DIAMOND COACH GUIDE

A HEALTHYFY INSTITUTE SERIES



The

GUT HEALTH

Coach Guide

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HEALTHYFY® HEALTH AND EDUCATION INSTITUTE & RESEARCH COUNCIL

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Diamond Coach Guide

The Gut Health Coach Guide

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

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

Built from Dr. Sheenu's Diamond Council Gut protocol card (with Part 3 taught by Dt. Shweta and labelled), the Diamond Council gut case deck presented by Dt. Shweta (January to February 2026), the HFS case studies, HFS client files and trackers, 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 gut use **Gut Clarity Call** (the niche version of the Root Cause Clarity Call). Never call it a "sales call" or a "free consultation".

Item	Detail
Name	Gut Clarity Call (or Root Cause Clarity Call)
Length and price	45 minutes. Free. Say it twice: in the booking message and again in the first minute of the call
Who it is for	People with a gut problem (bloating, gas, acidity, constipation or loose stools, food intolerance, or a doctor's diagnosis such as IBS) who want to know the real reason behind it, and often behind their tiredness, brain fog, skin, sugar cravings or low mood, and the way out

1.2 The offer: what the client gets

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

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

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

1.3 Say it in gut words (optional)

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

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

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

1. Your present problem, symptoms and side effects

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

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

2. Your present lifestyle

Follow these every day:

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

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

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

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

3. Your root cause

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

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

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

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

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

4. Your priority

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

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

5. Your action plan and daily tracker

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

Coach's note

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

Check before you send a Blueprint to a gut client (from Section 2.6):

The Blueprint is general. Where the client has kidney disease, liver failure, swelling, heart disease, is pregnant, or has any doctor-set limit, the water and exercise lines follow their doctor first. For a very elderly client or a child, the doctor is involved.

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

The Blueprint contains no herbs, supplements, probiotics, detox or protein advice. Those are delivered inside the programme, after you have seen their reports and medicines (Sections 2.6.9 to 2.6.11).

1.5 The follow-up after the call

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

02

SECTION 2

The consultation form, from start to end

Source: Sales Kit: Sales Call Guide, Client Registration and Consultation Form (sections A to G), Coach Guide. Gut listening cues come from Sheenu's Gut protocol card (signs, causes, five steps, tests, medicines, scope), the HFS Gut overlay, and the Diamond Council gut case-study deck. Questions marked "Gut prompt" are built only from those sources.

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

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

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

REGISTRATION · PERSONAL DETAILS

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

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

HEALTH CONCERN AT A GLANCE

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

Your answer: .....

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

☐ No ☐ Yes, please specify: _____

Registration date: _____

A. GOAL · WHAT YOU WANT TO ACHIEVE

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

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

Your answer: .....

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

Your answer: .....

3. Why is reaching this goal important to you?

Your answer: .....

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

B. PROBLEMS, SYMPTOMS AND THEIR IMPACT · CURRENT REALITY

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

Your answer: .....

5. What symptoms are you facing right now?

Your answer: .....

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

Your answer: .....

Symptoms and problems: tick all that apply to you

☐ Bloating / gas / acidity

☐ Constipation / loose motions

☐ Hair fall / dull skin / acne

☐ Fatigue / low energy / low stamina

☐ Joint pain / body pain

☐ Headache

☐ Breathlessness

☐ Poor sleep

☐ Irregular periods / diagnosed PCOS

☐ Sugar cravings

☐ Weight stuck / fluctuating

☐ Mood swings / irritability

☐ Diagnosed nutritional deficiencies

☐ Others: _____

Health information

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

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

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

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

C. PRESENT LIFESTYLE AND HABITS

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

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

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

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

7. Briefly describe your usual daily routine.

Your answer: .....

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

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

Your answer: .....

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

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

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

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

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

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

Your answer: .....

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

☐ I struggle to stay motivated.

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

☐ I often have negative thoughts about myself.

☐ I lose patience when results are slow.

☐ I overthink even small things.

☐ My mind keeps racing at night before sleep.

☐ I wake up with negative thoughts or worries.

☐ Other: _____

☐ None of these.

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

Your answer: .....

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

Your answer: .....

Is there anything else you would like to add? _____

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

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

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

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

☐ I often feel anxious or worried.

☐ My mood affects my eating or daily routine.

☐ I feel guilty after eating.

☐ Other: _____

☐ None of these.

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

Your answer: .....

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

Your answer: .....

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

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

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

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

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

E. MAKING HEALTH A PRIORITY

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

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

Your answer: .....

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

F. REAL-LIFE CHALLENGES

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

G. TRANSFORMATION JOURNEY AND RECOMMENDED PROGRAMME

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

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

Recommended programme: _____ Programme duration: _____

Reason for this recommendation: _____

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

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

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

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

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

Programme value and fee	Amount
Offer valid until, if applicable	

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

Your answer: .....

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

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

2.2 The call at a glance, and the Trust stage

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

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

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

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

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

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

- **Which result to share.** The kit gives five Dr. Sheenu clients. None is labelled as a gut client, so choose by the client in front of you. For an overweight client with bloating and acidity, **Diya Jain** (3 months, 10.6 kg lost, 30.4 inches lost) is closest. For a thin or underweight client with digestion trouble, a weight-loss story is the wrong story: use your own client's result with their consent. The HFS file of Deepshikha G. (bloating, acidity, joint pain: flat weight, 4.7 inches and less visceral fat in month 1, "feeling light") shows what a gut result looks like.
- **Be easy about toilet talk.** Many gut clients are embarrassed to talk about stools, gas and bloating. Use plain words, stay calm, do not react, and record the answer.
- **Decision maker.** Ask it plainly. If someone at home decides, or the client is a parent bringing a child, invite that person to the call or fix a second call.
- **Say before the call ends that you will look at their reports.** Ask them to keep ready their latest reports (CBC, CRP or ESR, B12, vitamin D, ferritin, and any stool or breath test), and the list of their medicines, antibiotics taken in the last year, and any supplements or probiotics they take.

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?"

Gut prompt: note now if the client is pregnant or recently delivered, or is a child or over 60, because the plan and the doctor's role change (Section 2.6.12). Note if they have been told they have an inflammatory bowel disease, an autoimmune disease or cancer: the doctor leads, and the call changes.

