.
4	A journaling sheet with six simple evening prompts about the day, from the emotional work in the guide.	Anger at work, tired at home? A free 45-minute call to see what sits underneath.
5	A one-page guide for the family: how stress and pressure link, and how a calm home helps.	Your reading is also about your day. Start by writing the day down.

Problem 3 · Short or late sleep, and screens at night

Source for this problem: Dr. Sheenu's guidance on sleep and screens (a full night's sleep, no screen late in the evening) and the two Council cases with late sleep and long screen time. Some material; no HFS case is built around sleep alone.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A seven-day sleep log: bedtime, wake time, screen time before bed, and the reading in the morning if taken.	Phone in hand at midnight again? Late nights and pressure are linked.
2	A one-page evening wind-down plan: screens off earlier, a fixed sleep and wake time, a light dinner.	One fixed bedtime for one week. See what changes.
3	A short guide: "Why late nights and late screens matter for your pressure" in plain words, from Dr. Sheenu's teaching on sleep and stress.	You sleep, but you do not rest. Find out what may be behind it.
4	A short audio for the evening: slow breathing before sleep, with a note to stop if dizzy.	Tired of being tired? A free 45-minute call to see what is behind how you feel.
5	A checklist of the dinner hour: a light meal, finished well before sleep.	Your sleep is part of your reading. Start there.

Problem 4 · Weight gain and a sitting life

Source for this problem: The HFS client files with high BP and weight (the HFS seven measures, the travel case, the case where the scale was not the outcome), the Council cases with a high BMI and a desk life, and the Meal Kit's DASH-style week (a food pattern low in salt, rich in fruit and vegetables). Sheenu's card itself says nothing about weight, so Dr. Sheenu's voice is not used for weight lines. Some material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page guide: "Why the scale is not the only number", listing the seven measures the HFS tracker uses (weight, inches, abdomen inches, fat, visceral fat, body age, muscle).	Same food, weight going up, and a doctor who says lose weight? There is more to it than willpower.
2	A simple check of the day: meal gaps, tea and coffee, outside food, steps.	The scale is only one number. See the seven that tell the real story.
3	A short list of simple swaps for common Indian foods, taken from the HFS Indian Food Swap Guide.	Crash diets fail. A plan around your tablet and your day does not have to.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
4	A gentle walking starter sheet, with the rule to ask the doctor first and to stop if unwell.	A desk job does not have to decide your waistline. Start with one small change.
5	A guide to eating in a desk job: what to carry, what to ask for when eating out.	A free 45-minute call: a plan for your day as it really is.

Problem 5 · Worry about the BP tablet

Source for this problem: Dr. Sheenu's five medicine classes, her food and medicine rules (heavy meal, grapefruit, caffeine, salt substitutes), her instruction to tell the doctor about the clinical diet, the coach Q&A in the toolkit, and the HFS client who stayed on medicine and had sore ankles. Plenty of material. Every line stays inside "your doctor decides".

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A medicine sheet to fill in: the name of each tablet, the time taken, and what was eaten at that time, to show the doctor.	Taking your tablet with a heavy breakfast? It may be worth asking your doctor about.
2	A one-page guide: "Food, drinks and your BP tablet" listing the points Dr. Sheenu raises, with the line "ask your doctor" beside each.	Is something in your kitchen working against your tablet? Ask your doctor, and see the checklist.
3	A list of questions to take to the doctor about the tablet, side effects and tests.	Write the tablet beside every reading. Your doctor will thank you.
4	A BP chart with a column for "before or after the tablet", so the doctor sees the full picture.	Worried about side effects? Here are the questions to take to your doctor.
5	A short guide: "Taking your tablet with a light meal, at the same time each day, as your doctor says".	Your doctor decides the medicine. We plan the food around it. Free 45-minute call.

