DIAMOND COACH GUIDE

A HEALTHYFY INSTITUTE SERIES



The

CANCER CARE

Coach Guide

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HEALTHYFY® HEALTH AND EDUCATION
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Diamond Coach Guide

The Cancer Care 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 Cancer protocol card (Diamond Council sessions of 17 and 24 April 2025 and the deck), the HFS case studies, HFS client files and trackers, the Healthyfy Overlay System and Indian Food Swap Guide, 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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01

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 cancer use **Cancer Clarity Call** (the niche version of the Root Cause Clarity Call). The word "cancer" is the client's own word, so use it gently and only after they have used it. Never promise a result: avoid "cure" and "reversal" and say "support", "alongside your oncologist" and "controlled". Never call it a "sales call" or a "free consultation".

Item	Detail
Name	Cancer 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 who have been diagnosed with cancer, before, during or after treatment, and the families who are frightened and want a clear picture. They are under an oncologist (a cancer doctor). They want to know what is behind how they feel, and how food, calm and daily habits can support them alongside treatment. A person with warning signs and no diagnosis is first sent to a doctor (Section 2.6.4)

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 cancer words (optional)

The five benefits above are fixed. If you want a cancer line for the booking message, use only this one: "On this call you will see what is really behind how you feel, and the first steps to support your body and mind alongside your oncologist's treatment."

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 cancer client (from Section 2.6):**

The Blueprint is general, and the approved wording is kept as it is. Some lines need the oncologist and Sheenu's card behind them. **The walk, run, jog or gym line:** tell the client the "1 hour" means gentle movement only, as the oncologist allows. Sheenu's safe day for most cancers is a 15 to 20 minute light walk in the morning, pranayama in the afternoon and deep breathing with Yoga Nidra in the evening, never holding the breath, and stopping at once with dizziness or breathlessness (Section 3.2.5). **The water line (3 to 5 litres):** Sheenu gave no water number, and kidney function is checked around chemo and radiation, so the oncologist's limit leads. **The "fill half your plate with vegetables" line:** during chemotherapy, vegetables are washed well or cooked, never raw and unwashed (Section 2.6.10). **The "do not skip meals" line** matches Sheenu: no fasting during or just after treatment.

Tell the client to keep every appointment and every medicine exactly as the oncologist said, and never to skip, delay or replace treatment. The Blueprint says nothing about treatment and must never sound as if it does.

The Blueprint contains no antioxidants, herbs, supplements, detox or fasting. During chemo or radiation none of these is ever added (Sheenu, Section 2.6.9).

The Coach's note below says a condition is likely to keep progressing. For a cancer client that is a medical prediction you cannot make. Read it only as the approved text, never as a forecast.

If the client has a CAUTION sign, bleeding, a new lump, a fever on chemo, or a mood that will not lift, 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

How the call ends	Before you hang up	Within ten minutes
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. Cancer listening cues come from Sheenu's Cancer protocol card (sessions of 17 and 24 April 2025). Questions marked "cancer 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	
Email address	

Detail	Information
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	
Current medicines	

Detail	Information
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
Meal pattern	☐ Regular ☐ Irregular

Area	Current situation
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, supplements, 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, treatments, 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. A cancer client, or the family member who calls for them, is often frightened, tired and tired of explaining. Keep the call gentle, go slowly, and let them stop whenever they need. Sheenu: patients and families come to you frightened and drained, and what they need first is emotional support.

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 cancer:

- **Which result to share.** The kit gives five Dr. Sheenu clients; none is labelled as a cancer client, and Sheenu's cancer deck has no outcomes written. HFS has one post-oncology file (Vineet K., Case 6), and it teaches scope, not a result. So there is **no cancer result to quote**. Share a result of another condition only with its context ("with their doctor, and theirs is not a promise"), or share none. Never quote or invent a cancer outcome.
- **Who is on the call.** Often a family member books for the client. Ask who the call is for, and whether the client knows about this call and agrees. Never speak about a client's diagnosis in a way that the client has not agreed to.
- **Ask where they are in treatment, not what it is called.** "Where are you in your treatment now?" Before treatment, during chemotherapy or radiation, after treatment, in follow-up, or in palliative care. The answer changes what you can say and plan (Section 2.6.9). Say on the call that you will never change or replace a treatment, and that the oncologist leads.
- **Do not name a diagnosis for anyone who has not been told.** If a person has warning signs and no diagnosis, Sheenu's line is to suggest they see a doctor and get tested (Section 2.6.4). Do not carry on to a sales conversation until they have a plan to see a doctor.
- **Decision maker.** Ask it plainly. If someone at home cooks, pays or decides, invite that person to the call or fix a second call. Sheenu asks coaches to help the family stay calm, because a family that is frightened feeds the client "whatever seems good".
- **Say before the call ends that you will look at their reports and treatment plan.** Ask them to keep ready the diagnosis report, the biopsy report, the scans, the blood tests (CBC, liver and kidney tests, markers), the treatment calendar and the full list of medicines and supplements.

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?"

Cancer prompt: note now the type of cancer and the stage if the client knows them; the treatment so far and the next one planned (surgery, chemotherapy, radiation, hormone therapy, immunotherapy), with the dates; the oncologist's name; the current medicines and supplements; whether the cancer has spread; and any other condition (thyroid, diabetes, BP, kidney, liver). The plan and the oncologist's role change (Section 2.6.11). Note if there is bleeding, a fever on chemotherapy, trouble breathing, a seizure, severe pain, or a mood that will not lift: 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 to get through the chemo without losing so much weight and strength."	Goal: strength and fewer side effects during treatment. Sheenu: protein must keep going, simple food-based nutrition, nothing extra during chemo or radiation. Never promise fewer side effects
"I want to build my blood count and my energy back after treatment."	Goal: rebuilding after treatment. Sheenu: check haemoglobin, give iron, vitamin C and protein together, then antioxidants and emotional healing
"I want to stop it coming back."	Goal: lower the chance of a relapse. Sheenu: a relapse can happen, less often; keep tests regular; food, calm and daily habits support. Never promise it will not return
"I want to be ready before my treatment starts."	Goal: preparation. Sheenu: before treatment is a good time; build haemoglobin, protein, movement, pranayama and emotional work
"I am frightened. I just want to feel calm."	Goal: calm. It touches the mental and emotional pillars. Sheenu: emotions first. Use their words

They say	Your finding (confirm it with them)
"I want my family to stop fighting over what to feed me."	Goal: a calm home. Sheenu: counsel the family gently and simply
"I want to live as well as I can for as long as I can."	Goal: quality of life. Sheenu's metastatic counselling: say "controlled"; the focus is quality of life, long-term management and support. Never "increase your age"
"I want to reduce my risk. Cancer runs in my family."	Goal: prevention. Sheenu: fewer chemicals and plastics, antioxidant-rich food, a check-up schedule (Section 2.6.6). Ask about screening that is due

Confirm: "So [their goal in their words] matters more than a number alone. Have I understood correctly?" Never promise a result, a stage, a scan 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	Cancer prompt (only if unclear)	What it may point to
Weight loss, loss of appetite, nausea, vomiting	"How much has your weight changed since treatment began? What can you eat now?"	Chemotherapy side effects (Sheenu). Protein and soft or liquid food matter; tell the oncologist
Tiredness, paleness, breathlessness on small effort	"Has your haemoglobin been checked recently?"	Low haemoglobin is common in chemotherapy and radiation. Ask for the report; iron, vitamin C and protein go together (Section 2.6.9)
Mouth sores, trouble swallowing	"Is it painful to eat? Which foods can you manage?"	Chemo mouth sores (Sheenu: glutamine, a decision for the oncologist). Soft or liquid food
Diarrhoea, bloating, constipation	"How are your bowels? Any change since treatment?"	Chemo and radiation gut effects (Sheenu: probiotics for diarrhoea). Long constipation is also an irritation to the colon

Listen for	Cancer prompt (only if unclear)	What it may point to
Hair loss, skin burns, swelling in an arm or leg	"Which of these bother you most?"	Chemo and radiation effects. A swollen arm after breast surgery is lymphoedema, not lymphoma (Section 2.6.4)
Low immunity, repeated infections, fever	"Have you had a fever or infection during treatment? Did you tell the doctor?"	Chemo lowers immunity. A fever on chemo goes to the doctor now
Hot flushes, mood swings, joint or bone aches on a hormone tablet	"Which tablet are you on, and how long?"	Hormone therapy side effects (Sheenu: early menopause, bone thinning, hot flushes, mood changes)
Fear, anxiety, low mood, sleeplessness	"What is hardest at night?" "Who do you talk to?"	The mental and emotional side. Low mood that does not lift: doctor
Pain, stiffness, a weak body	"Where is the pain? What helps?"	Pain is the doctor's. Sheenu: gentle movement and breathing as allowed
Warning signs not yet checked (CAUTION: Section 2.6.4)	"Have you seen a doctor about this?"	Suggest a doctor and a test; do not name a disease
Sleep and screen time	"What time do you sleep and wake? When does the screen go off?"	Sheenu lists sleep hygiene as part of supportive care

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	Cancer detail to capture
The diagnosis	What the doctor called it, when, the type, the stage, and whether it has spread. In the client's words, with the report if they have it
Treatment so far and next	Surgery, chemotherapy (name, cycles, dates), radiation (dates), hormone therapy, targeted therapy, immunotherapy. **The treatment calendar decides the timing rules (Section 2.6.9)**

Record	Cancer detail to capture
Current medicines	Name, dose and time for each, including anti-nausea, pain, steroid and hormone tablets. Anything started or stopped lately
Supplements and herbs on their own	Ashwagandha, turmeric or curcumin, giloy, amla, green tea, vitamin C, antioxidants, "immunity" mixes, protein powder, anything bought online or advised by a friend. Note them without judgement; they are for the oncologist and Sheenu's timing rule (Section 2.6.9)
Other diagnosed conditions	Thyroid, diabetes, high BP, kidney, liver, anaemia, gut problems
Reports	Biopsy, scans (PET-CT, CT, MRI, bone scan), CBC, ESR and CRP, LFT, kidney function, LDH and any tumour marker (Section 2.6.5). Note the date. Note "not done" without judgement. Ask for old reports too
Hormones and family history	Cycle, menopause and hormone medicines; cancer in the family (breast, ovarian, colon, prostate) and whether BRCA testing was ever advised
Screening and vaccines	Mammogram, Pap smear and HPV DNA test, PSA, colonoscopy, oral exam: when last done. HPV vaccine: taken or not
Tobacco, alcohol and exposures	Smoking or tobacco and how it is used, alcohol, plastic and chemical use at home (Section 2.6.10)

Offline assessment: with consent, record BCA and body measurements on the Offline Assessment sheet. Use the same device each time. Do not turn a device estimate into a diagnosis, and do not use body age to frighten them. In cancer, weight change can be treatment-related and loss is often not intended, so energy, strength, appetite, haemoglobin and inches are better measures than the scale alone (Section 3.3).

2.6 Ready reckoner for Section B: the disease

Source: Dr. Sheenu, Cancer protocol card, built from her Diamond Council sessions of 17 April 2025 (Cancer Holistic Plan, Part 1) and 24 April 2025 (Part 2) and her Cancer deck. The 17 April recording is badly broken by audio trouble and its ending is lost, and the deck's tables are pictures that the text copy does not carry, so the facts below follow the card. Dr. Sheenu gave no reference ranges and no doses, so none are written here.

Cancer is not one disease. It is a group of more than 100 related diseases in which some cells grow without control and spread. Read this part once before your first cancer client, and keep it open while you listen to Section B of the consultation form. **You are not the client's doctor.** You do not diagnose, you do not choose the treatment, and you never promise a cure. You understand what the client has been through, you support them around the oncologist's plan, and you know the signs that mean "see a doctor now".

Sheenu's line to hold on to. "Cancer does not grow overnight. It builds up over the years. The good news is that the body can also start healing when it is given the right care."

Why this matters on the call. A cancer client, or their family, usually arrives frightened and drained. They want to be heard before they are told anything. Support here means emotional, mental and psychological support first (Sheenu).

Source: Dr. Sheenu, Cancer protocol card, Steps 7 to 10 (sessions of 17 and 24 April 2025) and her Cancer deck; HFS Overlay System (priority rule and conflict table). Dr. Sheenu gave no milligram doses anywhere, only "low to moderate" and "with guidance", so none are written. Some of her statements are her own beliefs rather than settled rules; they are not used as rules.

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 cancer is, and the simple story of the cell	Section 2.6.1
2. Why cancer happens: the causes	Section 2.6.2
3. How cancer spreads, and the stages	Section 2.6.3
4. The warning signs: CAUTION	Section 2.6.4
5. Tests and readings you can ask for	Section 2.6.5
6. Screening and vaccines	Section 2.6.6

What you listen for in Section B	Where to find it
7. Which area is affected, and what is possible with the oncologist	Section 2.6.7
8. The treatments you will see (knowledge only)	Section 2.6.8
9. Nutraceuticals and the timing rules: before, during and after treatment	Section 2.6.9
10. Foods to avoid, safer swaps and the home	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 cancer is

Healthy cells grow, divide and die when their time is over. This natural death is called **apoptosis** (say "a-pop-TOE-sis"; it means a cell switches itself off when it should). Cancer cells ignore that signal. They keep dividing and dividing.

Cell	Natural lifespan (Sheenu)
Skin cells	2 to 3 weeks
Platelets (the cells that help blood clot)	8 to 10 days
Red blood cells	About 120 days (3 months)
Liver cells	300 to 500 days
Muscle cells	Many years
Nerve cells	Often the whole lifetime. They do not normally go through apoptosis

Benign and malignant. A **benign** tumour is not cancer and does not spread, though it can later turn malignant. A **malignant** tumour is cancer: it keeps dividing and spreads.

Cancer is a surname (Sheenu's deck)

"Cancer" is like a surname. Every person in the family is different: one is breast cancer, one is lung, one is leukaemia (cancer of the blood). They share the same basic problem, uncontrolled cell growth, but each looks, behaves and needs treatment differently. A mutation (a fault in a cell's instructions) in a breast cell gives breast cancer; in a colon cell, colon cancer; in a blood cell, leukaemia. Some are **solid** (breast, colon, lung) and some are **liquid** (leukaemia, lymphoma, which is cancer of the lymph glands).

Slow-growing (Sheenu's deck)	Fast-growing (Sheenu's deck)
Prostate; papillary thyroid; chronic lymphocytic leukaemia (CLL); follicular lymphoma; basal cell carcinoma (a skin cancer); Luminal A breast cancer; low-grade neuroendocrine tumours; localised kidney cancer	Pancreatic; small cell lung; acute leukaemias (ALL and AML); triple-negative breast cancer; glioblastoma (a brain cancer); high-grade ovarian; oesophageal (food pipe); metastatic melanoma

This list is for your knowledge. Never tell a client how fast their cancer will grow. Their oncologist knows their type and stage.

2.6.2 Why cancer happens: the causes

The causes are genetics, lifestyle, smoking, poor eating habits, environmental toxins and the HPV virus. Sheenu adds that long-running inflammation and, in her words, thoughts too: constant negative thinking and constant stress can also be carcinogenic (cancer-causing).

> **The key principle Sheenu teaches: cancer comes from continuous irritation of the same place.**

Example of repeated irritation (Sheenu)	What it means for you
UV-B light falling again and again on one part of the skin	Skin cancer on that spot. Ask about sun and the skin

Example of repeated irritation (Sheenu)	What it means for you
Tobacco kept pressed in one spot of the mouth for a long time	More chance of mouth cancer than for someone who chews and spits it out. If a client uses tobacco and will not stop, at least tell them to spit it out and never keep it in one place
Eating something carcinogenic again and again	Ask about food habits (burnt, charred, packed food; Section 2.6.10)
Inflammation that runs for years, in the gut or the lungs	Ask about long-standing gut and chest trouble
Long-term constipation	Irritation of the colon. Ask about bowel habits
Constant negative thinking and constant stress	The mental and emotional side of the plan matters (Section 3.2.5)

HPV (the human papilloma virus) is a virus that spreads mostly through skin-to-skin contact (vaginal, anal and oral sex). It first shows as warts and can slowly turn into cancer, mainly cervical cancer (the cancer at the mouth of the womb). The HPV vaccine exists. Sheenu says it is important for girls and women, and that you must give your clients this knowledge. Her own view: get girls vaccinated, given today's environment; after a certain age it may not help. The vaccine is given once, as a course, and the screening tests still have to be repeated every 3 years. If a client does not know which vaccine they took, they ask their doctor. Do not give a medical opinion on whether to take it again.

Hormones and fat. Sheenu says estrogen collects in fat cells. Heavy breasts, heavy thighs or a heavy abdomen mean more estrogen stored there and a higher chance of hormone-linked cancer, so reducing that fat and toning up matters, especially as a woman approaches menopause.

2.6.3 How cancer spreads, and the stages

Three body systems are involved in spread (Sheenu's deck):

System	Its job, and how cancer uses it
Immune system	Its job is to find and destroy cancer cells (T cells and natural killer cells patrol the body). Cancer cells can hide from it or switch it down, which is why immunotherapy exists

System	Its job, and how cancer uses it
Lymphatic system (the body's drain)	Its job is to remove toxins. Sheenu's deck calls it "cancer's highway": cancer cells enter the lymph vessels, reach the lymph nodes and spread. This is why lymph nodes are removed when cancer reaches the stage of spreading. For example, breast cancer first goes to the nodes in the armpit
Hormonal system	Some cancers are hormone-sensitive: breast cancer can be fed by estrogen and prostate cancer by testosterone

Stage	What it means (Sheenu)
0 · carcinoma in situ	Abnormal cells in one place, not spreading. Not yet cancer. For example a mole or wart that stayed the same for years and has now started to grow. Do not dismiss it as "age". At this stage it can be controlled
1 · early	A small, localised tumour that is not spreading. It may be in a lymph node but is not spreading through it
2	The tumour grows and begins to invade nearby tissue; sometimes it reaches lymph nodes
3 · locally advanced	Spread to more lymph nodes and nearby organs, but not to distant parts. It can still be controlled here
4 · metastatic	Spread to distant organs. There is less chance of cure

Metastasis means cancer cells break away, enter the blood and lymph, travel to other organs and settle there as new (secondary) tumours.