2.4 Section A · Goal

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

They say	Your finding (confirm it with them)
"I want my bloating and gas to stop."	Goal: comfort after meals. Ask what it stops them doing in an ordinary week. Note it as a symptom, not a diagnosis
"I want my digestion and stomach to be regular."	Goal: regular, easy bowel movements. Ask what regular means to them, and how many days they go without
"My doctor said IBS. I want to manage it without so many tablets."	Goal: less dependence on medicine. Only their doctor can change it. **Do not promise it**
"I want to get rid of acidity and reflux."	Goal: no burning and no antacids. Ask how often they take antacids (Sheenu names antacids as a cause when taken for every acidity)
"My sugar, skin, hormones or mood are the real problem."	Goal: the organ problem, with the gut as a possible root (Sheenu). Ask whether the gut symptoms came first
"I want more energy and a clear head."	Goal: energy and clarity, in daily terms. Tiredness and brain fog can come from the gut (Sheenu)
"I want to lose weight and belly fat."	Goal: belly fat and weight, with gut inflammation as a possible root. Do not promise a number; the HFS Gut overlay tracks symptoms, not weight
"My child has constant tummy trouble / allergies."	Goal: the child's digestion and immunity. **The child's doctor is involved.** Ask about birth, feeding and antibiotics (Sheenu, Part 3)

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

2.5 Section B · Problems, symptoms and their impact

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

Listen for	Gut prompt (only if unclear)	What it may point to
Bloating and gas	"When do you get bloated: after which meals? Is it worse in the evening? Which foods do you notice?"	Poor digestion or dysbiosis (Sheenu). Note the foods in their words
Bowel pattern	"How often do you go? Hard, loose, or both?"	Constipation, diarrhoea or alternating (the HFS deck case: alternating constipation and loose stools)
Acidity and reflux	"Do you get burning or sour taste? How often do you take an antacid?"	Raised pitta in Ayurveda; antacids are a named cause (Sheenu)
Undigested food	"Do you see undigested food in the stool?"	A sign in Sheenu's list
Energy, mind and sleep	"Is there tiredness, brain fog, anxiety, low mood or poor sleep?"	Gut-brain axis: low serotonin and GABA, high cortisol (Sheenu, five steps)
Sugar cravings	"Do you crave sweets, especially after meals? Do you feel dull and sleepy after eating?"	An early gut sign and early insulin resistance (Sheenu, Part 2)
Skin, joints, hormones	"Any acne, skin problems, joint stiffness, or period problems?"	Leaky gut and inflammation (Sheenu). HFS deck: acne around periods; joint stiffness
Food reactions	"Is there any food you cannot take: milk, gluten, rajma?"	Food intolerance (Sheenu); the HFS deck case lists milk, gluten and rajma
Infections and medicines	"Antibiotics in the last year, how many courses? Painkillers or steroids?"	Medical causes of dysbiosis (Sheenu)
Weight and appetite	"Is the weight rising, falling, or stuck? Are you always hungry, or never hungry?"	Gut hormones: GLP-1, GIP and ghrelin (Sheenu, Part 3)

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

Health information to record

Record	Gut detail to capture
Diagnosed conditions, since when	IBS, IBD, GERD, H. pylori, fatty liver, diabetes, thyroid, PCOS, autoimmune disease, cancer. Anaemia, vitamin D or B12 low
Current medicines	Name, dose and time: antacids, laxatives, probiotics, steroids, painkillers, GLP-1 drugs, thyroid tablet, metformin, anything for the gut. Anything started or stopped lately
Antibiotics	How many courses in the last year, and whether a probiotic was taken with them
Supplements taken on their own	Probiotics, iron, calcium, magnesium, L-glutamine, protein powders, herbs (triphala, ginger, mulethi), and how long each has been taken (Sheenu: more than 3 months matters)
Reports	CBC, CRP, ESR, B12, vitamin D, ferritin; any stool analysis, breath test or zonulin (Section 2.6.6). Note the date. Note "not done" without judgement
Birth and early life	Normal or C-section birth, breast or formula feeding (Sheenu, Part 1). Ask gently; they may not know
Stool and bowel log	Frequency, form, colour, whether pain comes first. In their words
Pregnant, recently delivered, a child, or over 60	If yes, Section 2.6.12 applies
Food allergies and intolerances	Milk, gluten, rajma, nuts. Do they eat out often? Which foods give gas?

Offline assessment: with consent, record BCA and body measurements on the Offline Assessment sheet. Record the device units. Do not turn a device estimate into a diagnosis, and do not use body age to frighten them. Use the same device and similar conditions at every review.

2.6 Ready reckoner for Section B: the disease

Source: Dr. Sheenu, Gut Health protocol card, built from the Diamond Council Gut Health series: Part 1 (8 January 2026) and Part 2 (5 February 2026) taught by Dr. Sheenu, and Part 3 (19 February 2026) taught by Dt. Shweta with Dr. Sheenu answering questions. Each table says which part it comes from. HFS case studies and HFS data are used only where named.

When we say "gut" in everyday words we mean the whole digestive system: mouth, food pipe, stomach, small intestine, large intestine and rectum. When we talk about gut health clinically we mostly mean the intestines, especially the small intestine, the colon and the intestinal lining, because that is where the gut bacteria live. Read this part once before your first gut client, and keep it open while you listen to Section B of the consultation form.

Why every coach needs this (Sheenu, Part 1). Every chronic disease silently starts from the gut. If you do not heal the gut, the disease keeps coming back again and again. Without a healthy gut you cannot reverse any disease.

What a healthy gut looks like: strong digestion, balanced gut bacteria, an intact gut lining, controlled inflammation, and steady mood and hormones. In Ayurveda words, the agni (digestive fire) is strong. After digestion comes absorption, and after that immunity, metabolism and brain function.

Source: Dr. Sheenu, Gut Health protocol card (Parts 1 and 2 by Sheenu; Part 3 by Dt. Shweta with Sheenu answering, so each line says which). The herb rules and the "you never prescribe medicine" rule are Sheenu's from her Liver session of 26 March 2025 and apply to every herb. HFS Overlay System (the Gut overlay, priority rule and conflict table).