Problem 6 · Low pressure, dizziness and cold hands

Source for this problem: Dr. Sheenu's low BP material (symptoms, causes, posture, small frequent meals, salt with lemon water for a sudden episode) and three HFS files where low BP sits beside another condition. Few cases and little source material: there is no HFS file where low BP is the main complaint, no HFS low-BP overlay and no Meal Kit low-BP plan. Keep these ideas general and do not stretch them.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A short guide: "Low BP is not fine", in Dr. Sheenu's words, with the symptoms she lists.	Told "low BP is fine" but dizzy every day? It may need care too.
2	A "standing up slowly" card: sit for a few seconds, then stand slowly.	Eyes going dark when you stand up? Learn the slow-stand habit.
3	A symptom diary for dizziness: when, what they had eaten and drunk, and the reading if taken.	Cold hands, tired all day? See what may be behind it.
4	A checklist of the questions to ask the doctor: reports such as haemoglobin and B12, and whether more tests are needed.	Low BP has causes worth asking your doctor about. Start with this list.
5	A short guide to regular meal times and regular water through the day, from the guide's low-BP points.	A free 45-minute call to look at water, meals, posture and your reports.

Problem 7 · Hidden salt, outside food and travel

Source for this problem: Dr. Sheenu's teaching that excess salt is a named cause and her plain-words salt rules (keep salt within the limit, add nothing extra; rock salt and pink salt is largely a myth; ask about salt substitutes); the HFS Hypertension overlay (pickle, papad and packaged food out, hidden sodium in bread, sauces and namkeen); the HFS travelling client; the Meal Kit. Some material. The guide says no salt advice on the sales call, so these ideas raise awareness only.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page "hidden salt" list: pickle, papad, namkeen, packaged food, bread and sauces, from the HFS overlay.	You never add salt at the table. So where is it coming from?
2	A tiffin and outside-food guide: what to ask for and what to notice when eating out.	Hotel food, tiffin, packaged snacks: learn where salt hides.
3	A travel guide for hotel and flight food, built from the HFS travel client.	Rock salt or pink salt? The honest answer, in plain words.
4	A short guide: "Rock salt or pink salt?" in Dr. Sheenu's words (largely a myth; ask your doctor about salt substitutes).	Travelling for work? Plan the food before the trip.
5	A food diary for one week to notice where salt hides in the client's own day.	Free 45-minute call: a plan for your real day, not an ideal one.

Problem 8 · Tired all the time, and not sure if it is high or low

Source for this problem: Dr. Sheenu's teaching that tiredness happens in both high and low BP and cannot tell the two apart, and her causes for low BP with tiredness (anaemia, B12 shortage, adrenal tiredness). Some material; no HFS case is built around tiredness alone.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week energy diary: energy morning, noon and evening, with the reading if taken.	Tired all day? High and low pressure can both do this.
2	A short guide: "Why tiredness alone cannot tell you if pressure is high or low", from Dr. Sheenu's card.	Do not guess. A proper reading is the first step.
3	A checklist of the reports to ask the doctor about: haemoglobin, B12, thyroid, vitamin D.	Tired of being tired? A free 45-minute call to see what sits behind it.
4	A "how to take a reading" sheet so tiredness can be checked against a number.	Which reports to ask your doctor about when energy stays low.
5	A short guide to steady energy through the day: regular meals and water.	Energy has a pattern. Write it down for a week.

Problem 9 · BP together with sugar, cholesterol or thyroid

Source for this problem: The HFS priority ladder and conflict table, the two Council homework cases (thyroid with hypertension, hypertension with PCOS) and the HFS files with BP plus diabetes, cholesterol, thyroid or a heart bypass. Sheenu's card does not cover the diabetes, thyroid or statin tablets, so this problem rests on HFS and the Council cases. Some material; do not give condition-specific food advice in content.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page sheet: "Write each condition on its own list", from the Council homework method, so the doctor can see which leads.	BP, sugar and thyroid together? One plan has to fit all three.
2	A medicine and report checklist with space for every tablet and every test date.	Every diet clashes with something? There is a way to sort which condition leads.
3	A short guide: "When two conditions pull the plan apart, who decides?" (the doctor and the HFS priority ladder, in plain words).	Several tablets, several reports. Bring them all to one free 45-minute call.
4	A list of questions to take to the doctor when several conditions are present.	Stop juggling lists. Learn the method to decide what comes first, with your doctor.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
5	A simple tracker for BP, sugar and how they feel, side by side.	Your conditions talk to each other. Your plan should too.