Primary cancer	Common places it spreads to (Sheenu)
Breast	Bones, lungs, liver, brain
Lung	Brain, bones, liver, adrenal glands
Colon	Liver, lungs
Prostate	Bones, especially the spine
Ovarian	Abdominal cavity, liver, lungs
Melanoma (a skin cancer)	Brain, lungs, liver

Spread is found by PET-CT, whole-body CT, MRI and bone scan, and a biopsy of the new site shows whether it is the same cancer or a new one.

How to speak to a client or family with metastatic cancer (Sheenu). It is often not curable, but it can be controlled: nutrition along with the medical treatment can slow the spread and the growth. Say "it can be controlled". Do **not** say "we can increase your age". The focus is on quality of life, long-term management and support: emotional, mental and psychological support for the patient and the family, who come to you frightened and drained. Even at this stage, gentle practice, food, movement and emotional healing help with energy, the tolerance of treatment, mood and immunity.

2.6.4 The warning signs: CAUTION

Sheenu asks coaches to write this in their notebook. If a client mentions any of these, you do not diagnose. You suggest they see a doctor and get tested.

Letter	Warning sign (Sheenu)
C	Change in bowel or bladder habits
A	A sore that does not heal
U	Unusual bleeding or discharge (pus, a cyst, a continuous vaginal discharge)
T	Thickening or a lump in the breast or elsewhere
I	Indigestion or difficulty in swallowing
O	Obvious change in a wart or mole
N	Nagging cough or hoarseness: the voice keeps changing, thin and then thick

Other lines from her sessions: a mole that is growing or changing is not "just age"; a breast lump or pain that keeps coming back should have a fine-needle test; blood tests that stay abnormal over time need the next step (Section 2.6.5). Recurring swelling in an arm after breast surgery (lymphoedema, a fluid build-up) is not the same as lymphoma (cancer of the lymph glands).

Listen for	Where it fits	What you do
A lump, a lump that comes back, a thick or painful breast	T, breast	Suggest a doctor and a test. Never reassure or alarm

Listen for	Where it fits	What you do
A change in bowel or bladder, a long constipation, blood in the stool	C, colon or bladder	Suggest a doctor and a test
A cough that will not go, a changing voice, trouble swallowing	N and I	Suggest a doctor and a test
A wart or mole that has changed	O, skin	Suggest a doctor; ask about sun
Unusual bleeding, discharge or a sore that does not heal	U and A	Suggest a doctor; for bleeding after menopause or between periods, a gynaecologist
Weight loss, tiredness and weakness with no reason	General	Ask what the doctor has said and look at the reports they already have

2.6.5 Tests and readings to ask for

Most of these tests are ordered by doctors. As a coach you must know what each one is for, so you can understand what the client has already done and, if you see CAUTION signs, suggest they get tested. For molecular and genetic tests you refer the client to a doctor or an oncologist. **Never judge from one report. Ask for the old reports too.** Tumour-marker tests are expensive, so Sheenu's order is: history first (for example smoking), then the general tests, then the markers. Sheenu gave no ranges, so read each result against the range printed on the report.

Blood tests (Sheenu)

Test	What it tells you
CBC (complete blood count)	Anaemia and changes in white cells; leukaemia and lymphoma. If MCV and MCH are always above the range, recommend further tests
ESR and CRP	Inflammation. If they stay high for a long time, look first for an autoimmune disease, but cancer is possible too
LFT (liver function)	If SGOT and SGPT stay high over time and alkaline phosphatase is high, suggest cancer tests. Never judge from one report
Kidney function test	Always done before and after chemotherapy and radiation, to check suitability

Test	What it tells you
LDH	A marker of tissue damage: high in lymphoma, leukaemia, testicular cancer and active cancer
CEA	Colon, breast, lung. It is also raised in regular smokers, so ask whether the client smokes before jumping to conclusions
CA-125	Ovarian cancer. Sheenu calls it the best general test to get done once, especially with family history. (Her loose wording: treat it as an ovarian marker)
CA 15-3	Breast cancer
PSA	Prostate cancer. Every man after 40 should get it done
Alpha-fetoprotein (AFP)	Liver and testicular cancer
Beta hCG	A testicular germ cell tumour

Biopsy: the gold standard (Sheenu)

Type	Used for
Fine needle aspiration	Breast lumps, thyroid, lymph nodes. A simple test for any lump or cyst that keeps coming back
Core needle biopsy	Breast, prostate, liver
Excisional biopsy	Skin and small tumours; the whole lump is removed for testing
Endoscopic biopsy	The digestive tract, lungs, cervix
Bone marrow biopsy	Blood cancers

Choose the lab very carefully (Sheenu). During her research she saw breast tissue lying unpreserved, not in saline, at a well-known busy lab in North India. Reports from such labs can say anything. Recommend a lab where you know the diagnosis will be done the right way.

Imaging and molecular tests (Sheenu)

Test	What it is for
X-ray	Basic screening, lung, bone spread
Ultrasound	Low cost and easily available: liver, ovary, breast, abdomen

Test	What it is for
Mammogram	Breast lumps
CT scan and MRI	CT for the body; MRI for soft tissue: brain, spine, breast, pelvis
PET-CT	Active cancer, staging and recurrence; done every 3 to 6 months once cancer is known
Bone scan	Spread to the bones
BRCA1 and BRCA2	Breast and ovarian cancer. Worth doing if a mother, aunt, grandmother or other relative had breast or ovarian cancer. Referral only
EGFR, HER2, PD-L1, Oncotype DX / MammaPrint	EGFR for lung; HER2 for breast; PD-L1 shows whether immunotherapy is suitable (lung, bladder, melanoma); Oncotype DX and MammaPrint give breast cancer recurrence risk. Referral only; the oncologist orders and reads them

The flow from a symptom to a diagnosis (Sheenu): notice a possible symptom, then a physical examination, then a blood test, then, if abnormal, a further work-up, then a biopsy, then the diagnosis. Her sessions repeat a rule: you do not recommend a genetic or molecular test on your own. The oncologist guides.

2.6.6 Screening and vaccines

Cancer	Screening (Sheenu)	Who and how often
Breast	Self-examination while bathing (touch the whole breast slowly for any lump); clinical exam; mammogram	Mammogram every year for women above 40. Earlier with family history, very heavy breasts, or breasts that have not fed
Cervical	Pap smear and HPV DNA test (two different tests). Painless, no radiation; vaginal fluid is taken; the report comes in about 3 days	Women above 30. Sheenu says every 3 years (the slide said 3 to 5). Men: get it done for your wives
Colorectal	FOBT (a stool test), sigmoidoscopy, colonoscopy	Adults above 50, every 5 to 10 years; earlier with regular constipation or gut trouble
Prostate	PSA blood test	Men above 40, every year. Sheenu corrects the slide: 40, not 50
Oral	A visual mouth exam by a dentist	Tobacco users, every year

What you do with this: educate the client about HPV, the screening schedule and tobacco. A client who is overdue for screening is told, kindly, to speak to their doctor. You never read a screening result yourself.

2.6.7 Which area is affected, and what is possible

Use this table to turn what the client says into the area behind it. The "area" and "what to ask" columns are built from Sheenu's CAUTION signs, spread table and test list above. It points the client to the right doctor and test; it does not name a diagnosis.

What the client reports	Area behind it	What to ask for or suggest
A breast lump, a thick or painful breast, nipple discharge	Breast	A doctor and a test; any old mammogram or ultrasound. Family history of breast or ovarian cancer (BRCA, Section 2.6.5)
A cough that will not go, a changing voice, breathlessness	Lung or throat	A doctor and a chest X-ray or scan the doctor chooses. Ask about smoking
Constipation that is new or long, a change in bowel habit, blood in the stool	Colon or rectum	A doctor and a stool test or colonoscopy the doctor chooses
Trouble swallowing, indigestion that will not settle, weight loss	Food pipe, stomach, liver	A doctor; LFT and the old reports; the doctor decides on an endoscopy
Urinary change in a man over 40, a weak stream	Prostate	A doctor; the PSA test
Unusual bleeding or discharge, pelvic pain	Cervix, womb or ovary	A gynaecologist; Pap smear and HPV DNA test
A mole or wart that changed, a sore that does not heal, a mouth sore in a tobacco user	Skin or mouth	A doctor or dentist and, if advised, a biopsy
Tiredness, paleness, repeated infections, bruising, swollen glands	Blood or lymph	A doctor; CBC; the old reports
Headaches that are new and persistent, fits, a change in balance or vision	Brain	A doctor now; imaging the doctor chooses

What the client reports	Area behind it	What to ask for or suggest
Already diagnosed: asks about food and medicine	Under treatment	Which stage and which treatment: before, during or after chemo, radiation or surgery (Section 2.6.9). Ask the oncologist's name and the treatment dates

Say it as possible, never as promised. Sheenu gives no timeline for any result and does not say cancer is reversed. Her teaching is that you work **together with the medical treatment**: preparing the body before treatment, supporting it during, and rebuilding after, with emotional healing running through all three. **Only the oncologist decides the treatment.**

Area	What a plan aims for (Sheenu)	What you can say
Stage 0 and stage 1	Can be controlled. "You should tell the same to your clients"	"At this stage it can be controlled. We work alongside your doctor on food, calm and daily habits"
Stage 3	Spread to nearby nodes and organs, not to distant parts. It can still be controlled	"Your doctor leads the treatment. We work on keeping you strong and your body well supported"
Stage 4, metastatic	Often not curable, but it can be controlled. Nutrition along with treatment slows the spread. The focus is quality of life, long-term management and support	"It can be controlled. We work on your strength, your comfort and your peace of mind, and we support your family too." Never "we can increase your age"
Before treatment	Make the client strong: build haemoglobin (iron, vitamin C and protein together), enough protein, movement, breathing, emotional work, so the side effects are less	"We prepare your body so you go into treatment stronger"
During treatment	Simple food-based nutrition, protein, no supplements or herbs, gentle breathing and rest	"We keep your food simple and strong and your mind calm. Your doctor's plan comes first"
After treatment	Check haemoglobin and rebuild it; add antioxidants; emotional healing; strength; regular check-ups	"Now we rebuild. We also keep your check-ups on time"

Area	What a plan aims for (Sheenu)	What you can say
Relapse	It can happen, less often. Keep getting tests done from time to time	"Coming back is possible but not common. That is why we keep your check-ups regular"
Prevention for everyone	Fewer chemicals and plastics, paraben-free products, alkaline and antioxidant-rich food, a regular check-up schedule, extra care for women with heavy breasts or excess fat, especially near menopause	"Small changes in your kitchen and bathroom lower your daily load"

2.6.8 The treatments you will see (knowledge only)

Doctors choose the treatment by cancer type, stage, receptors (the markers on the tumour that decide which drug works) and genetic subtype, usually as a combination. For example, chemotherapy then surgery, or surgery then radiation then immunotherapy. A small early tumour is usually removed by surgery, followed by radiation. Sheenu gives no doses and no drug-by-drug food rules, so none are written. What she gives is what each treatment does and what it does to the body.

Treatment	What it does (Sheenu)	Side effects (Sheenu)
Surgery	Removes the tumour or the organ. Sometimes some healthy tissue is removed too	Pain, and the risk of spreading cells. Radiation is often given after surgery for this reason
Chemotherapy	Cytotoxic drugs ("toxins for cells") kill fast-growing cancer cells and damage their DNA	They also kill healthy fast-growing cells (hair, gut lining, bone marrow): hair loss, fatigue, nausea, vomiting, low immunity, weight loss, mouth sores, anaemia and falling haemoglobin
Radiation	High-energy rays destroy cancer cells in a targeted area; mostly given after surgery	Skin burns and irritation, fatigue, local swelling, tissue fibrosis (hardening), weight loss, hair loss
Targeted therapy	Blocks genes and proteins found only in cancer cells and cuts the tumour's blood supply so the cells starve. Needs genetic testing	Fewer chemo-type side effects
Immunotherapy	Boosts the immune system to fight cancer (checkpoint drugs; also cell therapies made from the patient's own cells)	Inflammation, fever, allergic reactions; it can cause autoimmune reactions

Treatment	What it does (Sheenu)	Side effects (Sheenu)
CAR-T cell therapy	For leukaemia and lymphoma	Rarely a "cytokine storm" that needs intensive care
Hormone therapy	For breast and prostate cancer. Tamoxifen, letrozole and leuprolide block estrogen or testosterone so they cannot feed the cancer	Early menopause, bone thinning, hot flushes, mood changes
Palliative and supportive care	Pain relief (morphine, NSAIDs), anti-nausea, anti-anxiety, appetite stimulants, plus holistic support	Depends on the medicine

Endocrine disruptors (Section 2.6.10) can interfere with chemotherapy and hormone-blocking treatment. Sheenu names no specific food interaction with tamoxifen or letrozole, only the general estrogen-avoid list. For the kidney: a kidney function test is done before and after chemo and radiation, as a check of suitability, not as a cancer test.

> **A reading Sheenu does not stand behind.** She described PRP (platelet-rich plasma) as "a small kind of immunotherapy". Treat that as a loose comparison, not a medical statement. Do not repeat it to a client.

2.6.9 Nutraceuticals and the timing rules: before, during and after treatment

A **nutraceutical** is a food-based supplement used for health (a capsule, powder or extract). Sheenu's rule is about **timing**, and it matters more than the list. Where her slides and her words differ, the stricter rule is used.

When	What Sheenu says	What you do
Before treatment	A good time if the client comes to you first. Make them healthy: raise haemoglobin (iron, vitamin C and protein together), give enough protein, and include antioxidants, movement and pranayama, because stress will rise. The aim is fewer side effects	Prepare the body. Supplements are possible, with the oncologist's knowledge

When	What Sheenu says	What you do
During chemo or radiation	No antioxidants, no ashwagandha, no herbs, no extras. Food-based sources only, low dose, under the oncologist. Keep protein going (protein powder along with food). Wash vegetables well or cook them. Soft or liquid food if the client cannot eat	Food only. No supplement or herb is started. The items she names as fine during treatment (omega-3, glutamine, probiotics) go to the oncologist, who decides
After treatment	As soon as the therapy ends: check haemoglobin and rebuild it, start antioxidants, build strength, and do the emotional healing. Ashwagandha can help build strength (2 hours away from medicines; watch 3 to 4 days for suitability)	Rebuild step by step; one new thing at a time
Palliative care	Her slides call ashwagandha, turmeric and giloy "very good support" in palliative care	Different from active treatment. Ask the oncologist before anything
Relapse	It can happen, less often. Keep testing from time to time	Keep the check-up dates in the tracker

Where Sheenu's talk contradicts itself, and what the guide does.

Her rule says no antioxidants during chemo or radiation, yet the same slides list green tea extract, coenzyme Q10, vitamin C, turmeric, resveratrol and selenium (all antioxidants) with wording that reads "used during chemo". In her speech she resolves it herself: during treatment food-based sources only; supplements and herbs before and after. The guide follows that. No item in the table below is started during chemo or radiation.

The guide writes no milligram dose. Sheenu gave none.

Nutraceutical (Sheenu)	What it does and how it is given	Her caution
Curcumin (turmeric)	Anti-inflammatory; supports tumour reduction; reduces side effects after chemo. Always with black pepper (piperine) and fat	Not high dose. Keep a 1 to 2 hour gap from medicine. During treatment, food amounts only
Omega-3	Reduces inflammation, prevents weight loss from chemo, supports brain and mood. Fish oil, flaxseed oil, algae capsules	Sheenu: can be given at every stage. The oncologist decides during treatment

Nutraceutical (Sheenu)	What it does and how it is given	Her caution
Vitamin D3 with K2	Immunity and bone protection; may reduce progression risk, especially breast, colon and prostate	Check vitamin D and liver function first
Milk thistle	Protects the liver; for chemo and liver overload	Always raise water intake with it, otherwise bloating and damage
Probiotics	Gut health and immunity; reduce chemo and radiation diarrhoea. Curd, buttermilk, kefir, capsules	In colon cancer, go slowly on prebiotic fibre
Resveratrol	An antioxidant from grape skin; reduces tumour cell growth	It acts like estrogen. **Do not give in breast cancer** (or other hormone-sensitive cancer)
Glutamine	Protects the gut lining and reduces mouth sores from chemo. Powder or capsule	Sheenu: can be given during chemo and radiation
Coenzyme Q10	Cellular energy, heart protection, an antioxidant. A course once a year is useful even without cancer if it runs in the family	It is an antioxidant, so not during chemo or radiation (the one item her slide places oddly)
Green tea extract (EGCG)	May support death of cancer cells	Low dose, with guidance
Vitamin C	Immunity and wound healing: tablets, amla juice, guava	Not during chemo or radiation
Also named	Selenium, vitamin A, ashwagandha, turmeric and giloy as supportive herbs. Indian natural foods: amla, turmeric, fenugreek seeds, ashwagandha, tulsi, ginger, garlic	All under the same timing rule

Nutraceuticals by cancer type (Sheenu)

Cancer	Helpful (Sheenu)
Breast	Curcumin, omega-3, vitamin D3 + K2, green tea extract, probiotics. Not resveratrol
Lung	Curcumin, omega-3, green tea extract, tulsi-ginger tea, NAC (N-acetylcysteine)

Cancer	Helpful (Sheenu)
Colon	Probiotics (prebiotics only a little, because too much fibre does not suit colon cancer), curcumin, zinc, selenium
Prostate	Pomegranate extract, saw palmetto, lycopene (tomato and all red foods), vitamin D, zinc
Cervical	Green tea, vitamin C, beta carotene, zinc, folate
Ovarian	Curcumin, NAC, milk thistle, magnesium, probiotics
Liver	Milk thistle, vitamin E, curcumin
Lymphoma	Vitamin D3, omega-3, glutamine, probiotics
Skin	Resveratrol, selenium, vitamin C, green tea extract, beta carotene

Brand and the watch period (Sheenu). Choose trusted brands (she named Dabur as fine for ashwagandha). When ashwagandha was started after chemo, she asked for a 2-hour gap from medicines and 3 to 4 days of watching whether it suits the client. Sometimes a helpful herb or green tea extract raises inflammation in a client who reacts, so check blood markers in between. Her own ashwagandha research (a compound from the root and UV-induced skin cancer in rats) is not a claim for clients.