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

What you listen for in Section B	Where to find it
1. What the gut controls, and the good and the harmful bacteria	Sections 2.6.1 and 2.6.2
2. Why it happened: the signs and the causes	Section 2.6.3

What you listen for in Section B	Where to find it
3. How a weak gut becomes a disease: the five steps	Section 2.6.4
4. The gut and diabetes, and one root behind many diseases	Section 2.6.5
5. Tests you can refer the client for	Section 2.6.6
6. What could happen if nothing changes (for your knowledge, never to frighten)	Section 2.6.7
7. Which body system has failed, and what remission and reversal mean	Section 2.6.8
8. Medicines and supplements, food and medicine, herbs	Sections 2.6.9 to 2.6.11
9. Where your line is, and when to refer	Section 2.6.12
10. What is possible, from point A to point D	Section 2.12

2.6.1 What the gut controls

From Part 1 (Dr. Sheenu). This is the table that explains why a gut client may come to you with a hormone, mood, sugar or skin complaint.

What	How the gut is involved
Immunity	70 to 80% of the immune system sits in the gut lining, in the Gut-Associated Lymphoid Tissue (GALT), the body's largest immune system. The stronger the gut, the stronger the immunity

What	How the gut is involved
The happy hormone	90% of serotonin is made in the gut. Tryptophan, an essential amino acid (the body cannot make it, so it comes from food, mostly milk and dairy), turns into serotonin only when good gut bacteria are present. Without them, however much curd or fibre you give, it will not work
Blood sugar	If the mucus lining of the gut is not right, inflammation starts and the chance of sugar spikes rises
Oestrogen	Whether oestrogen is properly cleared or taken back in depends on gut health. In PCOS or any hormone work, an unhealed gut can disturb oestrogen handling
Detox	However much the liver detoxifies, if gut health is poor, detoxification will not happen the right way
The brain	The gut and brain talk through the vagus nerve (the 12th cranial nerve, the largest nerve) and through neurotransmitters. An unhealthy gut brings brain challenges (Sheenu mentioned ADHD and autism). This is why the gut is called the second brain, and why we get a "gut feeling"
Vitamins	Good bacteria make B1, B2, B3, B5, B6, B7, B9, B12 and vitamin K2 in the colon. They are absorbed through the ileum, which needs the intrinsic factor and a healthy mucus lining. If K2 is not made properly, vitamin D3 is not absorbed either. This is why B12 and vitamin D deficiencies are so common

The microbiota: the hidden organ

There are about 100 trillion microbes in the gut (bacteria, viruses, fungi and some protozoa), more than the cells of our own body. Together they weigh about 1 to 2 kg, they have their own genes, they make vitamins and neurotransmitters, and they talk to the brain, liver and immune system. That is why Sheenu calls the microbiota a hidden organ.

How each person's gut becomes different (Part 1)

- **Birth.** A baby born by normal (vaginal) birth gets healthy microbes from the mother. A C-section baby mostly gets skin microbes.
- **Feeding.** A baby on mother's milk has a much better immune system and gut microbiota than a baby on formula.
- **The first 0 to 2 years.** Pets, caretakers and the hospital environment all pass microbes to the infant.

- **If the child was born by C-section,** Sheenu says check the immune system and the brain-gut axis, because there can be challenges.

2.6.2 The good and the harmful bacteria

From Part 1 (Dr. Sheenu). You do not need to memorise the names. You need to know that the balance matters and what goes wrong when it tips.

Bacteria	Good or harmful	What it does
Lactobacillus	Good	Makes lactic acid, which lowers the pH and makes the gut slightly acidic so bad bacteria cannot grow. Helps digest lactose. Important for vaginal health
Bifidobacterium	Good	Helps digest carbohydrates. Makes short-chain fatty acids. Strengthens the gut barrier. Supports infant immunity and relieves constipation. If it is not working, inflammation rises and sugar spikes follow
Akkermansia muciniphila	Good	Keeps the mucus layer of the gut healthy. Without it: inflammation, poor carbohydrate digestion, sugar spikes, weight gain, obesity and diabetes risk
Faecalibacterium	Good	Makes butyrate. If fibre is not fermented: inflammation, bloating, bowel inflammation (IBD), autoimmune risk, poor colon health
Prevotella	Good	Helps fibre digestion and carbohydrate metabolism. Supports plant-based diets and healthy glucose handling
Clostridium	Harmful	When it grows too much: severe diarrhoea
Pathogenic E. coli	Harmful	Means inflammation in the gut lining
Candida	Harmful	Fungal overgrowth. Seen most in diabetic patients and when immunity is low
H. pylori	Harmful	Gastritis and ulcers across the digestive tract. After COVID, Sheenu said almost every second patient she saw had H. pylori, because of stress, inflammation and careless eating

Three words to learn (Part 1)

- **SCFA, short-chain fatty acids.** Made when good bacteria ferment dietary fibre. They strengthen the gut lining and control inflammation.

- **Butyrate.** A short-chain fatty acid made in the colon by fermenting fibre. It is the main fuel for the colon, and it keeps the vagus-nerve link between gut and brain healthy. So if the brain is unwell, look at colon health.
- **GABA, gamma amino butyric acid.** A calming brain chemical: it settles an overactive brain and eases pain. If the gut is not healthy, GABA is not released properly.

2.6.3 Why it happened: the signs and the causes

From Part 1 (Dr. Sheenu).

Signs of an unhealthy gut	What to listen for
In the gut	Bloating, gas, acidity, constipation, diarrhoea, undigested food in the stool
Outside the gut	Tiredness, brain fog, anxiety, depression, skin problems, autoimmune flares, hormone imbalance, food intolerance, and sugar cravings. Sugar cravings come because the gut lining (mucosal lining) is what helps carbohydrates get handled the right way

Type of cause	Causes
Food and lifestyle	Junk and ultra-processed food, packaged food, excess sugar, refined flour, alcohol, smoking, stress, late nights, poor sleep
Medical	Repeated antibiotics, antacids taken for any acidity, steroids, painkillers (NSAIDs), any infection
Emotional	Chronic fear, anxiety, suppressed emotions, trauma, control issues. Chronic stress causes chronic inflammation
Long-term supplements	If a supplement or medicine is taken for more than 3 months, the gut lining adjusts to it, slowly stops absorbing that nutrient from food, and becomes permeable. Example from Sheenu: the calcium need is about 1000 mg a day; a glass of milk gives about 200 to 300 mg, but people take 600 to 1000 mg supplements on top of food

The Ayurveda view (Part 1)

Agni is the digestive fire, the core of health. **Ama** is toxins: undigested food, or toxins from an unbalanced gut. **Grahani** is the small intestine. **Srotas** are the channels. **Doshas** are vata, pitta and kapha. The chain is: weak agni, then ama forms, then ama blocks the srotas, then inflammation, then disease. By dosha:

raised vata gives gas and bloating; raised pitta gives acidity and ulcers; raised kapha gives heaviness and slow digestion.