5.3 Post topics, for each problem

The **pain-behind-pain method** has two steps. First, the problem the client names out loud. Second, the deeper pain behind it, which is what they really feel and rarely say. A post speaks to the deeper pain, and then shows one simple point. Each problem has 5 post topics, each with the one point the post makes. The "deeper pain" lines are the guide's reading of the cases and Dr. Sheenu's teaching on emotions, MESS and MPESS, not new facts.

Problem 1 · Headaches and a heavy head

The problem the client names: "I wake with a heavy head, and I do not know if it is my pressure."

The pain behind it: Fear that something serious is building quietly, and being told "it is just stress" without any answer. Many carry the worry alone because the headache comes and goes and nobody takes it seriously.

#	Post topic	The one point the post makes
1	"I wake with a heavy head"	A morning headache is easy to ignore. The point: Dr. Sheenu lists headache as a symptom of high pressure, so it is worth writing down with a reading.
2	The reading nobody takes properly	A reading taken in a hurry misleads. The point: sit quietly first, arm at heart level, and write the number with date and time.
3	"It is only stress"	Being brushed off hurts more than the headache. The point: a symptom with a reason deserves a proper look, with your doctor leading.
4	When a headache means the doctor now	Some headaches should not wait. The point: a severe headache, trouble breathing, a sudden change in vision or fainting need a doctor first.
5	Writing it down helps your doctor	Doctors work from facts. The point: a short diary of symptoms and readings makes the next visit more useful.

Problem 2 · Stress, anger and tension at small things

The problem the client names: "Small things make my heart race and I stay tense all day."

The pain behind it: Feeling that work and family never let go, and guilt about snapping at the people close to them. Under it can be years of putting everyone else first with no time to breathe.

#	Post topic	The one point the post makes
1	"My heart races over small things"	Living on edge is tiring. The point: Dr. Sheenu teaches that stress releases adrenaline, the heart beats faster and the pressure can rise.
2	The one who copes with everything	Putting everyone first can sit under the tension. The point: emotional work and self-care are part of the plan, not extras.
3	Five minutes to breathe	A big routine feels impossible. The point: a few minutes of slow breathing, repeated daily, is a real start.
4	After the anger	Guilt hurts more than the outburst. The point: understanding the cause is the first step, not self-blame.
5	Your family and your reading	A tense home keeps the pressure of the day going. The point: a calm, informed family helps the client more than advice.

Problem 3 · Short or late sleep, and screens at night

The problem the client names: "I sleep very late and wake up tired, with the phone in my hand."

The pain behind it: Feeling that the only quiet time in the day is the night, so sleep is given up. Tiredness the next day then feeds the stress, and the client feels they have lost control of their own routine.

#	Post topic	The one point the post makes
1	The screen at midnight	Scrolling is how many people cope with a busy mind. The point: Dr. Sheenu asks for no screens late in the evening and a full night of sleep.
2	"I will sleep when work is done"	Work never finishes, so sleep is lost. The point: sleep is part of the plan, not a reward at the end.
3	One small evening habit	A big routine is dropped quickly. The point: one habit repeated daily is enough to begin.

#	Post topic	The one point the post makes
4	Tired in the morning, tense by noon	Poor nights make the day harder. The point: sleep, stress and pressure move together.
5	Dinner late, sleep late	A heavy late dinner disturbs the night. The point: a light meal finished earlier helps the evening settle.

Problem 4 · Weight gain and a sitting life

The problem the client names: "I sit all day, my weight keeps creeping up, and I have been told my pressure will come down if I lose it."

The pain behind it: Shame about the body and a fear of another crash diet failing. The client may feel stuck between the doctor's advice and a routine that gives no time to move.

#	Post topic	The one point the post makes
1	"Lose weight and your pressure will fall"	This advice sounds simple and feels heavy. The point: weight is the long road, so the reading, the habits and how you feel are tracked too.
2	The diet that did not last	Another failed diet hurts confidence. The point: slow, steady change that fits your day is easier to keep.
3	Not just kilograms	One number hides real progress. The point: inches, fat, muscle and the BP chart also show change.
4	The desk lunch	Outside and packed food decide many days. The point: small swaps in familiar food are easier than a new diet.
5	A plan with your tablet	Many clients take medicine. The point: weight work follows the doctor's plan and never replaces the tablet.

Problem 5 · Worry about the BP tablet

The problem the client names: "Once the tablet starts, it is for life. Is it working? Is it harming me?"