2.6.10 Foods to avoid, safer swaps and the home

Avoid (Sheenu)	Why
Refined sugar and sugary foods	Raises IGF-1 (insulin-like growth factor), which fuels cancer cells. Very harmful in breast cancer
Refined grains and white flour	High glycaemic index, which means inflammation and sugar spikes
Red and processed meat	Irritates tissue and contains preservatives. Her slides say it makes the body acidic; treat that as her belief
Hormone-treated non-veg	Disturbs hormone balance; hormones mimic and feed cancer cells
Commercial dairy	Often carries IGF-1, which can help tumours grow

Avoid (Sheenu)	Why
Fried food, alcohol, canned and packaged food, artificial sweeteners	No reason was given in the session
Raw, unwashed vegetables	Infection risk for a client on chemotherapy, especially in leukaemia and lymphoma
Burnt or charred food	Heavy grilling, tandoor and charring: carcinogenic when food is burnt black. A roti puffed briefly on the flame is fine

How to wash vegetables (Sheenu): a vinegar or baking soda solution, or an ozone washer, or wash thoroughly by hand. Her note was to soak for about 15 to 30 minutes.

Why stop milk and non-veg in cancer (Sheenu). Growth hormones, estrogen or testosterone injections and antibiotics are given to animals. These raise the estrogen load, inflammation and tumour-growth signals and act as endocrine disruptors. Sheenu personally stops all animal food in her cancer clients, because you cannot know where the family gets it from. With breast and ovarian cancer especially, limit dairy and non-veg. If the family insists: A2 milk only from a source you trust not to inject the cow, organic free-range eggs, grass-fed hormone-free non-veg. Avoid factory-farm milk, cheese, broiler chicken and non-organic meat. Safer protein: plant sources, moringa and green leafy vegetables. (Her talk also says isolated whey is the better protein powder: that sits against her dairy rule and she did not reconcile it.)

A2 milk (Sheenu). It has only A2 beta-casein protein, which is easier to digest and less inflammatory. Indian breeds (Gir, Sahiwal) give A2; foreign breeds (Holstein, Jersey) give A1 and A2 together. She adds that this may be a myth, because you cannot be sure the cow was not injected, so the source is what matters.

Endocrine disruptors: what they are and the swaps (Sheenu)

These are chemicals that mimic or block hormones (estrogen, testosterone, thyroid) and confuse the body. They are linked with hormone-sensitive cancers (breast, prostate, ovarian), thyroid problems, early puberty and infertility, obesity and metabolic syndrome, and delay in a child's brain development.

Source	Swap
Plastic bottles, food containers, thermal receipts (BPA acts like estrogen)	Steel or glass jars. If plastic is used, food-grade only; never microwave or heat food in plastic; move takeaway food to your own utensil
Perfumes, lotions, plastic packaging (phthalates block hormones)	Phthalate-free products; light, not heavy, scents; no air fresheners
Shampoos and cosmetics (parabens)	Paraben-free and sulphate-free; minimal cosmetics; clean the face before sleep; besan or ubtan as a natural cleanser
Phenyl for mopping (absorbed through bare feet)	Mop with salt water; Lysol only occasionally
Pesticides, non-organic produce, polluted water, heavy metals, cigarette smoke, industrial waste	Wash well, choose cleaner sources
Mosquito repellents	Use as little as possible; mosquito nets, camphor in the evening, a mustard-oil lamp outside the house

Prevention in the kitchen: roasting a roti directly on the flame is fine; it becomes carcinogenic only when food is burnt black. An alkaline, anti-inflammatory, antioxidant-rich diet helps prevent cancer (Sheenu's belief). Antioxidant-rich food is for the time before and after treatment; during treatment, Section 2.6.9 applies.

2.6.11 Your scope, and where to refer

You are not the client's doctor and you never choose the treatment. Sheenu: "You should have knowledge, but you may not suggest chemo or surgery as a dietitian or holistic person." You do not diagnose, you do not recommend genetic or molecular tests on your own (the oncologist guides), and you never override the oncologist's plan. You learn the treatments so that you know what the client is going through, what the side effects are and which food and practices help around them.

Rule	What it means in your work
Treatment is the oncologist's (Sheenu)	Chemotherapy, radiation, surgery and every other treatment are the oncologist's decision. Integrative care goes **along with** treatment, never instead of it. Never tell a client that food or MPESS can replace treatment
No antioxidants, herbs or supplements during chemo or radiation (Sheenu)	Her strongest rule: "Write down: whenever chemo or radiation is going on, no antioxidants." They can also help cancer cells grow, and how they interact with chemo drugs is not fully known. During treatment give only simple food-based nutrition. No ashwagandha, nothing extra. Before treatment and after treatment, supplements are possible (Section 2.6.9)
Use nutraceuticals only under guidance (Sheenu)	Under the oncologist or an integrative practitioner; low to moderate doses; never mix many supplements blindly; a trusted brand; keep 1 to 2 hours between any allopathic medicine and any herb or supplement; check lab markers in between (vitamin D, liver function, inflammation). The better the herb, the more dangerous it can be together with allopathic medicine
Never say "cure", and never say "we can increase your age" (Sheenu)	Stage 0 and 1 can be controlled. At stage 4 it is often not curable but can be controlled. Say "controlled". Support the family too
Never judge from one report (Sheenu)	Ask for the old reports. Ask whether the client smokes before reading a CEA result. Tumour markers are expensive, so history first, general tests next, markers last
Know the tests, refer the rest (Sheenu)	You must know what each test is for so you can understand what the client has done. For molecular and genetic tests, refer the client to a doctor or oncologist
Emotions first (Sheenu)	"The most important thing in holistic practice is working with emotions, trauma and mindset." Even if you do nothing else, work on mindset and emotions. Hold the hand of a client who is crying; keep tissues; say "we can do it together"
Counsel the family (Sheenu)	Families under stress feed things "because it is good". Do not scare them. Say it simply: "Just avoid this one thing, because I do not know where it comes from." When the family's stress falls, they cooperate
Do not ban a food by force (Sheenu's own lesson)	A food shut off suddenly makes the craving stronger. Change gradually, offer swaps. Decide once and do it fully, but for clients aim for at least 80 percent

Rule	What it means in your work
How to introduce yourself (said in the same session by Sanjlv Kr Mishra for another condition, applies here)	Say "holistic health coach" or "wellness coach", not "doctor" or "dietitian"
Be loving and firm	If a client does not follow, the plan stays the same. You do not rewrite a plan the client has not tried

- **The oncologist leads, always.** You do not diagnose, you do not pick or change a treatment, and you do not recommend a genetic or molecular test yourself.
- **If a client with CAUTION signs has not seen a doctor,** you suggest they do, kindly and at once (Section 2.6.4). You never give a reassuring or a frightening opinion.
- **Ask for the treatment calendar:** the dates of surgery, chemo cycles and radiation. The timing rules in Section 2.6.9 depend on them.
- **Tell the client to inform the oncologist** about every food plan, herb and supplement, and to say that they are on a clinical and therapeutic diet (the line from Sheenu's Blood Pressure protocol, applied here).
- **Hormone-sensitive cancers (breast, prostate, ovarian):** the avoid list is stricter (dairy, hormone-treated meat, resveratrol, endocrine disruptors).
- **Genetic and molecular tests** (BRCA, EGFR, HER2, PD-L1, Oncotype DX, MammaPrint): refer to the oncologist only.
- **Low mood that does not lift, or any talk of not wanting to live:** stay calm, thank the client for telling you and ask them to speak to their doctor or a counsellor today.

Where cancer sits on the HFS ladder

HFS's priority ladder puts organ failure and surgical cases first (level 1). **A client with cancer under treatment is placed at level 1** and the oncologist leads; the HFS Cancer overlay is structure only and waits for Sheenu, so no HFS cancer rule is invented here. A client on insulin or with uncontrolled BP is level 3; thyroid, PCOD, cholesterol, fatty liver and uric acid are level 4. The weight goal is always last. The placement is the guide's reading of the ladder.

When two things pull apart	Sheenu or the HFS rule	What the guide does
Breast cancer foods name cruciferous vegetables and flaxseed, but the client also has a thyroid problem	HFS conflict table: thyroid beats gut and detox on cruciferous vegetables. Sheenu lists them for breast cancer	Thyroid rules lead; ask the oncologist and Sheenu
Prostate foods name tomato and lycopene, but the client also has acidity, or a thyroid, gut or autoimmune picture where tomato is avoided	Sheenu lists tomato and red foods for the prostate	Cooked tomato in small amount only if there is no other condition against it; ask Sheenu
HFS weight-loss base (calories minus 500) for a client who is losing weight on chemo	Sheenu: protein must be kept going; omega-3 and protein for chemo weight loss	No deficit. The HFS base is not used
HFS "salad first" and detox week	Sheenu: raw unwashed vegetables carry infection risk on chemo; detox pathway support has no steps	Cooked or well-washed vegetables; no detox week
Fasting in the HFS plan or the client's own habit	Sheenu: no fasting during or just after chemo or radiation, or for a weak client	No fasting protocol is written
Two conditions pull the plan apart	HFS priority ladder	Decide which leads; write it down; 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 (cancer prompt, only if missing)	Why it matters (Sheenu, unless marked)
Sugar, sweets, soft drinks, refined flour, white bread	Sugar raises IGF-1, which fuels cancer cells (very harmful in breast cancer); refined grains spike sugar and inflammation

Listen for (cancer prompt, only if missing)	Why it matters (Sheenu, unless marked)
Red and processed meat, hormone-treated chicken, commercial milk and cheese	Hormones and antibiotics given to animals raise the estrogen load, inflammation and tumour-growth signals. Limit dairy and non-veg, especially with breast and ovarian cancer
Fried, packed, canned food; alcohol; artificial sweeteners	On Sheenu's avoid list
Burnt, charred or tandoori food	Carcinogenic when burnt black. A roti puffed briefly on the flame is fine
Raw vegetables and salads, street food	On chemotherapy, raw unwashed vegetables carry an infection risk
Plastic bottles, containers and hot food in plastic; scented or paraben-heavy products; phenyl; mosquito repellents	Endocrine disruptors that interfere with hormones (Section 2.6.10)
Tobacco, smoking, alcohol	Tobacco kept in one spot raises mouth-cancer chance; smoking raises CEA. If the client will not stop tobacco, spit it out
Supplements, herbs and protein powder	The timing rule (Section 2.6.9). Ask, note, do not correct on the call
Late nights, broken sleep, screens	Sleep hygiene is part of supportive care
Movement	Strength, cardio and pranayama help every cancer client, adjusted by cancer type (Section 3.2.5). Ask what they do; do not give the plan
Stress, overthinking, time for themselves	Constant stress and negative thinking can be carcinogenic (Sheenu)

Example finding: "Tea with sugar four times a day, packed snacks, plastic tiffin heated in the microwave, sleeps at 1 am, takes ashwagandha capsules from a friend while on chemotherapy, no walk because of tiredness." 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 cancer, which is on the causes table in Section 2.6.2.

MESS	Form questions to use	Cancer 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?	Fear, "why me", "it is too late", fear of recurrence, constant negative thinking (Sheenu: it can be carcinogenic). Confirm: "Is keeping going through treatment 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: working with emotions and trauma is the most important holistic work. Listen for grief, anger, guilt, a recent loss or divorce. Do not investigate 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?	A family that is frightened and feeds them anything "because it is good"; no one to go to the hospital with; isolation. Confirm: "Is the difficulty pressure on you, 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?	Meaning, faith, purpose. 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 cancer can do, how it spreads and the stages (Section 2.6.3) are for **your** knowledge. On the call use only the fear they name themselves. Never predict a stage, a spread, a relapse or how long a client has. Never

> imply that enrolling is the only safe choice. Their oncologist gives the diagnosis and the outlook. Sheenu: never say "we can increase your age".

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?
- **Cancer prompts:** how many days a week is the client at the hospital? Is their appetite better in the morning or evening? Is the family ready to avoid the foods on Sheenu's list, and can they get safe sources of milk, eggs and vegetables? Is someone at home willing to learn?
- **HFS prompt (Case 23):** "What is coming up in the next 90 days?" Chemo cycles, scans, surgery dates, festivals, travel. 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, energy 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)
Sugar, packed food, hormone-treated meat and milk; weight loss on chemo; plastic at home; a plan for before, during or after treatment	Functional Nutrition Plan
No walk, late nights, no breathing practice, tablets and food at random times	Your Daily Routine Plan
"It is too late." "Nothing will change."	Habit and Mindset Coaching
Fear of recurrence, grief, anger, a recent loss	Emotional Release and Stress Regulation
"I never get time to breathe or sleep."	Daily Stillness Practice
Hospital days, travel for treatment, festivals, eating out, a family that feeds them anything	Travel, Festival and Eating-out Guides
"I follow for two weeks and then a chemo cycle knocks me flat."	Accountability
Has reports, does not understand CBC, LFT, markers or scans; tests every few weeks or months	Reports and Marker Review
The immune, lymphatic and hormonal systems as found; chakra work only after the emotional work, bottom up (Sheenu)	Life System and Chakra Healing
On chemotherapy, radiation or hormone tablets, and takes supplements or herbs of their own	Medicine and Food Guide

Which programme? Cancer is a diagnosed condition with treatment and reports, so the honest fit is the **Disease Reversal programme** (10 features). Do not use the word "reversal" with the client, and never say "cure": Sheenu's deck is titled "MPESS Holistic Wellness Plan for Cancer" and she speaks of support alongside treatment, and of control. Ask Sheenu which programme is the default for cancer.

From point A to point D: what is possible in cancer

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 and sessions; 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
Tired after every treatment cycle, low energy	The body under treatment and low blood count	More steady energy as haemoglobin, protein, sleep and gentle movement are looked after, with the oncologist leading
No appetite, nausea, weight falling	The gut and the side effects of treatment	Small, soft meals that stay down, protein kept going, and the oncologist's team told. Weight is not a goal in treatment
Loose motions, bloating, mouth sores	Gut lining and mouth, damaged by chemotherapy or radiation	Easier days with soft food and the supports Sheenu names (probiotics for diarrhoea, glutamine for mouth sores), asked through the oncologist
Fear, anger, low mood, poor sleep	The brain, stress hormones and sleep	A calmer mind and better sleep as breathing, grounding, journaling and family support take hold. Low mood that does not lift goes to the oncologist
Family giving herbs, powders and juices	Supplements and herbs taken at the wrong time	The timing rules understood by the family: food only during chemotherapy and radiation. The oncologist decides before and after
Hormone-sensitive cancer, plastics and cosmetics in daily use	Hormone load and endocrine disruptors	A lower load: steel and glass, cleaner products, limited commercial dairy and animal food, strength training within what treatment allows
Treatment is over, and fear of it coming back	Recovery and follow-up	Haemoglobin and strength rebuilt, supplements and antioxidants considered with the oncologist, screening and tests kept up from time to time

Point A: what the client reports	System behind it	Point D: what is possible
Advanced or metastatic cancer	Cancer that has spread	Cancer that is controlled, and a better quality of life: comfort, food the client enjoys, calm, and a family that is supported. No promise of years

Say it as possible, never as promised. Sheenu: you do not prescribe; you educate and support holistically, and prepare the body before treatment, support it during and after, and refer for tests. There is no cure to promise; the language is "controlled" and "managed". The treatment decision is always the oncologist'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). Cancer wording is from Sheenu's Cancer protocol card and her 17 and 24 April 2025 sessions.

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): "You were told two months ago that you have stage 2 breast cancer. You have had surgery and chemotherapy starts next week. You are tired, you are not eating well, and you cannot sleep. Your family keeps sending you herbal powders and videos. You are afraid it will come back. Did I understand you correctly?" Wait for "yes, exactly".

Picture	What you say, filled from their words
Tree A: today	Where they are now. "Tired, not eating well, sleep gone, afraid, and unsure what is safe to eat or take beside the treatment."
The falling tree	Their own fear from Section E, in their exact words. "You told me that if nothing changes, [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. "More energy, a body that handles the treatment better, a calmer mind, and knowing what to do each day, with your oncologist's treatment beside you."

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

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

Reason	In cancer words
Treating the fruit, not the roots	"Surgery, chemo and radiation treat the growth. The sleep, the stress, the gut, the hormones and the daily habits underneath are rarely worked on." (Sheenu: cancer is not one cause. The body's repair, immunity, hormones, emotions and lifestyle all matter, and MPESS covers all of them.)
Fixing only one part	"Only a diet from the internet. Only herbal powders from relatives. Only the treatment. Sheenu: the oncologist's treatment, the food, the sleep, the stress work and the family's support work together. Supplements and herbs taken at the wrong time can get in the way of treatment."
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 oncologist or the treatment. Never say that food, herbs or MPESS can replace chemotherapy, radiation, surgery or any medicine, or that anything cures cancer. Never promise a result, a date or "more years". For a metastatic client say "controlled", never "increase your age" (Sheenu). Never suggest an antioxidant, herb or supplement during chemotherapy or radiation: food only.

3.1.2 Stage 4 · Offer

Their journey, in the approved promise lines

Point	Approved line	What you may add in cancer words
Relief · 3 months	Energy, sleep and cravings settle, and the first visible change comes	The first change to look for: more energy, steadier appetite, better sleep and a calmer mind, tracked in a weekly symptom and side-effect diary. No result is promised by any date
Correction · 6 months	Markers move, and the first medicine conversation with the doctor	The reports the oncologist has asked for (blood count, liver and kidney tests, markers, scans) are kept in one place and reviewed with the medicine list beside them. The conversation about treatment is the oncologist's
Freedom · 12 months	Markers held, medicines reduced or stopped by the doctor, and it holds on its own	Improvement that holds. **For cancer say only that medicine decisions are the oncologist's.** Never promise that treatment will stop. Never say "cure" or "reversal"
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 cancer

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 packaged snacks, the fried food, the milk and the confusion about what is safe now.

The problem: A random "cancer diet" from the internet does not fit your stage, your treatment or your digestion. Protein and haemoglobin still need to be met (Sheenu).

The solution and how it reaches them: Plant-forward food built for where you are in treatment, your reports, your digestion and your kitchen, in our weekly session and written plan. Vegetables washed or cooked, charred food avoided, protein never dropped.

The benefit: Food that supports energy, strength and blood, and is safe beside the treatment.

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

Remind: Broken sleep, no fixed meal times, no movement on tired days.

The problem: A late, irregular day makes tiredness and side effects heavier. Sleep is when the body repairs.

The solution and how it reaches them: Sleep, meal, gentle movement, breathing and rest times, written for their day and reviewed weekly. Sheenu's safe-for-most rhythm: a 15 to 20 minute walk in the morning, breathing in the afternoon, deep breathing and Yoga Nidra in the evening. The oncologist's limits come first.