2.6.4 How a weak gut becomes a disease: the five steps

From Part 1 (Dr. Sheenu). This is the core of the story you tell a client.

Step	What happens
1. Dysbiosis	The balance of good and bad bacteria goes wrong: good bacteria fall, harmful ones overgrow, variety is lost, inflammation rises and digestion becomes poor. Butyrate and short-chain fatty acids fall, anti-inflammatory signals fall, and endotoxins rise
2. Leaky gut	The gut lining is normally semi-permeable: it takes in only what it should. The tight junctions loosen and the lining becomes permeable, so undigested food and toxins enter the blood
3. Immune system activation	The immune system becomes active against what has entered and releases cytokines. This causes inflammation in the gut and in the whole body
4. Molecular mimicry: autoimmunity	Some food proteins and bacterial pieces look like the body's own tissue. The immune system attacks them and by accident starts attacking its own tissue: thyroid (Hashimoto's), joints, skin (psoriasis, vitiligo). **Autoimmune disease starts from the gut, not in the organ**
5. Gut-brain axis problem	Serotonin falls, GABA falls, cortisol stays high. Cortisol is the waking and alert hormone, but when the gut is inflamed it stays high and the body stays in fight-or-flight: palpitations, anxiety, depression, brain fog, sleep problems. **Mental illness often begins in the gut**

The full flow: poor diet, stress and drugs, then dysbiosis, then leaky gut, then immune activation, then chronic inflammation, then hormone imbalance, metabolic disorders and autoimmune disease.

> **Why medicines alone do not cure chronic disease (Sheenu).** They suppress symptoms and reduce inflammation for a time, but the dysbiosis stays, the gut lining stays damaged and the root cause stays. Without healing the gut, relapse is guaranteed. Say this about the medicine kindly: never against the doctor, never as a reason to stop it.

2.6.5 The gut and diabetes, and one root behind many diseases

From Part 2 (Dr. Sheenu). Diabetes is not only high blood sugar or a pancreas problem. It is a chronic low-grade inflammatory disease that starts in the gut. It is the final outcome of long-standing gut-driven inflammation. Diabetes itself has its own guide; this part is here because the gut story is the same, and clients ask.

The two gut hormones (incretins)	GLP-1	GIP
Released	By the intestine after we eat	By K cells in the upper small intestine
What it does	1) Tells the pancreas to release insulin. 2) Slows food moving from stomach to intestine, so sugar enters the blood slowly (a speed breaker for food). 3) Tells the brain's appetite centre that the client is full. Also suppresses glucagon, which raises blood sugar	Releases insulin, but only when glucose is high. On fat cells it helps fat breakdown. If GIP is not working, fat is stored instead and insulin resistance rises
In diabetes	Reduced, but still works	Often blunted: the body stops listening (GIP resistance)
Alone	Works alone	Does not work without GLP-1

Together GLP-1 and GIP give about 70% of the insulin response after a meal: the incretin effect. GLP-1 drugs given in diabetes copy the GLP-1 signal, because in dysbiosis the body's own GLP-1 is low.

The chain from the gut to insulin resistance

1. Dysbiosis damages the gut lining: leaky gut.
2. **LPS (lipopolysaccharide),** also called endotoxin, a toxin from the outer wall of some bacteria, leaks into the blood. In the gut it does no harm; in the blood it is dangerous.
3. LPS binds to TLR4 (the security scanner on immune cells), which switches on NF-kB (the control room) and turns inflammation on. Inflammatory chemicals (TNF, IL-6) are released and CRP rises.
4. These chemicals jam the insulin receptor. Insulin is there, but sugar cannot enter the cells. The pancreas makes more insulin. That is insulin resistance.

5. Low levels of LPS in the blood for years is called **metabolic endotoxemia**: not a sudden infection, but slow poisoning from the gut. It is linked with type 2 diabetes, obesity, fatty liver, autoimmune disease and PCOS.

Easy way to remember (Sheenu): the gut is the security gate, LPS is the intruder, the immune system is the alarm, inflammation is the noise, and the insulin receptor is the jammed lock.

It starts silently (Part 2)

Long before diabetes is diagnosed, the fasting sugar looks normal and HbA1c is borderline, but the client already has tiredness, cravings, fatty liver and belly fat. Gut signs come even earlier: bloating, acidity, constipation or loose stools, brain fog, cravings, and feeling dull and sleepy after eating.

- Artificial sweeteners change the gut bacteria, raise glucose intolerance and insulin resistance, damage the mucus layer, raise the endotoxin load and reduce short-chain fatty acids. **Never recommend them (Sheenu).**
- Type 1 diabetes is immune activation: autoimmunity triggered by leaky gut. Type 2 is metabolic inflammation: insulin resistance.
- Sheenu's example: age 38, HbA1c 6.6, borderline fasting sugar, bloating, acidity, cravings. The usual approach cuts sugar and gives medicine. The focus should be an anti-inflammatory diet, exercise and a gut reset.
- Without gut healing, sugar control stays temporary, drug doses keep rising and complications keep growing.

From Part 2 (Dr. Sheenu). The common start for all of these is an unhealthy diet, chronic stress, antibiotics, poor sleep and a sedentary life, which lead to dysbiosis, leaky gut and chronic low-grade inflammation.

Disease	The path from the gut
Obesity	Altered SCFA signals and endotoxins in the blood cause inflammation, then leptin resistance (the brain does not sense "full"), then more appetite and less fat burning, then visceral fat
Non-alcoholic fatty liver	Endotoxins travel to the liver through the portal vein, causing liver inflammation and liver insulin resistance. The liver makes more fat and triglycerides build up. The inflamed liver also releases extra glucose, which is why fatty liver and diabetes go together

Disease	The path from the gut
PCOS	Inflammation and insulin resistance cause excess insulin, then more male hormone, then disturbed ovulation: irregular periods, acne, hair problems
Anxiety	Less serotonin and GABA, plus inflammation in the brain, make the stress response overactive
Depression	Reduced tryptophan handling causes low serotonin and long inflammation in the brain
Autism	Early antibiotics and poor gut colonisation cause severe dysbiosis and inflammation during brain development. Dysbiosis does not cause autism alone, but it strongly affects severity and symptoms. For autism clients a gut reset is important
Mood swings	Blood sugar swings, neurotransmitter imbalance, an unstable stress system
Thyroid (hypo and Hashimoto's)	Poor absorption of iodine, selenium and zinc, poor T4 to T3 conversion, and immune activation
Autoimmune disorders	Leaky gut lets foreign particles into the blood, the immune system gets confused and makes autoantibodies
Cancer	From the Q&A: inflammation is the current behind cancer, so in a cancer patient the gut must be healed first (the oncologist leads; see Section 2.6.12)

Sheenu: "We keep naming diseases by organ (brain, liver, pancreas, ovaries), but the gut sits silently at the centre of all of them. Work on the gut first, then go to the organ."