The pain behind it: Fear of depending on a tablet for ever, worry about side effects, and the wish to feel in charge of their own body again. Some are afraid to ask the doctor in case they are told off.

#	Post topic	The one point the post makes
1	"Is the tablet even working?"	Doubt is common and quiet. The point: a chart with the tablet status beside every reading gives you and your doctor real evidence.
2	The heavy breakfast and the tablet	Clients say they took the tablet and the reading is still high. The point: Dr. Sheenu says a heavy or high-fat meal can delay absorption, so ask your doctor about timing.
3	Ankles, cough, tiredness	Some side effects are easy to dismiss. The point: note them and tell your doctor; never change the tablet on your own.
4	Grapefruit and other surprises	Everyday foods can clash with some tablets. The point: the guide lists examples, and the line is always "ask your doctor".
5	"For life?"	That fear sits under many questions. The point: a doctor decides about any medicine; food, stress work, movement and sleep can help the numbers settle alongside.

Problem 6 · Low pressure, dizziness and cold hands

The problem the client names: "My eyes go dark when I stand up, and everyone tells me low pressure is fine."

The pain behind it: Being told "low BP is good" while feeling unwell every day. The client may fear fainting in public and feel nobody takes it seriously because it does not sound like a disease.

#	Post topic	The one point the post makes
1	"Low BP is fine"	Being reassured while feeling unwell is confusing. The point: Dr. Sheenu says low BP is not fine and can need care too.
2	Standing up too fast	A dizzy moment can frighten. The point: sit for a few seconds, stand slowly, and tell the doctor if it keeps happening.
3	Cold hands and feet	Easy to dismiss as weather. The point: Dr. Sheenu lists it among low BP symptoms.
4	Skipped meals, little water	A busy day can leave the body short. The point: regular meals and water are part of the low-BP plan in the guide.
5	Ask about the reports	Some causes show up in tests. The point: haemoglobin and B12 are worth asking your doctor about.

Problem 7 · Hidden salt, outside food and travel

The problem the client names: "I do not add salt at the table, but I eat outside, and I do not know what is in it."

The pain behind it: Feeling trapped between family food, office food and travel, and a quiet shame at not being able to follow rules everyone else ignores. The client may feel judged at every meal.

#	Post topic	The one point the post makes
1	"I do not add salt at the table"	Many people believe they are careful already. The point: hidden salt sits in pickle, papad, namkeen, bread and sauces.
2	Rock salt or pink salt?	The question comes up again and again. The point: Dr. Sheenu says the difference is largely a myth; salt is salt, kept within the limit.
3	The tiffin and the canteen	Office food is hard to control. The point: small choices in what to ask for matter.
4	A low-sodium salt from the shop	A packet that says "low sodium" sounds safe. The point: Dr. Sheenu warns that substitutes can be high in potassium, so ask your doctor first.
5	Eating on the road	Travel breaks every routine. The point: the HFS travel case shows that a plan built before the trip works.

Problem 8 · Tired all the time, and not sure if it is high or low

The problem the client names: "I am tired all the time, and I cannot tell if my pressure is high or low."

The pain behind it: Feeling that something is wrong without being able to name it, and wondering if it is "all in my head". The client may stop doing the things they enjoyed.

#	Post topic	The one point the post makes
1	"I am always tired"	Constant tiredness is lonely. The point: Dr. Sheenu says tiredness happens in both high and low BP, so the other symptoms and the reading matter.
2	Do not guess	Guessing leads to wrong action. The point: a proper reading, taken the same way each time, is the starting point.
3	When low energy has a cause	Some causes show in tests. The point: the guide names haemoglobin and B12 as things to ask your doctor about.

#	Post topic	The one point the post makes
4	Rest does not fix it	Sleeping more does not always help. The point: tiredness has more than one possible reason, so look at the whole picture.
5	Energy through the day	Long gaps between meals leave energy low. The point: regular meals and water are a simple place to begin.

Problem 9 · BP together with sugar, cholesterol or thyroid

The problem the client names: "I have BP, sugar and thyroid. Every diet I am told clashes with something else."

The pain behind it: Feeling overwhelmed by several lists of "do" and "do not" that point in different directions, and the fear that one mistake will make another problem worse.