The benefit: The body gets a steady rhythm, and the hard days become fewer.

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

Remind: You said you cannot think about anything except the report.

The problem: Fear takes the whole day, and the plan does not start.

The solution and how it reaches them: One habit at a time, the symptom diary first, and the thought under it, inside the weekly session.

The benefit: Doing small right things every day, and feeling some control again.

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

Remind: You told me about the fear, the anger and the feeling of being alone with this.

The problem: Long stress, grief and unspoken emotion keep the body in survival mode (Sheenu).

The solution and how it reaches them: Grounding, emotional journaling, forgiveness and inner child exercises, as needed, and practices that calm the nervous system.

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 your mind never stops at night.

The problem: Everything else comes first, so the practice drops on hard days.

The solution and how it reaches them: A daily stillness practice. Sheenu: gentle breathing and Yoga Nidra. No breath holding (kumbhaka), no kapalabhati and no fast breathing; stop if dizzy or breathless.

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: Hospital trips, weddings, family meals, eating out.

The problem: Plans break on exactly these days, and the fried and packaged plate is the easy one.

The solution and how it reaches them: A plan for treatment days, 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.

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 the blood count, the liver tests and the markers are showing.

The problem: Without reading them, nobody sees what is moving.

The solution and how it reaches them: Reports reviewed at every test and kept in one place with dates. The coach reads the pattern; what it means for treatment is the oncologist's.

The benefit: Every number understood, and the changes seen early.

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

Remind: Your tiredness, your sleep and your mood all point to a body under long strain.

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

The solution and how it reaches them: Support for the systems that are affected, and chakra work with pose and mudra only together with the emotional work, bottom up (Sheenu).

The benefit: Works on the system that is affected, not only the lifestyle around it.

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

Remind: You take medicines from your oncologist, and your family keeps offering herbs and powders.

The problem: Herbs, supplements and antioxidants during chemotherapy or radiation can get in the way; Sheenu allows food only during treatment. Some foods and supplements also clash with medicines.

The solution and how it reaches them: Which foods help, and the timing rules for before, during and after treatment. Any supplement only with the oncologist, low to moderate dose, a gap of 1 to 2 hours from medicines. No doses are given by the coach.

The benefit: The food stops working against the treatment. The oncologist 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
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

Package	Retail	Today's price	Per month	Promise
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." / "Nothing helps cancer."	Why each past attempt stopped: one thing only, a diet from the internet, or nobody keeping it going. Sheenu: good food, sleep, calm and the right habits beside the treatment help the body handle it. Never promise a cure, a result or "more years"	"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

What they say	What you say	Then you ask
"I am on chemotherapy right now."	The treatment stays with the oncologist. During chemo and radiation the plan is food only: no supplements, herbs or antioxidants (Sheenu). We plan gentle food, rest and calm around the treatment days	"Would it help if we worked with your oncologist's plan, not against it?"
"My family says nothing helps cancer except the treatment."	Agree that the treatment is the first thing. We work beside it, never instead of it. Offer to speak with the family	"What worries your family most?" Answer it now

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. Cancer teaching: Dr. Sheenu's Cancer card and her sessions of 17 and 24 April 2025. Weekly weight and inch ranges: HFS Journey Tracker and Case Study Pack (general clients, not cancer). Sheenu gave no 3, 6 and 12 month map and no time by which any cancer symptom should 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 cancer client the first measures are not the scale. Weight can mislead: treatment, appetite loss, swelling and steroids all move it. The first measures are energy, strength, appetite and haemoglobin, then the symptom diary, the sleep and how the client feels. Ask for a weekly symptom and side-effect diary.

Promise no date, no number and no result. Never say "cure", "reversal" or "more years". For a metastatic client the honest word is "controlled" (Sheenu). What you promise is the work, the tracking and the support.

Source: Dr. Sheenu, Cancer protocol card and her sessions of 17 and 24 April 2025 and the deck (timing rules, protein, haemoglobin, foods to avoid, the by-cancer-type pranayama, exercise and yoga table, chakras and mudras, breath safety, the safe-for-most daily rhythm); HFS Overlay System and HFS Indian Food Swap Guide; Sales Kit (delivery system, onboarding form). Sheenu gave no day of eating, no doses and no fasting hours for cancer, so the week-by-week order in 3.2.4 and the food structure are the guide's own arrangement.

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. **For cancer say only that medicine decisions are the oncologist's. Never promise that treatment will stop**
What the client should notice (cancer)	Energy a little steadier; appetite and sleep better; fewer bad days around treatment; a diary that begins to show what makes a day hard. Meals regular and washed or cooked; protein at every meal. Medicines taken exactly as the oncologist said	The diary holds through a normal month. Haemoglobin and the tests the oncologist asks for, read with the oncologist. Strength and stamina a little better. The client knows what is safe to take and when, and the screening dates are in hand	Steady through travel, festivals and a period of stress. The client knows the timing rules for any supplement and the signs to call the oncologist for. Any change in medicine is the oncologist's. "Controlled" and "steady" are the honest words, not "gone"

	Relief · 3 months	Correction · 6 months	Freedom · 12 months
What you do	Find the stage of treatment. Food, sleep and calm first (Section 3.2.4). Remove charred and packaged food, wash or cook vegetables, protein at every meal. No supplements or herbs during chemotherapy or radiation. Medicine and supplement list checked. Baseline reports	Deepen the food plan from the diary. Breathing and gentle movement by cancer type. Emotional work as found. Haemoglobin plan if low. Any supplement only with the oncologist, in the allowed window (Section 2.6.9). Reports kept in one place	They run their own plan. Travel and festival routines proven. Write the final list of what to take and not take alongside the treatment now. Screening and follow-up dates fixed. Then maintenance diet and membership
What you track	The weekly symptom and side-effect diary *; the treatment calendar *; the medicine and supplement list *; haemoglobin and protein or appetite *	The diary *; the reports the oncologist ordered, with the dates *; the medicine list beside each	Total result with time taken; promise met yes, partly or no; assets captured
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 cancer clients. They are given so you know the usual spread, not as a promise. For a cancer client weight is the last thing you lead with: weight loss is often a warning, not a goal, and no calorie deficit is set. HFS has no cancer client file, so there is no cancer before-and-after to quote. Where a client file is useful for pattern, Section 4.2 lists which HFS files teach what.

What Sheenu says about the end point. She speaks of "controlled" for metastatic cancer, never "increase your age"; of relapse that can still happen but less often, which is why testing continues; and of the oncologist's treatment as the base. Say what is true: food, sleep, calm and the right habits help the body handle treatment and recover; the oncologist decides about treatment; and you track the diary and the reports.

3.2.2 Month by month

When	Coach	Client	Check
Before day 1	Blueprint sent. Onboarding form. Latest reports, the treatment plan and dates, the full medicine and supplement list with dose and time, and the oncologist's name collected. Cancer type, stage and where the client is in treatment asked. Promise written: one feeling, one number, a date, none about the cancer itself. Red flags checked (Section 2.6.11): if present, the oncologist is involved first	Starts the Blueprint's first steps	Baseline captured: diary start, haemoglobin, reports, their words, MPESS baseline
Week 1	Food and calm first: no change to any medicine, ever. Meal pictures asked for. Vegetables washed or cooked. Protein at every meal. No charred or packaged food. Dinner early, sleep time fixed. **No supplements or herbs if on chemotherapy or radiation.** Slow breathing begins. Tracker on	Keeps the diary; follows the first plan; sends pictures	Medicine and supplement check. Any red flag to the oncologist
Week 2	First practices for the cancer type: Anulom Vilom, Bhramari, a short gentle walk. Breath safety explained (no breath holding, no kapalabhati, no fast breathing). Slow eating	Practises daily	Are they following? If not, be loving and firm: the plan stays unchanged
Week 3 to 4	Review the diary and the pattern: which day, food, sleep loss or stress made a hard day? Haemoglobin plan if low. Specific compliance review	Continues; asks questions	First checkpoint: diary, energy, appetite, photos, words
Month 2	Plan adjusted from the diary. Stress and sleep work deepen. Chakra and emotional work as found. If treatment has just ended, ask the oncologist about starting supplements and antioxidants (Section 2.6.9). Review travel and events ahead	Continues	Any new food or practice stopped at the first sign of trouble. Sleep and energy tracked

When	Coach	Client	Check
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 reports the oncologist wants, same lab; medicine list beside each
Month 4 to 6 (Correction)	Work on any condition that sits beside cancer (thyroid, BP, sugar, anaemia, vitamin D and B12) with its overlay and the oncologist. Screening and follow-up dates checked	Takes the diary and reports to the oncologist	Markers the oncologist asks for; scans on their dates
Month 7 to 12 (Freedom)	Reduce your own involvement. They run the plan. Proof it holds through festivals, travel and a stressful month. **Write the final food and supplement list for the treatment they are on now**	Independent practice	Monthly metrics; promise met?
After month 12	"Staying steady is what you do next." Keep the diary. Maintenance diet. Keep testing from time to time, as Sheenu says. Membership: monthly meeting, everything else the same	Keeps the habits; does not slip back to packaged food, late nights and skipped follow-up	The dates, and the diary month by month

Before, during and after treatment

Section 2.6.9 holds the timing rules and they decide each month's work. **Before** treatment: the best time to start; make the client healthy, raise haemoglobin, give enough protein, add workout and breathing because stress will rise; antioxidants are included in this preparation. **During** chemotherapy or radiation: food only, protein never stopped, no antioxidants, herbs or supplements; glutamine for mouth sores and probiotics for diarrhoea are the two Sheenu names. **After**: start haemoglobin building, antioxidants and supplements as soon as treatment ends, with the oncologist.

Hormone-sensitive cancers

For breast, ovarian, cervical, uterine and prostate cancers, Sheenu limits commercial dairy and non-vegetarian food, and avoids resveratrol in breast cancer.

Estrogen sits in body fat, so strength training to tone up is part of the plan, within what the treatment allows. Endocrine disruptors in plastics and cosmetics are reduced (Section 2.6.10).

Metastatic or palliative care

Say "controlled", never "increase your age". The goal moves to comfort and quality of life. In palliative care Sheenu's slides call ashwagandha, turmeric and giloy very good support, but this conflicts with the during-treatment rule: ask the oncologist before any herb. Keep the plan light, kind and short; the family is part of the care.

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 need, and for a client in or after treatment a long, patient plan is the honest one. In the HFS priority ladder a cancer client under treatment sits at level 1.

3.2.3 How delivery runs

Element	How it runs
Onboarding (after enrolment)	Carry forward the consultation answers. Complete the treatment calendar, the medicine and supplement list with doses and 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 weekly symptom and side-effect diary as the main one (Section 3.3)
Between sessions	Proactive calls, audio notes or messages at the agreed frequency. Ask for the diary and for meal pictures. Be gentle on treatment days and the days after

Element	How it runs
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's role for the coach: educate and support holistically (food, breath, movement, mindset, emotions), prepare the body before treatment, support during and after, watch haemoglobin, protein and water, help the family stay calm, and refer for tests.

> **If the client does not share meal pictures and does not follow:** 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. On a chemotherapy week, be softer: a missed picture is not the same as a missed plan.

3.2.4 The first four weeks

The steps are from Sheenu's card and sessions and the HFS overlays; the order is the guide's. Where the client is in treatment decides what is allowed (Section 2.6.9): before treatment, during chemotherapy or radiation, after treatment, or palliative. Find that out first.

When	What you deliver
Before the plan	Read the reports and the treatment plan. Ask what stage the treatment is at, the dates of the next cycle or surgery, every medicine, and every herb, powder or supplement the client or family is already giving. Check each against Sections 2.6.8 to 2.6.10 before any change. Check haemoglobin first if the client is weak. Any red flag (Section 2.6.11): the oncologist is involved first

When	What you deliver
Days 1 to 14 (food and calm first)	Start the **weekly symptom and side-effect diary**: energy, appetite, nausea, bowel, mouth, sleep hours, mood in a word, and what the treatment day was like. Fixed meal times, protein at every meal, vegetables washed (vinegar or baking soda, 15 to 30 minutes) or cooked, charred food stopped, packaged and fried food reduced. Water as the oncologist allows. A short, gentle walk if allowed. Slow breathing. Early sleep. The first family conversation. **No herbs, powders or supplements during chemotherapy or radiation: food only** (Sheenu)
Days 15 to 28	Review the diary with the client. Add the practices for their cancer type (Section 3.2.5): one or two breathing methods, a short gentle movement routine, and the daily rhythm. Emotional journaling and grounding begin. Haemoglobin plan (iron, vitamin C and protein together) if the client is low. First month checkpoint with the diary and their own words
Month 2 and after	Chakra work with pose, mudra and affirmation, only together with the emotional work (Section 3.2.5). **Before treatment starts or after it has ended**, and only with the oncologist or an integrative practitioner, supplements and antioxidants become possible: low to moderate dose, one at a time, 1 to 2 hours away from medicines, a 3 to 4 day watch, labs checked in between. The coach gives no doses. Reports repeated
Month 3 and the end of the journey	No detox, cleanse or fasting protocol is written. At the end of the 3, 6 or 12 months, write the final list of what to take and not to take alongside the treatment the client is on then, and the screening dates still due

3.2.5 Feature by feature

1. Functional Nutrition Plan

What you build: a plant-forward food plan that is safe with the treatment and fits MPESS. First find out where the client is in treatment, then use the rules below. Sheenu gave no day-by-day meal plan for cancer; the food options and the seven-day plan in Section 3.2.6 are built from her rules and the HFS nine-slot day.

The food rules Sheenu gives

Topic	What Sheenu says	What you do
Protein	0.8 to 1.0 g per kg a day, up to 1.1 g if digested well. Protein powder along with food. Never stop protein, including during chemotherapy and radiation. "Isolated whey is much better"	Protein at every meal. Food first; powder when food cannot reach the target, which is common in cancer. Check digestion first. Whey sits badly with her advice to avoid dairy: the choice goes to the oncologist
Haemoglobin	Haemoglobin is heme plus globin. Give **iron, vitamin C and protein together**. Foods named: moringa, dates, green leafy vegetables. No number is given	Check the client's haemoglobin first when they feel weak. Pair iron foods with a vitamin C food and a protein food in the same meal
Raw vegetables	Unwashed raw vegetables raise infection risk when immunity is low, most of all in blood cancers	Wash well (vinegar or baking soda, 15 to 30 minutes) and cook them when the client is on chemotherapy
Charred food	Carcinogenic. A roti puffed on the flame is fine	Stop grilled, tandoori and burnt food. Say that the roti is fine
Animal food and dairy	Avoid by default. If the family insists: A2 milk from a known desi cow, organic free-range eggs, grass-fed hormone-free meat	Plant-based by default. Do not impose a stricter rule than the family and the oncologist accept
Fasting	Not during or just after chemotherapy or radiation, and not for a weak client. Start about a month later or before chemotherapy. A soft or liquid diet if the client cannot eat. No hours given	Do not set a fasting plan

When the client cannot eat: Sheenu gave no tips for nausea or low appetite. Use the HFS swap guide and the options in Section 3.2.6 for small, soft, frequent meals, and tell the oncologist's team about weight loss and poor intake.

The day around cancer (HFS, adapted). There is no HFS cancer overlay and no HFS cancer client file; the Overlay System keeps it for Sheenu. A client under active treatment sits at level 1 of the priority ladder, so the oncologist's instructions come first. The guide uses the HFS nine-slot day and the swap guide (Sections 3.2.6 to 3.2.8) with Sheenu's rules above and any overlay for a stacked condition (thyroid, diabetes, BP, anaemia, vitamin D and B12).

Where HFS and Sheenu differ, Sheenu leads and the row is marked "changed" in Section 3.2.7.

2. Your Daily Routine Plan

Fixed wake, meal, medicine, movement, breathing and sleep times, written for their day. Sheenu's safe-for-most rhythm: a light walk of 15 to 20 minutes in the morning, pranayama in the afternoon (10 to 20 minutes), and deep breathing with Yoga Nidra in the evening. HFS: dinner at least 90 minutes before sleep. The oncologist's limits on activity and water come first. On a treatment day, shrink the plan to the walk, the meals and the evening rest.

3. Habit and Mindset Coaching

One habit at a time, the diary first, and the thought under it ("it is my fault", "it will come back", "nothing helps"). Teach restart after a hard week. Say in week zero: energy, strength, appetite and the reports are how we judge this, not the scale, because treatment moves weight in both directions. Never promise a date or a result. Teach the client to say "controlled" and "managed", not "cured".

4. Emotional Release and Stress Regulation

Sheenu: working with emotions and trauma matters more than anything else in holistic practice; even if you do no chakra work, do at least the mindset and trauma work. Work only with what the client has shared.

Pillar	What to do
Mental	Fear of the report and of recurrence is the main weight. Gentle breathing, journaling and grounding. Do not force meditation on a mind that cannot sit still; give a walk or an active practice (from the same idea in Sheenu's other cards)

Pillar	What to do
Physical	Food, rest and the movement the oncologist allows. Breathing for oxygen. Sheenu: strength and cardio are needed for every cancer client, within what the treatment allows
Emotional	Unspoken grief and old trauma. Inner child work, emotional journaling, forgiveness exercises, as needed. Sheenu's quiz answer: the heart chakra is the one for emotional healing in breast cancer
Social	Help the family stay calm and informed. Counsel the family, do not consult for them. The client should not carry the family's fear
Spiritual	The "why me" question. Gratitude, nature, chanting and affirmations, as the client is comfortable

5. Daily Stillness Practice

Begin with five to ten minutes. Sheenu's breath safety applies to every cancer client and to every method below.

Breath safety (Sheenu): no breath holding (kumbhaka), no kapalabhati, no hyperventilation, and nothing too deep or too fast. Use a chair or props. Under guidance after surgery or chemotherapy. **Stop at once if the client feels dizzy, faint or breathless.** Kapalabhati is specifically avoided in lung cancer with weak breath capacity.