2.6.6 Tests you can refer the client for

From Part 3 (Dt. Shweta). You never order a test; you tell the client what exists and the doctor decides. The price in the table is as said in the session and may have changed.

Level	Tests
Basic	CBC, CRP, B12, vitamin D, ferritin
Breath tests	Hydrogen breath test; lactose intolerance test (about ₹14,000 to 15,000)

Level	Tests
Advanced stool	Comprehensive stool analysis, microbiome profile
Leaky gut markers	Zonulin (the protein that opens and closes the tight junctions: the higher it is, the more the leak), LPS, intestinal permeability test
Gut, brain and pancreas disconnect	GLP-1 level, GIP, fasting insulin, HOMA-IR. Signs of this disconnect: appetite out of control, emotional eating, sugar cravings, never feeling full

Sheenu (Part 2 Q&A): generally, inflammatory markers and symptoms are enough to know there is dysbiosis, and with today's lifestyle almost everyone needs a gut reset. So a client does not need an expensive test before you start. Symptoms and a CRP or ESR are enough to begin. The HFS Gut overlay says the same: track the symptom diary, not the weight.

2.6.7 What happens if the gut is left alone

For your knowledge only, never to frighten. Arranged from what Sheenu said in Parts 1 and 2. Nothing here is a prediction for any one client.

If the gut stays unhealthy	What can follow (Sheenu)
Dysbiosis and a leaky gut continue	Chronic low-grade inflammation in the whole body
The inflammation continues	Hormone imbalance, metabolic disorders (insulin resistance, fatty liver, obesity, diabetes, PCOS) and autoimmune disease
Only the symptom is treated	Medicines suppress symptoms for a time, but the root stays, so relapse is guaranteed
Sugar is managed without healing the gut	Sugar control stays temporary, drug doses keep rising and complications keep growing
Stress and an inflamed gut together	Serotonin and GABA fall, cortisol stays high: anxiety, low mood, brain fog, poor sleep
Supplements for years	The lining adjusts, stops absorbing that nutrient from food, and becomes more permeable

2.6.8 The body system that has failed, and what remission and reversal mean

The Disease Reversal programme asks you to name the body system that has failed. For a gut client the system is the **digestive system and the gut lining**: digestion, absorption and the gut bacteria. Sheenu says gut health is where every other disease starts, so for most clients with a long-standing problem the gut is the system to work on first. Name it from what the client told you and what their report shows, never from a guess.

What the client reports or shows	The finding you can name	Where it comes from
Bloating, gas, acidity, constipation or loose stools	The digestive system is not digesting and moving food properly	Sheenu, signs table
Tiredness, brain fog, low mood, poor sleep	The gut-brain connection: low serotonin and GABA, high cortisol	Sheenu, five steps
Sugar cravings, belly fat, borderline sugar	Gut inflammation and insulin resistance	Sheenu, Part 2
Low B12 or vitamin D, low iron, anaemia	Poor absorption, a gut lining or bacteria problem	Sheenu, vitamins
Food intolerances, skin problems, joint stiffness	A leaky gut and immune activation	Sheenu, five steps
Repeated antibiotics, antacids, painkillers, steroids	A medical cause for the imbalance	Sheenu, causes

- **Sheenu (Part 1): can this be reversed? Yes.** The gut lining starts regenerating within days, the bacteria start responding, and inflammation reduces with the correct intervention. But not with diet alone: the whole person is needed, mental, physical, emotional and social.
- **A gut reset takes a minimum of 21 days (Sheenu, Part 2).** Always reset the gut first, then work on the disease.
- **Diseases that start from the gut:** Sheenu says type 2 diabetes and PCOS can be reversed; type 1 cannot. For a very elderly person with diabetes it may be remission rather than reversal.
- **What you say to the client:** the gut can start improving in days; a proper reset is at least 21 days; staying well is about the whole person; the doctor decides about any medicine. No promise on a date, a report value or a medicine.

2.6.9 The medicines and supplements you will see (knowledge only)

The gut card names few prescription drugs: Sheenu's teaching is mostly about what harms the gut and what repairs it. These are the ones you will meet, and what each does.

What the client may be taking	What it is for, and the gut point (Sheenu unless marked)
Antibiotics, repeated or heavy	A cause of dysbiosis. After a course: curd, buttermilk and B vitamins. Sheenu (Part 3): Vizylac is a safe probiotic to give along with antibiotics
Antacids for any acidity	A named cause of gut imbalance when taken for every acidity (Part 1)
Painkillers (NSAIDs) and steroids	Named causes of gut damage (Part 1)
GLP-1 drugs in diabetes	They copy the GLP-1 signal, because in dysbiosis the body's own GLP-1 is low (Part 2)
Any supplement or medicine for more than 3 months	The gut lining adjusts, stops absorbing that nutrient from food, and becomes permeable (Part 1). Example: calcium
Iron	Plant (organic) iron is recognised by the body. Synthetic (inorganic) iron causes constipation and gut problems; if the granules inside a capsule stick to a magnet, it is inorganic. Heme iron from animal food is the best absorbed (Sheenu, Part 3)
Calcium	After pregnancy a calcium supplement for 3 months (Sheenu, Part 3)
Probiotics, brand examples named	Darolac, VSL3, Vizylac (Part 3). Must match the condition (table below)

Supplements taught in Part 3 (Dt. Shweta; the zinc carnosine line is Sheenu's)

Doses are as taught. Whether a coach may suggest any of them, and how, is for Sheenu to decide. Until then, treat this as knowledge and tell the client's doctor.