#	Post topic	The one point the post makes
1	"Every diet clashes with something"	Conflicting advice is exhausting. The point: each condition gets its own list, and one is chosen to lead.
2	Which condition leads?	Nobody explains who comes first. The point: the HFS priority ladder gives a clear order, and the doctor confirms it.
3	All your tablets on one page	Scattered medicine lists cause mistakes. The point: one sheet with names, times and reports helps everyone.
4	The plan that fits three conditions	A single plan feels impossible. The point: the BP base plus the other condition, with the doctor leading, is workable.
5	Do not drop a tablet to fix a diet	People try to simplify. The point: food is planned around medicine and never instead of it.

5.4 VSL script (video sales letter)

A VSL is a short video that talks to one type of person, in this order: hook, problem, solution, testimonial, then the next step. The coach speaks to the camera or reads it over simple slides. Aim for about 5 to 7 minutes. **The whole script is built from the facts in this guide. Fill the words in [square brackets] only from the coach's own client file.**

Block	What the coach says
1 · Hook (first 15 seconds)	"If your blood pressure reading keeps worrying you, whether it runs high or low, and you live with headaches, dizziness, heaviness or tiredness, this is for you." "You are not imagining it, and you are not alone. In the next few minutes I will show you what may be going on, and a way forward, with your doctor beside you."
2 · The problem	"Many people are told: take the tablet, cut the salt, and come back in three months. So they carry on alone, trying one tip after another from a relative or a video. Nothing holds, because nobody looks at the whole picture." "Dr. Sheenu teaches that pressure is controlled by the heart, the blood vessels, the kidneys, the brain and the hormones, and that stress, salt, wrong food, poor sleep and no movement all play a part. High pressure can be silent, and low pressure is not fine either. Tiredness happens in both, so a reading matters." "And underneath that there is often something else: years of putting everyone else first, stress with no outlet, and nobody to walk beside you."
3 · The solution	"At Healthyfy we look at the whole person, not one number. A coach works alongside your doctor, never in place of your doctor or your medicines." "We start with a free 45-minute Clarity Call. In it you see five things: your problem, symptoms and the side effects of your medicines; your lifestyle; your root cause; your priority; and your Blueprint and action plan." "If you decide to go further, a coach works with you every week on food planned around your medicine, your daily routine, your mind and emotions, and your BP chart with the medicine status written beside every reading."

Block	What the coach says
4 · Testimonial, as a case study (no name)	**Their situation:** "[Describe a consented client as a pattern only: for example, morning headaches, a reading on the higher side, late nights, outside food, a tablet already prescribed. No name, age, job or figures.]" **What was done together:** "[In one or two lines: what the client and coach worked on together, for example food at fixed times, a chart kept with the medicine status beside each reading, stress and sleep work, and gentle movement, alongside the doctor.]" **What changed, in their words:** "[In the client's own words, and with the time taken: for example, feeling steadier, fewer headaches, a clearer chart to show the doctor. Add: results are different for each person, and the doctor decides about any medicine.]"
5 · The next step	"If this sounds like you, book your free 45-minute Clarity Call. You will leave with a clear picture of what is going on and your first steps, whether or not you work with us." "Click the button below, pick a time, and take the first step towards feeling steadier."

How to use the testimonial block. It is written as a case study with no name, age or job. Use a real client only with their written consent, and fill the square brackets from their file in the guide's own tracking fields. Say the time taken beside any result, and never promise the same result to the person watching. If there is no consented case yet, say the pattern plainly ("many people who come to us describe it like this") and show no result.

Consent first. The client must agree in writing to have their story shared without their name. If no consented case exists, replace this block with the pattern sentence in the box above and show no result.

DIAMOND COACH GUIDE

The Blood Pressure Coach Guide

BY DR. DT. SHEENU SANJEEV

Built from Dr. Sheenu's Diamond Council Blood Pressure protocol and case sessions, Healthyfy case studies and real client trackers. One clear path that follows the client: before they come, the consultation from start to end, then the transformation journey.

INSIDE THIS GUIDE

- The 1-2-1 Clarity Call, before the client comes
- The consultation form, from start to end
- The Transformation Journey
- Real cases, quick reference and content ideas



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