Type	Pranayama and breath	Exercise and yoga	Avoid
Breast	Anulom Vilom, Bhramari, deep diaphragmatic breathing (eases anxiety after surgery or radiation)	Light dumbbells and resistance bands. Gomukhasana and Bhujangasana (open the chest, help lymph drainage)	Planks and overhead weights, especially if lymph nodes were removed
Lung	Bhramari, Sheetali, pursed-lip breathing, balloon blowing	Walking, cycling, seated leg raises, Ardha Matsyendrasana, Tadasana	Breath holding, kapalabhati
Colon and rectal	Anulom Vilom, Chandrabhedi, abdominal breathing	Squats and glute bridges at low repetitions, brisk stair climbing, Mukta Asana, Vajrasana for digestion and constipation	Twists and core compression until fully healed

Type	Pranayama and breath	Exercise and yoga	Avoid
Prostate	Bhramari, Ujjayi, slow rhythmic breathing	Pelvic floor work, Kegels, Mula Bandha, Malasana, cycling or elliptical	Long sitting on cold surfaces (urinary infections)
Cervical and ovarian	Sheetali, Bhramari, ovarian breathing (hands below the navel)	Glute bridges, wall squats, dance, Yoni Mudra, Supta Baddha Konasana, Balasana, butterfly	Deep back bends early after surgery
Brain and nervous system	Nadi Shodhan, Bhramari, gentle still breathing, Chandrabhedi	Rhythmic walking with support, child pose, legs up the wall	Fast movement and exertion, because of seizure risk
Safe for most cancers	Anulom Vilom, Bhramari	Stretching, and the daily rhythm in Section 3.2.4	

The ovarian breathing hand position (three to four fingers below the navel) was taught in an earlier Diamond Council session; do not teach it from this guide alone.

6. Travel, Festival and Eating-out Guides

Built before the client needs them. For cancer clients: how to handle treatment-day travel and hospital stays (soft food, a flask of water, the medicines on time), the party plate (fried, charred and packaged food and any alcohol are the usual problems; salads need washing and are risky when immunity is low), and the family meal where milk, eggs or meat are pressed on the client. HFS Case 17 (Sarvesh K.) lost 11.2 kg while travelling Monday to Friday because the plan was built around hotel and flight food; use it as an example of planning for travel, not as a cancer result.

7. Accountability

Tracker, calls, audio notes. Two postponements in a row is a conversation, not another reschedule (Section 3.3). Log compliance specifically: the diary, the sleep time, the meal pictures, the medicine and supplement times. On treatment days the call is gentler and the plan is lighter.

8. Reports and Marker Review

Read the diary beside the reports the oncologist has asked for: blood count, liver and kidney tests, ESR and CRP, markers, scans (Section 2.6.5). Never diagnose or judge a response to treatment from a number; what it means is the oncologist's.

Sheenu gave no ranges, so read each number against the range printed on the report. A rising marker or a new lump or pain is a call to the oncologist, not an adjustment to the plan. Kidney tests are checked before and after chemotherapy or radiation.

9. Life System and Chakra Healing

Sheenu: chakra work does not work alone; emotional work must go with it. Use the affirmation aloud, or journal it daily, during pranayama and yoga, with the mudra and colour visualisation. Her table:

Chakra	Related cancers	Affirmation	Mudra
Root	Colon, rectal, prostate, ovarian	"I am safe, grounded and secure."	Prithvi Mudra (thumb and ring finger)
Sacral	Cervical, ovarian, bladder, uterine	"I allow pleasure and creativity to flow through me."	Varun Mudra (water: little finger)
Solar plexus	Liver, stomach, pancreas, gall bladder	"I am powerful and I trust myself."	Not in the sources
Heart	Breast, lungs, thymus	"I open myself to love and healing."	Not in the sources
Throat	Thyroid, larynx	"I express my truth with confidence and clarity."	Not in the sources
Third eye	Brain, pituitary	"I trust my intuition; I see clearly."	Not in the sources
Crown	Brain, nervous system	"I am one with the Divine; I am infinite."	Not in the sources

The five elements in the fingers (Sheenu): thumb is fire, index is air, middle is space, ring is earth, little is water. To balance an element, touch that finger to the thumb; to increase it, press harder.

How to give it: one chakra at a time, only after the client has begun the emotional work in Section 3.2.5. Breath, affirmation and a short visualisation together, five to seven minutes. Mudra and chakra tables are teaching from Sheenu's deck, not a treatment.

Lymphatic drainage (limited). Sheenu: massage is done towards the lymph nodes; dry brushing is something the client can do for themselves, and a proper lymphatic massage (not an ordinary massage) can be recommended. She offered a separate session on the technique, and it is not in the sources. The guide gives no manual technique. Where lymph nodes were removed, or there is swelling, the oncologist or a trained therapist decides. Recurrent swelling after node removal is lymphoedema and is not the same as lymphoma.

10. Medicine and Food Guide

The Medicine and Food Guide is the tables in Sections 2.6.8 to 2.6.10 applied to this client. The timing rules come first: **no supplements, herbs or antioxidants during chemotherapy or radiation**; before and after treatment they are possible, under the oncologist or an integrative practitioner. Low to moderate doses only; no doses are written in this guide. Keep 1 to 2 hours between a supplement and an allopathic medicine, use a trusted brand, watch the client for three to four days, and check labs in between. Milk thistle needs a high water intake. Resveratrol is not given in breast cancer. Glutamine is used for mouth sores and probiotics for chemotherapy diarrhoea, as Sheenu said. At the end of the journey, write the final list of what to take and not to take.

> ⚠ **Not written in this guide:** supplement or herb doses, fasting hours, a manual lymphatic massage technique, and any detox, cleanse or juice protocol. Sheenu did not give them for cancer, so the guide writes none.

3.2.6 The food kit: meal options for every slot

Source: Dr. Sheenu's Cancer card and her sessions of 17 and 24 April 2025 (protein, haemoglobin foods, foods to avoid, safer swaps, kitchen and endocrine-disruptor advice, the timing rules); HFS Overlay System (the 9-slot day and the thyroid, diabetes, anaemia, vitamin D and B12 overlays); HFS Indian Food Swap Guide (50 swaps). The Healthyfy Meal Kit has no cancer section, there is no HFS cancer overlay, and Sheenu gave no day of eating, no nausea or appetite tips and no doses. So the food kit below is built from her rules and food lists placed into the HFS day. Where HFS and Sheenu differ, Sheenu leads and the row says "changed". The options, the seven-day arrangement, the swap rows marked "new" and the by-picture table are the guide's.

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**: plant-based, protein at every meal, vegetables washed or cooked, no charred food, no fasting, and **no herb, supplement or antioxidant extract during chemotherapy or radiation** (Section 2.6.9). **Respect what the client**

likes, what the oncologist has said, and what any other condition allows. If the client cannot eat, use small, soft, frequent meals and tell the oncologist's team.

Tags: (E) egg, **(F)** fish, **(C)** chicken: only when the family insists, from a clean source (organic free-range eggs; grass-fed, hormone-free meat), fully cooked and never raw (Sheenu). For hormone-sensitive cancers Sheenu limits them further. **(P)** a protein food. **(Fe)** an iron food: pair it with a vitamin C food and a protein food in the same meal (Sheenu). **(W)** warm and cooked. Mealie rules (HMRE): one non-veg item a day, at most four in ten days; no two grains in one meal. **Commercial milk, paneer and cheese are not in the options:** Sheenu says avoid them; if the family insists, A2 milk from a known desi cow only. **Soya and tofu are not in the options** because Sheenu did not discuss them. Quantities are in bowls: small, half, medium, large.

Slot	Options	Rule that goes with it
1 · Early morning	Warm water, plain Warm water with a few drops of lemon 2 soaked dates **(Fe)** (Sheenu names dates for haemoglobin) 5 soaked almonds, skin peeled (HFS)	Not on an empty stomach if a medicine upsets it; the oncologist sets medicine timing. Then a short, gentle walk if the oncologist allows
2 · Breakfast	Moong dal chilla (2) with mint chutney **(P)** Vegetable poha with a little fruit **(W)** Ragi porridge with a banana **(W)** Idli with coconut chutney and moong sambar **(P)** Moringa-leaf paratha, one, with chutney **(Fe)** Boiled eggs (2) with cooked vegetables, clean source only **(E)(P)**	Breakfast within two hours of waking (HFS swap 14). Protein in every breakfast. Chutney made fresh with washed leaves, or cooked

Slot	Options	Rule that goes with it
3 · Mid-morning	One fruit: guava, papaya, pear, apple or pomegranate Coconut water, 100 ml A handful of soaked walnuts or almonds	Whole fruit, never packaged juice (HFS swap 16). Guava is a vitamin C food to pair with the iron foods. Fruit washed well; peel it if immunity is low
4 · Before lunch	One glass of water, 30 minutes before Cucumber or mint water	Water before meals, not during (HFS swap 21). The total water is the oncologist's limit; milk thistle, if it is ever used, needs high water
5 · Lunch	Moong dal khichdi with lauki and cooked greens **(P)(W)** One jowar or ragi roti, masoor dal, cooked methi or palak, a vegetable **(P)(Fe)** Rice, dal, a drumstick (moringa) sabzi and a lemon wedge **(P)(Fe)** Rajma or chana curry, home-cooked, with a roti **(P)** Steamed fish (80 g), clean source, with cooked vegetables **(F)(P)** Chicken (80 g, grass-fed, home spices, well cooked) with vegetables **(C)(P)**	Lunch is the main protein meal. A vitamin C food (lemon, guava, amla chutney) on the plate lifts iron absorption. Do not double grains. Every vegetable washed (vinegar or baking soda, 15 to 30 minutes) or cooked. A roti puffed on the flame is fine; never charred

Slot	Options	Rule that goes with it
6 · Evening	Roasted chana, a small handful **(P)** Roasted makhana A pear or an apple Sprouts, cooked (steamed or sautéed), not raw **(P)** Buttermilk from home-set A2 curd, if the family allows (probiotic)	A planned snack stops an oversized dinner (HFS swap 41). Never packaged namkeen, chips or biscuits. Buttermilk is the probiotic Sheenu names for chemotherapy diarrhoea; it conflicts with her dairy rule, so ask the oncologist
7 · Before dinner	One glass of water, 30 minutes before Clear, warm homemade lauki, spinach or moong soup	HFS swap 30: clear soup before dinner. Mild spice; cooked, never raw
8 · Dinner (light and early)	Moong dal khichdi with vegetables **(P)(W)** Vegetable dalia or oats khichdi **(P)** One ragi or jowar roti with a cooked green vegetable and dal **(P)** Vegetable and dal soup with a small bowl of rice	Dinner by 7:30 to 8 pm (HFS swaps 35 and 45). Protein in dinner too. Light and soft on treatment days
9 · After dinner and night	100 to 200 steps (HFS swap 42) Warm water Slow belly breathing, 5 minutes; Yoga Nidra in bed No screen; a dark, cool room	Sleep at a fixed time. Sheenu's evening: deep breathing and Yoga Nidra (Section 3.2.5). No breath holding

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

Every day, the same: warm water first; fixed meal times; protein at every meal; an iron food with a vitamin C food; water 30 minutes before every meal and not during (within the oncologist's limit); 100 to 200 steps after every meal; vegetables washed or cooked; a roti puffed on the flame and no charred food; a short gentle walk if allowed; slow breathing; dinner early; sleep at a fixed time in a dark room; and the symptom and side-effect diary.

This is a sample, put together from the options above and arranged to the HMRE rules (one non-veg item a day). The real plan is written after the diary, the treatment calendar, the reports and the picture (before, during or after treatment, hormone-sensitive, palliative) are known, and after the medicine and timing check (Sections 2.6.8 to 2.6.10). Fish on day 3 and chicken on day 5 are only for a family that insists, from a clean source; the default is the vegetarian choice shown beside them.

Day	Breakfast	Lunch	Evening	Dinner
1	Moong dal chilla (2), mint chutney	Moong dal khichdi, lauki, cooked palak, lemon wedge	Roasted chana	Moong soup, rice, stir-fried vegetables
2	Vegetable poha, guava	One jowar roti, masoor dal, cooked methi, a vegetable	Roasted makhana	Moong dal khichdi, vegetables
3	Ragi porridge, a banana, 2 dates	Rajma, one roti, cooked greens. Family insists: steamed fish **(F)**	An apple	One ragi roti, cooked greens, dal
4	Idli, coconut chutney, moong sambar	Rice, dal, drumstick sabzi, lemon	Cooked sprouts	Lauki soup, one jowar roti, a vegetable
5	Moong dal chilla (2)	Chana curry with a roti. Family insists: chicken **(C)** with vegetables	A pear	Moong dal khichdi
6	Moringa-leaf paratha, chutney. Family insists: boiled eggs **(E)**	One ragi roti, masoor dal, lauki sabzi	Roasted makhana	Spinach soup, vegetable dalia or khichdi
7	Ragi porridge, soaked walnuts	Moong dal khichdi, cooked beetroot-carrot salad, lemon	Papaya or pomegranate	Dal and vegetable soup, a small bowl of rice

Mid-morning on every day is a fruit, or a small amount of coconut water. Herbs, powders and supplements are not part of this base. They wait for the oncologist and the timing check.

Where HFS and Sheenu differ: the "changed" rows

HFS says	Sheenu says	What the guide does
"Big bowl of salad before meals" (HFS weight-loss base, swap 22); green juice or detox week (HFS Base 4)	Unwashed raw vegetables raise infection risk when immunity is low, most of all in blood cancers. Wash with vinegar or baking soda, 15 to 30 minutes, or cook	**Changed.** Washed or cooked vegetables. No juice cleanse and no detox week
Milk, curd and chaach in the HFS day; paneer as a protein	Avoid commercial dairy and animal food by default. If the family insists: A2 milk from a known desi cow	**Changed.** No commercial milk, paneer or cheese in the options
Water 3 to 4 litres (HFS swap 46)	Water is the oncologist's decision; milk thistle needs a high intake if ever used	**Changed.** The oncologist's limit leads
Weight-loss base: calorie target minus 500; ghee and starch removed (HFS Base 1)	Protein is never stopped; omega-3 and protein for weight loss in chemotherapy	**Changed.** No deficit; strength, appetite and haemoglobin lead
A fasting or long overnight gap as a fat-loss tool	Not during or just after chemotherapy or radiation, and not for a weak client. No hours given	**Changed.** Dinner early is kept; no fasting plan
Iron, vitamin D, B12 and other supplements in the anaemia, vitamin D and B12 overlays	No supplements, herbs or antioxidants during chemotherapy or radiation; food only. Before and after treatment, only with the oncologist	**Changed.** The overlays' food advice is used; their supplement lines wait for the timing check
Coffee: a cup or two; green tea (HFS swaps 2 and 19)	Green tea extract is a supplement and falls under the timing rule; brewed tea is a drink	**Combined.** One cup of coffee before noon at most; brewed tea in the evening; no green tea extract during treatment
Thyroid overlay removes cruciferous vegetables; several overlays remove tomato	Cruciferous vegetables and flax are named for breast cancer; tomato and lycopene for the prostate	**Conflict.** The other condition wins; the oncologist and Sheenu are asked

HFS says	Sheenu says	What the guide does
Seed cycling: flax and pumpkin days 1 to 15; sesame and sunflower days 15 to 30 (HFS PCOD overlay)	Not in Sheenu's cancer card. Flax is named for breast cancer foods only	**Changed.** Seeds are not in the base plan; they wait for the oncologist and Sheenu

3.2.8 The swap guide for cancer

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 swaps are changed here because Sheenu's rules differ, and some new swaps come from her kitchen and endocrine-disruptor advice. Both are marked.

Instead of	Swap to	Why
Strong coffee or three cups of tea with sugar	One cup before noon at most; brewed tea in the evening (HFS swap 2) **(changed)**	Steadier sleep and gut
Cold water straight from the fridge on waking	Lukewarm water first (HFS swap 1)	Gentle on the gut
Skipping breakfast, or tea only	Something with protein within two hours of waking (HFS swap 14)	Protein must not be skipped (Sheenu)
Packaged namkeen, biscuits, chips	Roasted makhana or bhuna chana (HFS swaps 3 and 37); a planned evening snack (swap 41)	Packed food, and the plastic around it, is avoided (Sheenu)
A cold, raw salad, unwashed	Vegetables washed in vinegar or baking soda for 15 to 30 minutes, or cooked **(changed from HFS swap 22)**	Infection risk with low immunity (Sheenu)
Grilled, tandoori or burnt food	Steamed, sautéed or pressure-cooked; a roti puffed on the flame is fine **(new)**	Charred food is carcinogenic (Sheenu)
Hot food in plastic boxes; microwaving in plastic; plastic bottles	Steel or glass for storage and for hot food **(new)**	BPA and phthalates mimic or block hormones (Sheenu)

Instead of	Swap to	Why
Commercial milk, paneer and cheese	Plant milk, or A2 milk from a known desi cow if the family insists **(new)**	Hormones and antibiotics in factory-farmed dairy (Sheenu)
Broiler chicken, ordinary eggs	Dal, rajma and chana for protein; if the family insists, organic free-range eggs and grass-fed, hormone-free meat **(new)**	Sheenu's clean-source rule
Only dal and rice for the whole meal	Add protein to every meal: a second dal, chana, rajma, moringa, leafy greens; protein powder only if food cannot reach the target **(new)**	Protein 0.8 to 1.0 g per kg, never stopped (Sheenu)
Iron foods without anything else	Pair iron (dates, moringa, leafy greens) with a vitamin C food (lemon, guava) and a protein food **(new)**	Heme plus globin: iron, vitamin C and protein together (Sheenu)
Sabzi in a lot of oil	One teaspoon of oil (HFS swap 27)	Lighter on a weak gut
Two large bowls of rice	One small bowl of rice with a medium bowl of dal (HFS swap 24)	More protein, steadier energy
Cola and soft drinks	Coconut water or plain water (HFS swaps 49 and 17)	Sugar and additives
Sweets after dinner	A pear, an apple or a papaya (HFS swap 16)	Sugar crashes
Pickles, papad and spicy chutney on a sore mouth or loose motions	Mild jeera or hing seasoning; soft, bland food on bad days **(new)**	Chemotherapy can cause mouth sores and diarrhoea
"Immunity boosters" from relatives: herbal powders, giloy, ashwagandha, turmeric capsules	Food only during chemotherapy and radiation; ask the oncologist before and after **(new)**	Sheenu's timing rule
Juice cleanses, detox teas and fasts	A soft or liquid meal with protein **(new)**	Sheenu: not during or just after treatment, and not for a weak client
Phenyl floor cleaner, mosquito repellent, scented air fresheners	A salt-water mop; camphor in the evening **(new)**	Endocrine disruptors (Sheenu)