Supplement	Dose as taught	Given for	Avoid in
Soluble fibre: husk (isabgol) or chia seeds	No dose given	Constipation, IBS, diabetes, fatty liver. Raises SCFA and GLP-1, lowers inflammation	No exclusion named
Magnesium oxide	250 to 500 mg at night	Chronic constipation	Chronic kidney disease
L-glutamine	5 g once or twice a day	IBS with diarrhoea, leaky gut, diarrhoea after an infection. Also in autoimmune cases for gut healing	Severe liver failure
Butyrate	300 to 600 mg a day	IBS, IBD, metabolic syndrome: reduces inflammation	No exclusion named
Zinc carnosine	Sheenu: start at 25 mg, for one month	GERD (reflux)	No exclusion named

Nutrients that repair the gut lining (Part 3): L-glutamine (fuel for gut cells), zinc, omega-3 fatty acids, vitamin A and vitamin D. Food first. **Protein (Sheenu, Part 1 and Q&A):** a healthy person needs about 0.8 to 1 g per kg of body weight; food first; a protein powder only when the need cannot be met from food, and check its bioavailability (the PDCAAS score), because gut health decides whether it is absorbed at all.

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

Probiotics must match the condition (Part 3)

Condition	Probiotic named
IBS with bloating or constipation	Bifidobacteria
Diarrhoea from heavy antibiotic use	Saccharomyces boulardii
After a course of antibiotics	Bacillus clausii

Never random. **Probiotics only work if the bacteria are also fed**, so always combine the probiotic with prebiotic food: onion, garlic, banana, oats, apple, legumes (Part 3; Sheenu's Part 1 list is onion, garlic, banana, oats, flaxseed).

Pre, pro and postbiotics: all three are needed (Part 1)

Type	What it is	Sources	What it does
Prebiotic	The food of the good bacteria	Onion, garlic, banana, oats, flaxseed	Feeds the good bacteria
Probiotic	Live good bacteria	Curd, buttermilk, fermented foods, clinical supplements	Restores the bacteria, reduces inflammation, improves digestion
Postbiotic	The useful things the bacteria make	Butyrate and short-chain fatty acids	Heals the gut lining, reduces inflammation, improves insulin sensitivity, helps the gut-brain axis

What works with and against, by situation

Situation	What works with it	What works against it
Gut healing in general (Sheenu, Part 1)	Khichdi, moong, rice kanji, steamed vegetables, homemade curd, buttermilk, cooked fruit. Fibre-rich food, protein, fermented food (Part 3)	Processed, sugary and junk food feed the harmful bacteria (Part 3). Artificial sweeteners: never (Part 2)
Constipation (IBS with constipation)	Soluble fibre; 1 spoon of coconut oil with lukewarm water, morning or evening; small quantities often (Sheenu, Part 3 Q&A)	Synthetic iron (see above)
Gas from foods (the 21-day reset)	Fennel seed water; ajwain water (roast the ajwain lightly); black salt, hing, jeera. If fennel water itself gives gas, switch to ajwain water (Sheenu, Part 3 Q&A)	The foods that make gas for that client. Dt. Shweta named rajma, chole, cabbage, brinjal and capsicum; also check milk, tea and coffee
Breaking an intermittent fast and bloating	Start with something lukewarm and liquid before breakfast (Sheenu, Part 3 Q&A)	Jumping to a full meal

Situation	What works with it	What works against it
Thyroid medicine at the same time (Sheenu, Thyroid session; HFS conflict table)	Keep fibre such as isabgol far from the thyroid tablet and space the timing	Cruciferous vegetables for fibre if thyroid is also present: thyroid wins, use permitted greens, cooked
Vegetarian client and B12 (Sheenu, Part 3)	With a balanced diet and probiotics the good gut bacteria make B12. Dt. Shweta: fermented food about three times a week; fortified cereals and soya milk are other options	A gut that is not absorbing: check B12 and vitamin D

2.6.11 Herbs: what each does and the caution

Gut herbs from Part 1 (Sheenu) and Part 3 (Dt. Shweta). The cautions in the right-hand column are from Sheenu's other sessions, the HFS deck and the HFS overlays, and are marked where so.

Herb	What it does (card)	The caution you must remember
Triphala	Gut cleanser (Part 1)	It is a diuretic: not with a prescribed diuretic (Sheenu, Liver session). With diarrhoea, no triphala (Sheenu, Thyroid session). At night, not with turmeric: pick one (Sheenu)
Ginger	Improves digestion (Part 1)	Thins the blood: not with a blood thinner or beta blocker (Sheenu, Liver session)
Jeera	Supports the agni (Part 1)	None named
Ajwain	Gas relief (Part 1)	Roast it lightly (Sheenu, Part 3 Q&A)
Mulethi (licorice)	Helps heal the gut lining; soothes the gut, root contains glycyrrhizin (Part 1 and Part 3)	Sheenu lists it as an adrenal-affecting herb that interacts with levothyroxine (Thyroid session). The HFS deck says avoid in high BP
Hing	Reduces bloating (Part 1)	None named
Peppermint oil (leaves)	IBS, bloating (Part 3)	None named
Slippery elm (inner bark)	Soothes the gut (Part 3)	None named

The rules for herbs. This is where students go wrong. (Sheenu, Liver session; they apply to every herb)

1. **Never give many herbs together.** If one is given in the morning, do not give another in the evening.

2. **Rotate them.** For example three days of one and three days of the next, or change weekly. The plan changes every week or ten days anyway.

3. **At night, do not give turmeric and triphala together.** Pick one.

4. **No herb goes on long term.** Give a herb for a week, then a gap, then a week. Not continuously for a month; if it clearly suits the client you can extend to 15 days. The most for any herb is around four weeks, after which you reduce it and watch the results.

5. **If the client is on anxiety or depression medicine, check the interaction before any herb at night.**

Written in brackets: when you choose one herb, write the next herbs and the week you will give them in brackets in the plan, so that nothing is given all at once.

2.6.12 Your scope, and where to refer

You never prescribe medicine. The doctor prescribes. Your job is to see what is taken, plan the food around it, and tell the client to inform their doctor. (Sheenu, Liver session.) The supplement and probiotic tables in this part are given so that you understand what a client may be taking and what the gut needs, not so that you can start or stop anything on your own.