Instead of	Swap to	Why
Paraben and phthalate cosmetics, scented perfumes	Paraben-free, phthalate-free, minimal products; besan for the face **(new)**	Endocrine disruptors (Sheenu)
Sitting down straight to eat	One glass of water, 30 minutes before (HFS swap 21)	Fewer sips with meals; slower eating
Dinner at 10 pm, straight to sleep	Dinner by 8 pm and a gap before sleep (HFS swaps 35 and 45)	Better sleep, which is when the body repairs
Heavy gym, or a long run	The gentle routine for the cancer type (Section 3.2.5)	Within what the oncologist allows
Nothing after dinner	A short walk and warm water; ajwain or jeera water if there is gas (HFS swap 43)	Digestion
Weighing every day	Once a week at most, and the diary first (HFS swap 50) **(changed)**	Weight can mislead in treatment

3.2.9 What leads the first month, by picture

Every cancer client gets the same base: food, sleep and calm first, protein at every meal, washed or cooked vegetables, no charred food, no fast, a symptom diary, slow breathing, a gentle walk if allowed, and the timing check before any herb or supplement. The picture decides what you lead with. This table is the guide's arrangement of Sheenu's rules and the HFS overlays. 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)	Watch
Before treatment starts	Get the body ready	Raise haemoglobin (iron, vitamin C, protein), enough protein, a workout and pranayama because stress will rise. Antioxidants are part of this preparation, with the oncologist	The start date; weight and appetite; fear

Picture	Lead with	Food and practice (Sheenu)	Watch
During chemotherapy or radiation	Food only; protein never stopped	No antioxidants, herbs or supplements. Glutamine for mouth sores and probiotics for diarrhoea are the two Sheenu names. Soft, small meals; washed or cooked vegetables. Check haemoglobin	Fever, mouth sores, poor intake, dizziness: the oncologist's team
After treatment	Rebuild	Start haemoglobin building, antioxidants and supplements as soon as treatment ends, with the oncologist; low to moderate doses; a 1 to 2 hour gap from medicines; a 3 to 4 day watch. Keep testing	Relapse signs; the follow-up dates
Palliative or metastatic	Comfort and quality of life	Soft food the client enjoys; protein as tolerated; gentle breathing and Yoga Nidra. Herbs only after asking the oncologist. Say "controlled"	Pain, breathlessness, appetite; the family's stress
Hormone-sensitive (breast, ovarian, cervical, uterine, prostate)	Hormone load	Limit commercial dairy and non-vegetarian food; reduce plastics and cosmetics; strength training to tone up; no resveratrol in breast cancer	Tamoxifen or other hormone tablets: no interaction guidance exists, so ask the oncologist
Colon, rectal or gut	The gut	Soft food; fermented food or buttermilk if the family allows; pumpkin seeds; go slow on extra fibre; abdominal breathing; no twists until healed	Bloating, loose motions, constipation, blood in stool
Lung	Breath	Bhramari, Sheetali, pursed-lip breathing; walking; no kapalabhati and no breath holding	Breathlessness, cough, blood
Brain or nervous system	Safety	Walnuts, omega-3 foods, berries; Nadi Shodhan and Bhramari; no fast movement or exertion because of seizure risk	Seizure, a new severe headache: the doctor now

Picture	Lead with	Food and practice (Sheenu)	Watch
Weak, anaemic client	Haemoglobin and protein	Iron, vitamin C and protein together at every meal; dates, moringa, leafy greens; check haemoglobin first	Breathlessness, fainting, a falling count
Client who cannot eat	Any food that stays down	Small, soft, frequent meals; a soft or liquid diet; protein in every form the client accepts; no fasting	Weight loss, dehydration: tell the oncologist's team

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). Dr. Sheenu's Cancer card and her sessions of 17 and 24 April 2025 (tests, markers, side effects, haemoglobin, protein). The HFS file set has no cancer overlay and no cancer MONITOR line (the Group B overlay is structure only), so the cancer fields and the * marking are built from Sheenu's card.*

How to read the star. A field marked * is held in Mealie. With no HFS cancer MONITOR line, the starred fields are the guide's proposal: **the weekly symptom and side-effect diary** (energy, appetite, nausea, bowel, mouth sores, pain, sleep, mood), **the treatment calendar** (dates of surgery, each chemotherapy cycle, radiation and scans), **the medicine and supplement list with dose and time**, because a symptom means nothing without it, **haemoglobin and the protein and appetite record**, and **the dates and results of the reports the oncologist ordered**.

Weight is not starred for a cancer client. Treatment, appetite loss, swelling and steroids all move it, so it can mislead. 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 TSH, T3 and T4 for a thyroid client, or sugar and HbA1c for a diabetic client. 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 cancer it is unreliable: treatment and appetite change it, and unplanned loss is a warning to tell the oncologist, not a win

Metric	Unit	Why
Total inch loss	inches	What they see in the mirror. Use only when the oncologist is comfortable with it and the client is not losing weight from illness (a general HFS example: 25 inches in three months, not cancer)
Abs inch loss	inches	Visceral change. Only when the client is stable and well fed
Total fat loss	kg	The real outcome, for a client who is stable
Visceral fat reduced	%	Fat around the organs
Body age reduced	years	The best testimonial line. Mamta S. (39, hypothyroid, low vitamin D and calcium): about 1 kg on the scale, 2.4 points of body fat, three years of body age
Muscle gain	kg	The most useful number for a cancer client: strength is lost in treatment. Tells whether the change 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. Himani lost 5.7 kg in month one and still left in month three. Results alone do not retain. For a client in treatment, muscle, energy and haemoglobin come first; fat and inches wait until the oncologist and the client are ready.

3.3.2 Layer 2 · Clinical panel for cancer

Always write the medicine list next to the result, and the lab name. Use the same lab each time. Repeat as the oncologist asks. Sheenu gives no ranges, so quote none: read each result against the range printed on the report. You track; the oncologist reads and decides.

Group	What to record
Blood count *	Haemoglobin, white cells, platelets (CBC). Haemoglobin falls in chemotherapy and radiation. Sheenu: check it first in a weak client. The date and the lab
Liver *	SGOT and SGPT. Sheenu: a continuously rising value can point to liver cancer or spread. Always tell the oncologist
Kidney	Kidney tests, which Sheenu has done before and after chemotherapy or radiation. Written exactly as the report gives them

Group	What to record
Inflammation	ESR and CRP. Sheenu: persistently high can point to cancer or an autoimmune cause
LDH	Tissue damage marker; used for lymphoma, leukaemia and testicular cancer (Sheenu)
Tumour markers *	Whichever the oncologist uses: CEA (colon, breast, lung and smokers), CA 125 (ovarian), CA 15-3 (breast), PSA (prostate), AFP (liver), and the others on the card. Record the date, the value and the lab. A marker is a trend for the oncologist, not a diagnosis
Scans and biopsy *	Date, type (X-ray, ultrasound, CT, MRI, PET-CT, bone scan, mammogram) and the oncologist's one-line result in the client's words
Vitamins and minerals	Vitamin D3, B12, iron and ferritin, calcium; Sheenu pairs D3 with K2 in breast, colon and prostate. Supplements only in the allowed window (Section 2.6.9)
Sugar and BP	Fasting sugar and HbA1c * (when stacked); BP at every visit with the medicine status beside it ("with medi" or "without medi")
Screening dates *	The next due date for PSA, Pap or HPV, mammogram, colonoscopy and oral examination, where they apply (Section 2.6.6)

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

Track	How
Weekly symptom and side-effect diary *	Energy out of ten, appetite out of ten, nausea, vomiting, bowel (constipation or loose motions), mouth sores, pain, fever (with the reading), sleep hours, mood in a word. Same scale every week. Their words beside the numbers
Treatment calendar *	The date of surgery, of each chemotherapy cycle, of radiation and of every scan, and what the days around each one were like. This is what decides the food and the supplements for that week

Track	How
Medicine and supplement list * with dose and time	Name, dose, time of day, and what they eat at that time. Chemotherapy, hormone tablets (such as tamoxifen), anti-sickness and pain medicines, BP and sugar medicines, and any supplement or herb, with who advised it. A 1 to 2 hour gap from allopathic medicines. Any change the oncologist made, with the date. Never ask the client to stop; the oncologist decides
Haemoglobin and protein or appetite *	Haemoglobin at every test. Protein per meal in simple words (dal, paneer-free, eggs if allowed, powder) and how much the client ate. Whether the iron, vitamin C and protein were in the same meal
Reports and oncologist's words *	Date of each report, the oncologist's name, and what the oncologist said, in the client's words. Your plan changes only if the oncologist's advice does
Foods and supplements	What was removed (charred, packaged, commercial dairy), what was added, the date, and any reaction in the next three to four days. No supplement is started without the timing check
Timing check	The date you checked where the client is in treatment (before, during, after, palliative) against Section 2.6.9, before any supplement or herb
Practice log	Breathing, gentle walk, the type-specific yoga, the evening wind-down, affirmation. Any dizziness or breathlessness is written down and the practice stopped
Sleep and screen	Sleep and wake times; the time the screen goes off; a dark room
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. "I climbed the stairs without stopping and I ate a full meal." Clients renew on how they feel

3.3.4 Who tracks what, and what you watch for

Who	Tracks
The client	The weekly symptom diary in their own hand or app; the daily Yes or No habit sheet; meal pictures; symptoms in their words
You, the coach	Weekly check-in; the diary with the medicine list; the treatment calendar; compliance specifically; haemoglobin; reports with the lab name; the timing check date; the promise; assets; the next action and date after every contact
Their oncologist	The treatment, the medicine decision, the doses, any test, any change. You give them the diary 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, a child leaving home, a new treatment cycle). Deepshikha G. almost left because of a house move. Ask every month what is coming.
- **For a cancer client, a missing diary is the first sign.** It often means a hard treatment week, a hospital stay or low mood. When the diary stops, call the same day, and ask first how they are.

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 cancer, for example: "walking from 5 minutes to 20 minutes, and eating three proper meals a day, by day 90". Not "cancer 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 result with a medicine always carries the medicine status.
- **Add a twelfth, cancer-only, marker:** the date the final food and supplement list was written for the treatment they are on now.

04

SECTION 4

Real cases and quick reference

4.1 Diamond Council cancer homework cases (Sheenu's deck)

Source: Dr. Sheenu's Diamond Council deck (three homework cases and the quiz) and her question-and-answer session of 24 April 2025; the HFS Case Study Pack of 24 client files (the ones that carry a lesson a cancer client needs). There is no Dt. Shweta cancer case-study session, no HFS cancer client file and no HFS cancer plan sheet. The deck gives the three homework cases but not the answers, so the "where to look" column: it points to the part of this guide that answers each question, checked against Sheenu's card. Cases are for teaching. These are not treatment claims.

The deck gives three client profiles, each with six questions: foods, breathing, movement, chakra with pose and mudra, an affirmation, and a plain-words explanation for the client. The answers are not in the deck and there is no recorded session where they were taught, so nothing below is a taught answer. Read the profile first, write your own answer, then check it against the parts of this guide listed.

Case	Profile (deck)	Where to look in this guide, and what to take care of
1 · ER-positive breast cancer, stage II	A 45-year-old woman on tamoxifen. Fatigue, mood swings, hot flashes, emotionally sensitive, recently divorced	Foods: Section 2.6.10 (limit commercial dairy and non-vegetarian food; endocrine-disruptor swaps) and the breast row of the by-type table in 2.6.9. Breathing and movement: the breast row in Part 6 (Anulom Vilom, Bhramari, diaphragmatic breathing; light bands; no planks or overhead weights). Chakra: Sheenu's quiz answer for emotional healing in breast cancer is the heart chakra, with its affirmation. Resveratrol is not given in breast cancer. **Sheenu gave no tamoxifen interactions:** any supplement goes to the oncologist first
2 · Benign brain tumour, after surgery	A 52-year-old man on seizure and anti-inflammatory medicines. Mentally foggy, poor coordination, trouble sleeping, very analytical, struggles to slow down	Foods: the brain row of the by-type table (walnuts, omega-3, turmeric, berries, lion's mane mushroom). Breathing and movement: the brain row in Part 6 (Nadi Shodhan, Bhramari, gentle still breathing; no fast movement or exertion because of seizure risk). Chakra: third eye and crown. **Sheenu gave no seizure-medicine interactions:** any herb goes to the neurologist first. Give a daily rhythm that is short and simple
3 · Stage III colon cancer, during chemotherapy	A 60-year-old woman. Bloating, loose motions, low appetite, low energy, resilient but scared of long-term effects	**During chemotherapy the plan is food only, no supplements or herbs.** Foods: the colon row (fermented food, buttermilk, pumpkin seeds); triphala on that row is a herb, so it waits. Probiotics are the one thing Sheenu names for chemotherapy diarrhoea. Breathing and movement: the colon row in Part 6 (abdominal breathing, Anulom Vilom; no twists or core compression until healed). Chakra: root. Wash or cook every vegetable; soft, small meals; protein never stopped; tell the oncologist's team about poor intake

Sheenu's quiz answers (deck, confirmed in the session): colon cancer risk is red and processed meat with low fibre; prostate is linked with lycopene (tomato); breast emotional healing is the heart chakra; the herb for the liver is milk thistle (silymarin); kapalabhati is avoided in lung cancer with weak breath capacity; in hormone-sensitive cancers limit hormone-treated dairy and non-vegetarian food. One answer in the quiz, that turmeric helps in all cancer types, is a belief and not a rule.

4.2 HFS client files (2018 to 2023)

There is no HFS cancer client file in the Case Study Pack. The files below carry a lesson a cancer client needs: scope, medicines the coach must not touch, hormonal pictures, and the retention lessons. The result column is as in the pack.

Case	Presented with	Result and lesson
Vineet K. (Case 6)	High BP, high cholesterol, constipation, acidity; chemotherapy for seminoma the year before. 72 kg	**The closest HFS file to a cancer client.** Scope: post-oncology nutrition is not weight loss; the oncologist is in the loop. The specialist leads
Sarita R., 38 (Case 9)	Migraine, PCOD, fibroid and ovarian cyst under a gynaecologist; BP 120/88 to 116/82. 60.3 kg	Went quiet at about five weeks with two instalments pending. **Know your line:** nutrition supports; the specialist treats. A pending balance is a retention alarm
Samita (Case 5)	A case where the coach went past scope	Know your scope: the file teaches where a coach must refer
Sabiha A., 26 (Case 16)	BMI 44.6, low BP, headaches, vitamin and calcium deficient, on hormonal medicine, no period for four months	Month 1: 3.2 kg, 7.4 inches, muscle 5.6. Then the drop-off: compliance first, then appointments, then calls. **Two postponements trigger a real conversation.** A client on hormonal medicine: the doctor leads
Ankit (Case 1)	Several conditions at once, and a psychiatric medicine	The coach does not touch a psychiatric or any other medicine. Write the list into the plan; the doctor decides
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. Weight is secondary for a client on a key medicine. The follow-up call structure carried them through travel
Preeti S. (Case 3)	Hypertension, hypothyroid, 122.6 kg. Fatigue, headache, ankle pain, low haemoglobin. On BP medicine	Month 1: 2.6 kg, 7.3 inches, muscle +4.9, fat loss 7.5 kg. **Teach the five metrics on day one.** Muscle matters most for a client in treatment. BP readings each marked "with medi"
Mamta S., 39 (Case 11)	Hypothyroid, acidity, occasional constipation, vitamin D, haemoglobin and calcium low. 70.7 kg	Body composition measured four times: weight moved about 1 kg, body fat dropped 2.4 points, body age dropped three years. **The scale is not the outcome.** Low haemoglobin is also a cancer-client topic

Case	Presented with	Result and lesson
Dilpreet K. (Case 12)	Hypothyroid, high uric acid, low BP, tiredness, joint pain	Two conditions pull the plan apart: decide which leads and write it down. For a cancer client the oncologist's plan leads, then the rest
Deepshikha G. (Case 23)	Gas, acidity, bloating, joint pain. 71.1 kg	Flat weight, real inch and visceral change. A house move nearly ended the plan. Ask what is coming in the next 90 days
Daisy (Case 13)	Raised ESR (an inflammation marker); renewals	The lesson is in the renewals: how the plan was extended step by step
Megha J., 35 (Case 10)	Hypothyroid, low BP, headache, acidity. 77.4 kg	A near-flat curve with a verbatim list of skipped items. **Before you change a plan, check whether it was followed.** Log compliance specifically
Sumedha (Case 21)	A returning client	A client who left and came back: keep the door open, record why they left, and welcome them back with their old records

HFS cancer plan sheets were not found in Drive, and there is no cancer section in the Meal Kit; the food kit in Section 3.2.6 is built from Sheenu's rules, the HFS nine-slot day and the swap guide.

4.3 What clients ask, and what you say

Source: Dr. Sheenu, Cancer protocol card and her sessions of 17 and 24 April 2025 and the deck; HFS Overlay System, client files and case studies. Every fact in the answers and scripts comes from those sources.