Sheenu's own summary of your role in the gut (Part 1): identify the root cause in the gut; correct food and lifestyle; heal emotions and stress; prevent relapse; guide long-term healing. **Health coaches do not treat, they transform.**

Rule	What it means in your work
Reset the gut first, then work on the disease (Sheenu, Part 2)	A gut reset is a minimum of 21 days. A client with sugar, hormone, skin or mood problems starts with the gut reset, unless the HFS ladder below puts something above it

Rule	What it means in your work
Tell the client to inform their doctor (Sheenu, Liver session)	When you start a clinical diet say: "Tell your doctor you are on a therapeutic diet. Keep getting your levels checked and stay in touch about the medicines"
Write the food and herb interactions into the plan at the end of the journey, not the start (Sheenu, Liver session)	When the 3, 6 or 12 month diet is completing, write what to take and what not to take alongside their medicines at that time
Add fibre slowly (Sheenu, Liver session)	Some clients bloat on fibre. Add it slowly and give a root vegetable alongside. In the gut this is the first thing to get right
Quantify in bowls, not grams (Sheenu, Liver session)	Small, half, medium and large bowl
Give breath work to every client (Sheenu)	Whatever they came for
Make your own notes, in your own language (Sheenu, Part 1)	As a story or as a mind map, so that when a client comes you go through your notes and apply them

If you see this	What you do	From
Blood in the stool, black stools, vomiting that will not stop, severe or worsening belly pain, a swallowing problem, or weight loss without trying	The client's doctor now. You do not plan around it alone. Do not delay care to enrol	Safety line; not from Sheenu's card
New diarrhoea after an infection or after antibiotics	The doctor knows. Sheenu names probiotic and L-glutamine for this; the doctor decides	Sheenu (Part 3)
Client takes any prescribed medicine for the gut, diabetes, thyroid or anything else	Plan the food around it. Never suggest a change. Tell them to inform their doctor	Sheenu
Client has a very high CRP or ESR, or a known inflammatory bowel disease, autoimmune disease or cancer	The treating doctor leads; you support. Sheenu says in cancer the gut must be healed first, never at the cost of the oncologist's plan	Sheenu (Part 2 Q&A); HFS Case 6 (Vineet K.)

If you see this	What you do	From
Client has kidney disease or liver failure	Check each supplement's exclusion first (magnesium oxide not in chronic kidney disease; L-glutamine not in severe liver failure). The doctor decides	Sheenu (Part 3)
Client is pregnant or has just delivered	The doctor leads. HFS: no calorie deficit. Calcium after pregnancy for 3 months as the doctor advises	HFS overlay; Sheenu (Part 3 Q&A)
A young child, a baby, or a client over 60	Children: C-section, formula, early antibiotics, packaged juices and processed food harm the gut. After 60 GLP-1 and GIP decline and appetite weakens: nutrient-dense food. Involve the doctor for any child	Sheenu (Part 3)
Client is on a long course of any supplement or medicine (3 months or more)	Tell them to speak to their doctor; do not stop it yourself	Sheenu (Part 1)
Client is on anxiety or depression medicine	Check before any herb at night	Sheenu, Liver session

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

The HFS Overlay System sets one ladder: organ failure or surgery first; then pregnancy and lactation; then insulin-dependent diabetes and uncontrolled BP; then chronic metabolic conditions (thyroid, PCOD, cholesterol, fatty liver, uric acid); then **symptomatic conditions such as gut**; and the weight goal always last. The goal bends to the condition, never the reverse.

Conflict (HFS)	Winner	What you do instead
Thyroid against Gut or Detox (cruciferous vegetables)	Thyroid	Permitted greens, cooked. Use isabgol for fibre (the HFS Sujata R. example)
Thyroid against Cholesterol (oats)	Thyroid	Other soluble fibre: isabgol, methi
Uric acid against vegetarian diabetes (dals)	Uric acid	Low-purine protein: paneer, curd, egg white. The gut case deck also asks for pulses to be held in a flare
Lactation against weight loss	Lactation	No deficit until feeding reduces

Conflict (HFS)	Winner	What you do instead
Cardiac against anything	Cardiac	Conservative target, doctor in the loop

the guide's reading: the HFS ladder puts gut at level 5 and says it must never override levels 1 to 4. Sheenu says to reset the gut first and then work on the disease, and that without a healthy gut no disease can be reversed. I read these together this way: the gut reset leads the order of work for chronic and metabolic conditions, but it never overrides organ failure, pregnancy, insulin or uncontrolled-BP safety, or the doctor's instructions.

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 (Gut prompt, only if missing)	Why it matters (Sheenu, HFS Gut overlay)
Junk, packaged and ultra-processed food; outside food	Named as the first food cause. They feed the harmful bacteria
Sugar, refined flour, cola, sweeteners	Excess sugar and refined flour are named causes. Artificial sweeteners damage the gut: never
Very spicy food, chilli, pickles	HFS Gut overlay removes very spicy food and excess chilli
Curd at night, raw salad at dinner	HFS Gut overlay: chaach in place of night curd; cooked vegetables in place of raw at dinner for bloaters
Fibre, fruit, vegetables, fermented food	High-fibre, seasonal and fermented food feed the good bacteria
Tea and coffee cups per day	The gut case deck lists excess tea and coffee among foods to avoid
Alcohol, smoking	Named causes
Water: how much, and with meals	HFS overlay: water 30 minutes before meals, never during
How fast they eat, meal times, long gaps	HFS overlay watches eating speed, meal timing and long gaps

Listen for (Gut prompt, only if missing)	Why it matters (Sheenu, HFS Gut overlay)
Dinner time and sleep time	HFS overlay: dinner at least 90 minutes before sleep. Late nights and poor sleep are named causes
Sitting hours, walking, exercise	Physical activity and regular meal timing protect the gut (Sheenu, Part 1)
Stress, anxiety, anger, suppressed feelings	Chronic stress causes chronic inflammation (Sheenu)

Example finding: "Dinner from outside at 10 pm, curd at night, two cups of coffee, antacid every day, eats in front of the phone, no walk." Confirm the pattern. Do not give the correction on the call.

2.8 Section D · Root causes: MESS

Say the concept for all four areas, even where they have no difficulty. If no gap appears, record "No current concern reported" or their strength. Do not create a weakness to justify a feature. MESS explores what makes a routine hard to keep; it does not establish the medical cause of the gut problem, which is on the causes table in Section 2.6.3.