The client asks	You say (and stay inside this)
"Can cancer be cured by food or yoga?"	No. Your oncologist's treatment is the base. What we work on is your strength, your energy, your food and your calm, so your body handles the treatment and recovers better. We work beside it, never instead of it
"Can I stop my chemotherapy or my tablets now that I feel better?"	No. Only your oncologist changes a treatment or a medicine. Keep taking everything exactly as your oncologist said
"Will I live longer if I follow this?"	I cannot promise years. For many people the cancer can be controlled. What we can work on is how you feel each day, your strength and your food

The client asks	You say (and stay inside this)
"Can I take turmeric, ashwagandha or giloy during chemotherapy?"	Not during chemotherapy or radiation. Our expert says food only at that time, because herbs and antioxidants can get in the way. Before and after treatment they may be possible, only with your oncologist
"My family keeps giving me herbal powders and juices."	I understand, they love you. Please show me what they are. During treatment we keep to food, and I can speak to your family and explain it kindly
"Should I fast to starve the cancer?"	No. Not during or just after chemotherapy or radiation, and not when you are weak. Your body needs food and protein. If you cannot eat, we use soft or liquid food. We do not set a fasting plan
"Should I stop eating protein, or milk and eggs?"	Do not stop protein. Protein keeps your strength and helps the treatment side effects. Our expert avoids commercial milk and animal food by default. If your family insists, it should be A2 milk from a known desi cow, organic free-range eggs and grass-fed meat. The choice of a protein powder goes to your oncologist
"Which foods should I avoid?"	Charred or burnt food, packaged and fried food, and food heated in plastic. A roti puffed on the flame is fine. Wash vegetables well, or cook them
"My haemoglobin is low."	Iron, vitamin C and protein go together: for example dates, moringa or leafy greens with a lemon or guava and dal. Please tell your oncologist about the low reading too
"I have no appetite and I feel sick."	Small, soft meals, often. We keep protein going in any form you can take. Please tell your oncologist's team about the weight loss and the poor eating
"Is cancer caused by my diet, my stress or my fault?"	Cancer builds slowly over years, and there is more than one cause: genes, food, chemicals, infections such as HPV, hormones, stress and age. It is not your fault
"Can it come back?"	It can, less often than not, but it does happen. That is why testing continues from time to time, and why we keep the food and the lifestyle going
"Should my daughter take the HPV vaccine?"	Our expert's own view is to get it. It protects against the virus linked to cervical cancer. It is done through a gynaecologist, and the decision is your family doctor's
"Can I do yoga and pranayama?"	Gentle ones for your type of cancer, yes, if your oncologist agrees. No breath holding, no kapalabhati and no fast breathing. Stop if you feel dizzy or breathless

The client asks	You say (and stay inside this)
"Should I do a detox or a juice cleanse?"	No. We do not do cleanses in cancer. Please ask your oncologist before trying anything like it
"What about plastic and cosmetics?"	Store and heat food in steel or glass, and choose paraben-free, phthalate-free products with as few as possible. Our expert links these to hormone-sensitive cancers
"I feel low and afraid."	I hear you. This is a very heavy time. We work on sleep, food, calm and talking about it. If it does not lift, or you feel hopeless, please speak to your oncologist or a counsellor today

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

If you see this	What you do	From
Chest pain, trouble breathing, a seizure, a sudden severe headache, fainting, or sudden weakness on one side	The doctor or emergency care now. Do not plan around it	Safety line
A fever during chemotherapy, a new infection, or bleeding	The oncologist's team now. Do not wait for the next call	Sheenu (chemotherapy lowers defence)
A new lump, a growing mole, a change in size or weight, bleeding, a cough that stays, trouble swallowing	Do not say "it is just age". Tell the client to see the doctor	Sheenu (CAUTION signs)
Persistently high ESR or CRP, or a continuously rising SGOT and SGPT	Tell the client to take the report to the doctor. Sheenu says these can point to a cancer work-up	Sheenu
Repeated lumps or pain in the breast, or repeated armpit swelling	A biopsy or a cell test once, with the doctor. A mammogram if the doctor asks	Sheenu
The client wants to stop, skip or reduce chemotherapy, radiation or a medicine	Never agree. Say: only your oncologist changes the treatment. Tell the oncologist what the client said	Sheenu

If you see this	What you do	From
The client or family wants a herb, powder or supplement during chemotherapy or radiation	Say no: food only at that time. Before and after treatment, only with the oncologist; low to moderate dose; a 1 to 2 hour gap from medicines	Sheenu
A supplement is wanted for a breast cancer client	No resveratrol. Ask the oncologist about anything else, especially with tamoxifen: Sheenu gave no interaction guidance	Sheenu
A weak, breathless or dizzy client	Check haemoglobin first. Stop any breathing practice. Tell the oncologist	Sheenu
Low mood that does not lift, hopelessness, any talk of not wanting to live	Stay calm, thank them for telling you, ask them to speak to their oncologist or a mental health professional today and offer to help them find that support. Do not carry on with the plan as if nothing was said	Connecting wording
A metastatic or palliative client asks about herbs	Sheenu's slides name ashwagandha, turmeric and giloy as support in palliative care, but her timing rule says otherwise. Ask the oncologist before anything	Sheenu
A lymph-node surgery client with swelling	Lymphoedema is not lymphoma. The oncologist or a trained therapist decides. No manual technique is written in this guide	Sheenu
A fast, a juice cleanse or a detox is asked for	No protocol is written. Soft food and protein instead	Sheenu
The client is also on thyroid, BP or diabetes medicine	Use the matching guide for that condition; the oncologist is told. Lead with what can do harm first	HFS overlays
Two conditions pull the plan apart	Decide which condition leads; write it down; tell the client. Cancer under treatment is level 1	HFS (priority ladder)

4.5 Reading a report: a worked example

This is a constructed example for practice. Take the deck's third case: a 60-year-old woman on chemotherapy for stage III colon cancer, with bloating, loose motions, low appetite and low energy. Suppose the reports show **a haemoglobin**

that the lab marks as low, a CEA that the lab marks as above range, and a raised ESR. No numbers are given here on purpose: Sheenu gave no ranges, and ranges differ by lab, so always read each number against the range printed on the report. You never diagnose or say what a number means for treatment.

1. **Which tests are they?** A blood count (haemoglobin), a tumour marker (CEA, used for colon, breast and lung cancer) and an inflammation marker (ESR). Say what each one is for. Ask whether the oncologist also wants liver and kidney tests, which are checked around chemotherapy.
2. **Treatment and medicine first.** Ask for the chemotherapy cycle dates, every medicine, dose and time, and write them beside the numbers. The timing rule decides what is allowed (Section 2.6.9): during chemotherapy, food only.
3. **Read them one by one.** A low haemoglobin is common in chemotherapy. A CEA above range is a trend the oncologist reads with the scans; one value does not decide anything. A raised ESR is a general inflammation sign. You note the pattern; the oncologist says what it means.
4. **See what travels together.** Low haemoglobin with tiredness, breathlessness and low appetite points to weakness. Loose motions with low intake point to dehydration risk. Write what the client says beside the date.
5. **Say it plainly.** "Your blood count is low, which is common in chemotherapy, and your doctor will read your marker with your scans. That is why your oncologist leads and we follow. We plan food, protein, rest and gentle breathing around your treatment."
6. **Choose what leads.** Haemoglobin and protein: iron, vitamin C and protein together at every meal, with dates, moringa and leafy greens. Soft, small meals for the bloating and loose motions; vegetables washed or cooked; probiotics are the one thing Sheenu names for chemotherapy diarrhoea, so ask the oncologist. No herbs or supplements. Tell the oncologist's team about the low appetite. Weight comes last.

What should change (Sheenu and HFS): energy, appetite and strength first, then the reports the oncologist repeats at the same lab. No timeline is given for any marker to move and none is promised. The treatment decision stays with the oncologist.

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?" With cancer, ask first how they are, because a hard treatment week may be the reason	HFS rule
The diary stops, or "I feel a bit better, I stopped writing"	Call the same day. Ask how they are, then for one week's numbers and the meal picture. Be loving and firm; the plan stays unchanged	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. If they are unwell, wait and keep in touch	Sheenu's rule from the BP card, used here
Pending payment	Treat it as a retention alarm. Tie instalments to attended reviews	HFS cases 9, 16, 18
"Low motivation", a long work day, a family to look after 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, a new treatment cycle, a child leaving)	Plan for it before it arrives. Deepshikha G.: a house move nearly ended the plan	HFS
Weight not moving, or falling	Show the diary, energy, strength and haemoglobin. Weight can mislead in treatment, and unplanned loss is a warning for the oncologist. Check compliance specifically before changing the plan	Sheenu; HFS (Megha J., Mamta S.)
The treatment is over, and they want to go back to packed food and late nights	Name it kindly: the plan is why you feel as you do. Bring one item back and watch the diary. Remind them that testing continues	HFS; Sheenu (relapse)
A herb, supplement or immunity booster is wanted, or several at once	Timing check first. During treatment, no. Before or after, one at a time and only with the oncologist	Sheenu

The moment	What you do	From
The family keeps feeding the client "good" things	Counsel the family gently: just avoid this, because we do not know where it comes from. Reduce their stress and they cooperate	Sheenu
A client on a medicine you do not know	Do not guess. Write it down, ask the oncologist or Sheenu	Sheenu

4.7 Before every cancer call

- The type and stage of the cancer as the client states it; where they are in treatment (before, during, after, or palliative); the oncologist's name; the full medicine and supplement list asked for, with dose and time; the latest reports with the lab name. Registration verified.
- Section 2.6.2 (the causes), 2.6.4 (the warning signs), 2.6.9 (the timing rules) and 2.6.11 (scope 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 supplements, no cleanses, no fasting, no medicine advice, no meal plan, no yoga or breath practice on the sales call.
- Listen for the picture: before treatment, on chemotherapy or radiation, after treatment, hormone-sensitive, metastatic or palliative. They are not the same plan.
- Do not name or change a diagnosis yourself. Use the client's words; the oncologist decides.
- A new lump, a growing mole, unexplained weight loss, bleeding, breathlessness, a fever during chemotherapy, a seizure, or a fall in strength: the oncologist now, before anything else.
- Decision maker and commitment asked in Trust.

4.8 Always say, never say

Always say	Never say
"Your oncologist decides the treatment and every medicine. We plan the food and lifestyle around it."	"Stop the tablet", "skip the chemo", "you do not need the treatment now", any advice on a medicine or its dose
"We cannot cure cancer. We work on strength, energy, food and calm beside your treatment."	"Cured", "reversed", "this will make cancer go", "this kills cancer cells"
For a metastatic client: "Cancer can be controlled."	"This will increase your age", "you will live longer", any number of years
"During chemotherapy and radiation we keep to food only."	Any antioxidant, herb, powder or supplement while chemotherapy or radiation is going on
"Before or after treatment, a supplement is possible only with your oncologist."	"Turmeric helps all cancers", "ashwagandha prevents cancer", a dose of anything
"Wash or cook your vegetables well. Keep protein going at every meal."	"Fast to starve the cancer", a juice cleanse, a detox, raw food only
"A lump, bleeding, a growing mole, a fever or sudden weakness needs your oncologist now."	Any diagnosis, or "it is only age" or "it is only stress"
"We track your diary, your strength and your reports. Weight is not the measure."	"Lose 10 kg in a month", a weight target for a client in treatment
"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 Cancer card (her Diamond Council sessions of 17 and 24 April 2025 and her Cancer deck: the timing rules, the avoid list and swaps, protein and haemoglobin, breath safety, emotions first, counselling the family, the metastatic wording and the three homework case profiles); the HFS lessons that apply (there is no HFS cancer client file and there are no Dr. Shweta cancer cases); the Sales Kit (the free 45-minute Clarity Call, the five-part offer and the Blueprint).

This section helps the coach find the right people, speak to the problem they feel, and make free offers, ads and posts about cancer. **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 · People who have just been told it is cancer, and treatment has not started

Who they are: Adults and their families in the days or weeks after the diagnosis, before surgery, chemotherapy or radiation begins. They are frightened, flooded with advice and not sure what to do about food. Age is not fixed: the guide gives no age pattern for cancer, so this type is defined by where they are in treatment.

Where this comes from: Dr. Sheenu's "before treatment" teaching (a good time if the client comes first: get the body ready, enough protein, movement, breathing, emotional work) and her goal line "I want to be ready before my treatment starts". The guide has no cancer result for this type.

Rank	Problem	In the client's own words (pattern only)
1	Fear, worry and sleepless nights	"I am frightened. I lie awake at night asking why me."
2	Confusion about what to eat and what to avoid	"Everyone tells me something different. What should I eat, and what must I stop?"
3	Family stress and arguments over food	"My family keeps arguing about what to feed me, and everyone is scared."
4	Herbs, powders and supplements pressed by family and friends	"My relatives keep sending herbal powders and juices. Should I take them?"
5	Tiredness, weakness and a low blood reading	"I am exhausted, I get breathless on small effort and I look pale."

Type 2 · People in the middle of chemotherapy or radiation

Who they are: Adults having chemotherapy (cancer medicine given to kill fast-growing cells) or radiation (high-energy rays on one area). They live with the side effects every day: eating less, tiredness, a sore mouth, a loose stomach, weight going down.

Where this comes from: Dr. Sheenu's list of chemotherapy and radiation side effects, her rule of food only during treatment, and the deck homework case on colon cancer during chemotherapy (a profile only: the deck gives no answers). Her slides and her words differ in places, and the guide follows the stricter rule.

Rank	Problem	In the client's own words (pattern only)
1	No appetite, sickness and weight loss	"I cannot eat, everything makes me feel sick, and I am getting thinner."
2	Tiredness, weakness and a low blood reading	"I am exhausted, I get breathless on small effort and I look pale."
3	Mouth sores, loose motions and bloating	"My mouth is sore, my stomach is loose and bloated, and eating hurts."
4	Fear, worry and sleepless nights	"I am frightened. I lie awake at night asking why me."
5	Herbs, powders and supplements pressed by family and friends	"My relatives keep sending herbal powders and juices. Should I take them?"

Type 3 · People whose treatment has ended and who fear it will come back

Who they are: Adults who have finished their treatment and are now facing check-ups, a body that feels weaker, and the question "will it return?". Some are still on a daily hormone tablet.

Where this comes from: Dr. Sheenu's "after treatment" teaching (check haemoglobin and rebuild, strength, emotional healing, regular check-ups) and her words that coming back can happen and is not common, so tests are kept regular. The deck homework case on breast cancer with a hormone tablet gives the hormone-tablet side effects (a profile only).

Rank	Problem	In the client's own words (pattern only)
1	Fear that it will come back, and keeping check-ups	"The treatment is over, but I am scared it will return."
2	Tiredness, weakness and a low blood reading	"I am exhausted, I get breathless on small effort and I look pale."
3	Fear, worry and sleepless nights	"I am frightened. I lie awake at night asking why me."
4	Confusion about what to eat and what to avoid	"Everyone tells me something different. What should I eat, and what must I stop?"
5	Herbs, powders and supplements pressed by family and friends	"My relatives keep sending herbal powders and juices. Should I take them?"

Type 4 · People whose cancer has spread, and their families

Who they are: Adults living with cancer that has spread to other parts of the body, or who are in palliative care (care for comfort and quality of life), and the family who come to the call frightened and tired.

Where this comes from: Dr. Sheenu's metastatic counselling (say "controlled", never "increase your age", focus on quality of life, support for the patient and the family) and the "palliative or metastatic" row of the guide's first-month table. This is the thinnest type: there are no cases and no outcomes.

Rank	Problem	In the client's own words (pattern only)
1	Cancer that has spread: living as well as possible	"I want to live as well as I can, for as long as I can."
2	Family stress and arguments over food	"My family keeps arguing about what to feed me, and everyone is scared."
3	Fear, worry and sleepless nights	"I am frightened. I lie awake at night asking why me."
4	No appetite, sickness and weight loss	"I cannot eat, everything makes me feel sick, and I am getting thinner."
5	Herbs, powders and supplements pressed by family and friends	"My relatives keep sending herbal powders and juices. Should I take them?"

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 · Fear, worry and sleepless nights

Source for this problem: Dr. Sheenu's teaching that clients and families arrive frightened and drained and need emotional support first, her mental, social and spiritual pillars ("why me", fear of recurrence), her breath safety rules and sleep hygiene, and the affirmation, meditation and breathing text in the Sales Kit Blueprint. Plenty of material on the emotional side. There are no cancer cases and no HFS cancer file, so no result can be shown.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week night diary: what time the client slept and woke, what the mind kept asking, and what helped, to share on a call or with a counsellor.	Lying awake with the same question going round? You are not alone, and it can be spoken about.
2	A one-page list of gentle questions from the consultation form ("What is hardest at night? Who do you talk to?") to help the client put the fear into words.	Fear is heavy, and it is a normal part of this time. Calm can be practised in small steps, beside your treatment.
3	A short audio of slow breathing (in for four counts, out for six, as in the Blueprint), seated, never holding the breath, stopping if dizzy, and only as the oncologist (cancer doctor) allows.	Tired of being strong for everyone? Your feelings count too.
4	A short guide for the family: how to listen to a frightened person without scaring them more.	Sleep, food, calm and someone to talk to: four small places to start, beside your oncologist's plan.
5	A card of six short affirmations from the Blueprint to say every morning and every night.	A free 45-minute Clarity Call: a gentle conversation with no pressure, alongside your oncologist.

Problem 2 · No appetite, sickness and weight loss

Source for this problem: Dr. Sheenu's rules (never stop protein, including during chemotherapy and radiation; a soft or liquid diet if the client cannot eat) and the guide's food kit (small, soft, frequent meals, built from her rules and the HFS nine-slot day). Dr. Sheenu gave no tips for sickness or low appetite, so the ideas here are few. No cancer cases and no HFS cancer file.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week food and symptom diary: what could be eaten, what stayed down, and the weight change, to show the oncologist's team.	Eating less and getting thinner? Small, soft meals taken often can be a gentle place to start.
2	A one-page idea sheet for small, soft, frequent meals from the food kit (such as moong dal khichdi, ragi porridge and clear homemade soups), all cooked.	Protein does not stop when appetite does. Learn simple ways to keep it going.
3	A short guide: "Why protein keeps going even when appetite is low", in plain words from Dr. Sheenu's teaching.	Wash it or cook it: simple steps for safer meals when the body's defence is low.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
4	A one-page list of what to tell the oncologist's team: weight loss, poor eating and sickness.	Tell your oncologist's team about poor eating. We help you prepare a diary to bring.
5	A short family sheet: how to offer food kindly, without pressure at the table.	A free 45-minute Clarity Call: see what is behind how you feel, beside your treatment.

Problem 3 · Tiredness, weakness and a low blood reading

Source for this problem: Dr. Sheenu's card (haemoglobin, the blood reading for oxygen, is common to fall in chemotherapy and radiation; iron, vitamin C and protein go together; dates, moringa and green leafy vegetables; her safe daily rhythm of a light walk, breathing and evening rest) and the HFS tracking lesson that muscle and strength matter for a client in treatment. Plenty of material. No cancer cases and no HFS cancer file.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week energy diary: energy in the morning, afternoon and evening, meals, sleep, and whether it was a treatment day, to show the oncologist.	So tired that small tasks feel heavy? Ask your oncologist about your blood reading and bring a diary.
2	A question list for the oncologist: "Has my haemoglobin (a blood reading) been checked lately?" and which old reports to bring.	Iron, vitamin C and protein on one plate: a food idea, not a medicine.
3	A one-page food pairing sheet: an iron food, a vitamin C food and a protein food on the same plate (for example dates, moringa or leafy greens, lemon or guava, and dal). Food only.	A short, gentle day can be easier to keep than a big plan.
4	A gentle day sheet from Dr. Sheenu's safe rhythm: a short light walk in the morning if allowed, breathing in the afternoon, deep breathing and rest in the evening, with a stop rule.	Breathless or dizzy? Tell your oncologist's team first. Then the day can be planned around it.
5	A short audio for evening rest: deep breathing and Yoga Nidra (guided rest), never holding the breath, stopping if dizzy.	A free 45-minute Clarity Call: see what is behind your tiredness, beside your treatment.

Problem 4 · Mouth sores, loose motions and bloating

Source for this problem: Dr. Sheenu named mouth sores and loose motions as chemotherapy and radiation effects, and the guide's colon row and the deck homework case on colon cancer during chemotherapy

(bloating, loose motions, low appetite, low energy; a profile with no answers in the deck). Any capsule or powder for the mouth or the gut is the oncologist's decision, so no lead magnet may suggest one. Few cases and little source material: Dr. Sheenu gave no mouth-care or sickness tips.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week mouth and bowel diary: what was eaten, what hurt, and any change in the bowels since treatment, to show the oncologist.	Mouth sore and stomach upset again? Write it down and take it to your oncologist's team.
2	A one-page list of soft, plain, cooked foods for a sore mouth, from the food kit.	Soft, mild, cooked food can be easier on a sore mouth. See simple ideas.
3	A question list for the oncologist about mouth sores and loose motions. Any capsule or powder for them is the oncologist's decision.	Eating should not hurt. Small steps for gentler meals, beside your treatment.
4	A simple kitchen sheet: wash or cook every vegetable and keep food from burning black.	Loose motions or bloating since treatment began? Tell the doctor, and prepare with a diary.
5	A short audio of gentle belly breathing, slow, never holding the breath, stopping if dizzy.	A free 45-minute Clarity Call: a plain talk about what is behind how you feel, beside your treatment.

Problem 5 · Confusion about what to eat and what to avoid

Source for this problem: Dr. Sheenu's avoid list and swaps (burnt or charred food, packaged and fried food, sugary drinks, food heated in plastic, protein, washed or cooked vegetables), her teaching to change gradually and aim for at least 80 percent, and the guide's food kit and swap guide (built from her rules and the HFS nine-slot day). Some of her statements on food are her own beliefs and are not used as rules. Plenty of material. No cancer cases and no HFS cancer meal plan.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page avoid list and swaps from Dr. Sheenu: burnt or charred food, packaged and fried food, sugary drinks, food heated in plastic, and what to use instead.	Told ten different things about food? Start with a short list, not a long one.
2	A kitchen swap sheet: steel or glass for storing and heating food, and never heating food in plastic.	A roti puffed on the flame is fine. Food burnt black is the concern. Small facts like this calm the kitchen.
3	A plate guide: vegetables washed or cooked, a protein food at every meal, and one grain only in a meal.	You do not have to change everything at once. Swap one thing at a time.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
4	A list of what to ask the oncologist about food, including milk, eggs and protein powder.	Packaged, fried, burnt or heated in plastic: the short list we look at first.
5	A family-meal guide: how to enjoy home food and still keep to the plan, aiming for most days, not perfection.	A free 45-minute Clarity Call: a clear picture of your food and your first steps, beside your treatment.

Problem 6 · Herbs, powders and supplements pressed by family and friends

Source for this problem: Dr. Sheenu's strongest rule (no antioxidants, herbs or supplements during chemotherapy or radiation; before and after treatment only with the oncologist), the guide's answers in Section 4.3 and the Always say and Never say list in Section 4.8. Plenty of rule material, and every line here only educates and sends the client to the oncologist; no herb or dose is named as advice. Her slides and her words differ here, and the stricter rule is used. No cancer cases.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page "ask first" card: during chemotherapy or radiation the plan is food only; before or after, only with the oncologist.	Powders and juices from well-meaning relatives? Pause and ask your oncologist first.
2	A list the client fills in: every herb, powder or capsule that they or the family give, with the time, to show the oncologist and the coach. The form records these without judgement.	During chemotherapy or radiation the plan is food only. Here is the simple reason.
3	A short script for saying "not now" kindly to a relative.	Natural does not always mean safe beside your medicines. Ask your oncologist.
4	A short guide for the family: why love sometimes means "food only" for now.	Write down everything you are taking and bring the list to every appointment.
5	A question list for the oncologist about anything the family wants to give before or after treatment. No dose is given.	A free 45-minute Clarity Call: bring your list and your questions.

Problem 7 · Family stress and arguments over food

Source for this problem: Dr. Sheenu's teaching to counsel the family gently and simply without scaring them ("Just avoid this one thing, because I do not know where it comes from"), that families cooperate when their

own stress falls, and the social pillar of her emotional work; the guide also invites the family to the next call. Some material. No cancer cases and no HFS cancer file.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page guide for the family: what the client is going through in plain words, and how to listen.	Does every meal turn into an argument? Love is behind it. A simple plan can calm the table.
2	A family card with one simple line from Dr. Sheenu's style: "Just avoid this one thing, because I do not know where it comes from."	Families feed what they think is good. Here is how to guide them without scaring them.
3	A shared page where the family writes their questions for the oncologist in one place.	The client should not carry the family's fear. Help the family stay calm and informed.
4	A short guide for visitors: what helps and what does not when visiting a person in treatment, such as kind words and no advice about herbs or cures.	One question for the whole family: what is the one thing to avoid, and why?
5	A short calm-breathing audio the whole family can do together, slow, never holding the breath.	Bring the family to the free 45-minute Clarity Call, so everyone hears the same plan.

Problem 8 · Fear that it will come back, and keeping check-ups

Source for this problem: Dr. Sheenu's card: after treatment, check haemoglobin and rebuild step by step, build strength, do the emotional healing, and keep tests going from time to time because coming back can happen. The guide says never promise that it will not return. Some material only: no cases, no outcomes, no HFS cancer file.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A check-up calendar: the dates of tests and visits that the oncologist sets, kept in one place.	Treatment is over, but the worry is not? You are not alone.
2	A one-page list of signs that need the oncologist now (a new lump, bleeding, a growing mole, a fever, sudden weakness), with the rule that the doctor decides what it means.	Keep every check-up on time. A simple calendar helps.
3	A short guide on rebuilding step by step, one new thing at a time, with the oncologist: food, sleep and gentle movement.	After treatment is a time to rebuild strength, step by step, with your oncologist.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
4	A short audio of slow breathing for the days before a report.	Every ache a worry? A list of signs that need the doctor now can bring some calm.
5	A journaling sheet with simple prompts for the fear of recurrence.	A free 45-minute Clarity Call: your first steps after treatment, beside your oncologist.

Problem 9 · Cancer that has spread: living as well as possible

Source for this problem: Dr. Sheenu's metastatic counselling (say "controlled", never "increase your age", focus on quality of life, long-term management and support for the patient and the family) and the "palliative or metastatic" row of the first-month table. Little source material beyond that, and no cases or outcomes. Her slides name some herbs in palliative care but her timing rule says otherwise, so the oncologist is asked first. Take the most care with wording here.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A "good day" diary: what made the day easier, such as energy, comfort, appetite and company.	Living with cancer that has spread? Comfort, energy and calm matter every day.
2	A short guide to soft food the client enjoys, with protein as far as they can take it.	Quality of life is a plan too: soft food you enjoy, gentle breathing and rest.
3	A short audio of gentle breathing and Yoga Nidra (guided rest), never holding the breath, stopping if dizzy.	The family needs support as well. Bring them to the call.
4	A guide for the family: how to talk, how to listen, and how to look after themselves too.	Your oncologist guides the treatment, and for many people the cancer can be controlled. We work on how you feel each day.
5	A question list for the oncologist about comfort, pain and appetite.	A free 45-minute Clarity Call for you and your family, beside your oncologist.

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 · Fear, worry and sleepless nights

The problem the client names: "I am frightened. I lie awake at night asking why me."

The pain behind it: Fear of the unknown, and of not being there for the family. Tired of being strong for everyone, tired of explaining, and a quiet feeling that it is too late. Many carry it alone because they do not want to scare the people they love.

#	Post topic	The one point the post makes
1	"Why me?"	Many clients carry this question quietly. The point: it is one of the questions Dr. Sheenu names under the spiritual side, and it needs a kind listener, not a quick answer.
2	The night is the loudest time	Fear grows when the house is quiet. The point: one small evening habit, slow breathing and a fixed sleep time, is a safe place to begin.
3	Being strong for everyone	Clients often hide their fear to protect the family. The point: Dr. Sheenu says emotions come first, and the client should not carry the family's fear.
4	It is not your fault	Guilt sits under many questions. The point: cancer builds slowly over years and has more than one cause, so blame does not help.
5	Say it out loud	Words shared lose some of their weight. The point: journaling, grounding and talking are gentle tools, and a low mood that does not lift needs the doctor or a counsellor today.

Problem 2 · No appetite, sickness and weight loss

The problem the client names: "I cannot eat, everything makes me feel sick, and I am getting thinner."

The pain behind it: Fear that getting thinner means getting worse. Guilt at the table when family push food, and a feeling of being a burden.

#	Post topic	The one point the post makes
1	"I just cannot eat"	Not eating brings guilt as well as weakness. The point: small, soft meals taken often are the starting place, and the oncologist's team needs to know.

#	Post topic	The one point the post makes
2	Protein at every meal	Many clients drop protein because food feels hard. The point: Dr. Sheenu says never stop protein, including during chemotherapy and radiation.
3	The family and the plate	Love can turn into pressure at the table. The point: explain simply and without scare, so the client can eat in peace.
4	Weight is not the whole story	Watching the scale fall is frightening. The point: during treatment we look at energy, strength, appetite and reports, not weight alone.
5	Wash it or cook it	A salad can look healthy and still carry risk when the body's defence is low. The point: during chemotherapy, vegetables are washed well or cooked.

Problem 3 · Tiredness, weakness and a low blood reading

The problem the client names: "I am exhausted, I get breathless on small effort and I look pale."

The pain behind it: Fear that the body is giving up, losing the independence to look after the family, and frustration at not being able to do what used to be simple.

#	Post topic	The one point the post makes
1	"I used to do everything"	Losing strength hurts pride. The point: tiredness in treatment has known reasons, and the haemoglobin reading is one the oncologist checks.
2	The plate that rebuilds	Clients hear many food tips and do not know where to begin. The point: iron, vitamin C and protein together in one meal, from food.
3	Rest is part of the plan	Pushing through makes the day harder. The point: on a treatment day the plan shrinks to a walk, meals and evening rest.
4	Breathless? Say so	Many hide it. The point: weakness, breathlessness or dizziness goes to the oncologist, and any breathing practice stops at once.
5	Strength, not the scale	The scale can mislead in treatment. The point: we follow energy, strength and reports.

Problem 4 · Mouth sores, loose motions and bloating

The problem the client names: "My mouth is sore, my stomach is loose and bloated, and eating hurts."

The pain behind it: Embarrassment, fear of going out, and pain at every meal. A feeling that treatment is taking away every simple pleasure.

#	Post topic	The one point the post makes
1	"Eating hurts"	Mouth sores come with some chemotherapy. The point: soft, mild, cooked food and telling the oncologist's team are the first steps.
2	The bowel diary	Changes are easy to forget by the day of the appointment. The point: a diary lets the doctor see the pattern since treatment began.
3	What the doctor decides	Clients often ask about powders for the gut. The point: during treatment any capsule or powder is the oncologist's decision.
4	Cooked, not raw	Raw food feels healthy. The point: raw, unwashed vegetables carry an infection risk during chemotherapy.
5	Shame at the door	Fear of going out when the stomach is unsettled is real. The point: it is a known effect of treatment, not a failing, and the care team should hear about it.

Problem 5 · Confusion about what to eat and what to avoid

The problem the client names: "Everyone tells me something different. What should I eat, and what must I stop?"

The pain behind it: A feeling of being to blame for what was eaten in the past, fear that one wrong meal will cause harm, and being so overwhelmed by advice that the joy of food is gone.

#	Post topic	The one point the post makes
1	"Did I eat my way into this?"	Guilt is common. The point: cancer builds slowly over years and has more than one cause. It is not your fault.
2	The roti and the flame	Clients give up foods they do not need to. The point: a roti puffed briefly on the flame is fine; food burnt black is the concern.
3	The plastic tiffin	Hot food in plastic is an everyday habit. The point: steel or glass for storing and heating, and never heat food in plastic.
4	Do not ban, swap	Strict rules fail. The point: a food shut off suddenly makes the craving stronger, so change gradually and offer swaps.
5	Protein stays	Some clients stop protein out of fear. The point: do not stop protein, and the choice of any protein powder goes to the oncologist.

Problem 6 · Herbs, powders and supplements pressed by family and friends

The problem the client names: "My relatives keep sending herbal powders and juices. Should I take them?"

The pain behind it: Torn between love for the family and fear of doing something wrong. Guilt at saying no, and a feeling that they must try everything.

#	Post topic	The one point the post makes
1	"They only want to help"	Family love often arrives as a packet of powder. The point: show the coach what it is, and the coach can explain to the family kindly.
2	Food only, for now	Clients are told many things. The point: Dr. Sheenu's strongest rule is no antioxidants, herbs or supplements while chemotherapy or radiation is going on.
3	The list in your bag	Small things get forgotten. The point: list everything taken, so the oncologist and the coach both see it.
4	Before and after are different	The timing matters. The point: before or after treatment a supplement may be possible, only with the oncologist.
5	"But it is natural"	Natural sounds safe. The point: how herbs act with chemotherapy drugs is not fully known, so ask first.

Problem 7 · Family stress and arguments over food

The problem the client names: "My family keeps arguing about what to feed me, and everyone is scared."

The pain behind it: Feeling like a burden and watching the people they love suffer. Guilt for the family's fear, and loneliness inside a full house.

#	Post topic	The one point the post makes
1	"They mean well"	Families feed things because it is good. The point: do not scare them; one simple line works better than a long warning.
2	Do not scare them	Fear makes families push harder. The point: say it simply, and the family listens.
3	A calm home	Stress at home reaches the client. The point: when the family's stress falls, they cooperate.
4	Do not carry their fear	Clients often protect the family. The point: the client should not carry the family's fear.

#	Post topic	The one point the post makes
5	Include them	Plans made alone do not hold at home. The point: the family is invited to the next call so everyone hears the same thing.

Problem 8 · Fear that it will come back, and keeping check-ups

The problem the client names: "The treatment is over, but I am scared it will return."

The pain behind it: Never feeling safe again. Every ache becomes a worry, and people expect them to be happy while inside they are afraid.

#	Post topic	The one point the post makes
1	"Every ache is a worry"	Fear changes how the body is read. The point: signs that need a doctor are a short list, and the doctor decides what they mean.
2	The check-up calendar	Dates slip when life gets busy again. The point: keeping check-ups on time is part of the plan.
3	Rebuild one step at a time	Doing everything at once ends in giving up. The point: Dr. Sheenu says rebuild step by step, one new thing at a time.
4	A plan, not a promise	Nobody can promise it will not return. The point: we keep the tests regular and the food and daily habits going.
5	Allowed to be afraid	People feel they must be grateful and cheerful. The point: fear after treatment is real, and emotional work is part of the plan.

Problem 9 · Cancer that has spread: living as well as possible

The problem the client names: "I want to live as well as I can, for as long as I can."

The pain behind it: Fear of being a burden and fear of pain. A wish to have time with the family feel normal, and not to be spoken to as if there is no hope.

#	Post topic	The one point the post makes
1	A plan that is not "hopeless"	Being spoken to as if there is nothing left hurts. The point: the focus is quality of life, long-term management and support.
2	Good days matter	Small comforts count. The point: a simple diary shows what makes a day easier.
3	The family is tired too	Families come frightened and drained. The point: support is for the patient and the family.

#	Post topic	The one point the post makes
4	Soft food, enjoyed	Eating should still bring some pleasure. The point: soft food the client enjoys, with protein as far as they can take it.
5	Gentle breath, gentle rest	Not every plan needs effort. The point: gentle breathing and Yoga Nidra, never holding the breath.

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 you or someone you love has been told it is cancer, and you are frightened, tired, eating less and not sure what to do about food, this is for you." "You are not alone, and it is not your fault. In the next few minutes I will show you how we support people beside their oncologist (cancer doctor), and what a free 45-minute call gives you."
2 · The problem	"After the news, everyone has advice. Relatives send herbal powders. Friends send videos. One person says stop this food, another says eat that. And the family argues at the table." "Meanwhile the treatment can bring its own weight: tiredness, a sore mouth, a loose stomach, no appetite, and nights when the fear is loudest." "And underneath, many people carry a quiet question: why me, and will it come back? Often there is no one to sit and listen."

Block	What the coach says
3 · The solution	"At Healthyfy we work beside your treatment, never instead of it. Your oncologist decides the treatment and every medicine. We cannot cure cancer. We work on your strength, energy, food and calm." "We start with a free 45-minute Clarity Call. In it you see five things: your problem, symptoms and side effects; your lifestyle; your root cause analysis; your priority; and your Blueprint and action plan." "During chemotherapy and radiation we keep to food only. Before or after treatment, a supplement is possible only with your oncologist. And we welcome your family, because a calm family helps you."
4 · Testimonial, as a case study (no name)	**Their situation:** "[Describe a consented client as a pattern only: for example, frightened, tired, eating less during treatment, family arguing about food. No name, age or job, and no cancer type or figures.]" **What was done together:** "[In one or two lines: what the client and coach worked on together, for example fixed meal times, soft meals with protein, a short evening routine, slow breathing and a place to talk, beside the oncologist's treatment.]" **What changed, in their words:** "[In the client's own words, and with the time taken: how they felt day to day, for example calmer, sleeping a little better, eating more easily. Nothing about the cancer, scans or reports. Add: results are different for each person, and treatment stays with the oncologist.]"
5 · The next step	"If this sounds like you or someone you love, book your free 45-minute Clarity Call. You will leave with a clear picture of what is behind how you feel and your first steps, whether or not you work with us." "Click the button below, pick a time, and bring a family member if you wish. Please keep every appointment and every medicine exactly as your oncologist said."

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. The guide holds no cancer result, so never quote or invent one. If no consented case exists, replace this block with the pattern sentence in the box above and show no result.

DIAMOND COACH GUIDE

The Cancer Care Coach Guide

BY DR. DT. SHEENU SANJEEV

Built from Dr. Sheenu's Cancer protocol and Diamond Council 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

For Healthyfy Diamond Coaches · Teaching use only. Not medical advice.

Let's Heal India · Make India Healthy

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