MESS	Form questions to use	Gut 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?	"Gas and acidity are normal for everyone." "I have tried everything for my stomach." Giving up after one bad week. Confirm: "Is restarting after a setback an area where support would help?"
Emotional	Which of these do you experience? How do you handle feeling low, stressed or hurt? Anything from the past that feels heavy? (only what they are comfortable sharing)	Sheenu: chronic fear, anxiety, suppressed emotions, trauma and control issues are named causes. Eating or snacking to handle feelings. Do not investigate trauma or begin release work on the sales call
Social	Who supports you and who makes it harder? Pressure at functions? Time for yourself? Someone to share feelings with?	Family food, office parties, who cooks, and whether the family eats what they eat. Confirm: "Is the difficulty pressure to join in, or no suitable food option?"

MESS	Form questions to use	Gut prompts and what to listen for
Spiritual	Do you stop and notice how you really feel? What gives your life meaning? Where do you put yourself in your priorities?	Putting everyone else first, eating on the run, no time to sit and eat. The gut case deck asks for slow, calm eating. Is a few minutes of stillness 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 happens if the gut is left alone (Section 2.6.8) is for **your** knowledge. On the call use only the fear they name themselves. Never predict complications, never say an autoimmune disease or diabetes will follow, never imply that enrolling is the only safe choice. Their doctor is the one who gives the diagnosis and the outlook.

2.10 Section F · Real-life challenges

- Which practical difficulties should the plan allow for? How much time, and at what hours? Any budget limit? Who shops, cooks or orders the food? Who needs to help put the plan into practice?
- **Gut prompts:** how often do they eat outside or order in? Do they eat on the run, in front of a screen, or very late? Who cooks, and will the family eat the same food? Do they travel for work? Can they take medicines and supplements at fixed times?
- **HFS prompt (Case 23):** "What is coming up in the next 90 days?" Moving house, festivals, travel, exams, a wedding. These events, not disagreements, are what end programmes. HFS Case 23 (Deepshikha G.): a new house, everyone busy, no walk and no proper water.
- **HFS prompt (Case 17):** if they travel, say on the call that the travel version of the plan is built before they need it.
- Do not label real lack of time or money as an excuse.

2.11 Reflection before the Bridge

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

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

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

What they told you (examples)	Programme feature (Disease Reversal)
Bloating, gas, acidity, constipation; reports show high CRP, low vitamin D or B12	Functional Nutrition Plan
Late heavy dinners, eating on the run, curd at night, no walk	Your Daily Routine Plan
"I stop after one missed day." "Gas is normal for everyone."	Habit and Mindset Coaching
Anxiety, stress, snacking or eating to handle feelings	Emotional Release and Stress Regulation
"I never get time to sit and eat calmly."	Daily Stillness Practice
Weddings, parties, travel, eating out, family food	Travel, Festival and Eating-out Guides
"I follow for two weeks, then it falls apart."	Accountability

What they told you (examples)	Programme feature (Disease Reversal)
Has reports, does not understand CRP, B12, vitamin D; tests every few months	Reports and Marker Review
The gut, digestion and the gut lining as found; the root and sacral chakras if raised	Life System and Chakra Healing
On antacids, antibiotics, iron, calcium or probiotics, with supplements and herbs of their own	Medicine and Food Guide

Which programme? If they have a diagnosed condition, reports and medicines, and the root cause involves a body system, offer the **Disease Reversal programme** (10 features). A gut client with a long-standing problem, or a gut-linked disease such as IBS, diabetes, PCOS, thyroid or autoimmune disease, fits this. If the picture is mainly lifestyle and habit, for example occasional bloating with no reports or medicines to work around, the **MPESS programme** (8 features) is the honest fit. Say it from their record, not from price.

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

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

Point A: what the client reports	System behind it	Point D: what is possible
Bloating after meals, gas, heaviness	Imbalance of the bacteria; food ferments instead of digesting	Digestion improves first, often in the 21-day reset, as the foods that cause gas are found
Constipation, loose stools, or both	Weak gut movement and lining; the bacteria that make short-chain fatty acids are low	A regular stool as fibre, water and the right bacteria are rebuilt

Point A: what the client reports	System behind it	Point D: what is possible
Acidity and reflux	Pitta is high; the gut and the stomach are irritated	Calmer after meals as dinner, spice and eating speed are corrected. The doctor decides on any medicine
Tiredness, brain fog, poor sleep, low mood	The gut makes most of the serotonin and talks to the brain through the vagus nerve	Energy and sleep settle as the gut settles; breath work and stress practice help
Sugar cravings, high sugar, weight gain	Dysbiosis lowers GLP-1 and raises insulin resistance	Sugar and inches improve as tested. Reversal is yes for type 2 diabetes, no for type 1, remission for elderly diabetes (Sheenu)
Skin, acne, joint pain, allergies, a thyroid or autoimmune problem	A leaky gut lets food and bacteria parts through, and the immune system overreacts	The reset comes first, then the disease. No promise that the disease goes away; the doctor owns the diagnosis
Repeated antibiotics, antacids, painkillers or steroids	These are named causes of a damaged gut	Repair the bacteria and the lining with food. The doctor decides on every medicine

Say it as possible, never as promised. Sheenu: always reset the gut first, then work on the disease; and a reset takes a minimum of 21 days. Reversal is yes for type 2 diabetes and PCOS, no for type 1, and for elderly diabetes it may be remission. For autoimmune disease or cancer the treating doctor leads and you support. The medicine decision is always the doctor's.

03

SECTION 3

The Transformation Journey

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

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

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 get bloated after every meal and you are constipated one week and loose the next. You take an antacid most days, you are tired by afternoon with a foggy head, and you crave sweets at night. Your doctor said it is IBS and to avoid spicy food. Did I understand you correctly?" Wait for "yes, exactly".

Picture	What you say, filled from their words
Tree A: today	Where they are now. "Bloated after every meal, constipated then loose, antacid most days, tired, foggy, craving sweets at night."
The falling tree	Their own fear from Section E, in their exact words. "You told me that in a year, [their fear]. That is where it falls if nobody works on the roots."

Picture	What you say, filled from their words
Tree D: what is possible	Where they can be in twelve months, in their words, from Section A. "Meals without bloating, regular and easy digestion, steady energy and a clear head, and your doctor reading better reports."

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

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

Reason	In gut words
Treating the fruit, not the roots	"Gas, an antacid. Constipation, a laxative. Mood, a tablet. Sugar, a medicine. The food, the antibiotics, the stress and the gut underneath are never touched." (Sheenu: every chronic disease starts silently from the gut; if you do not heal the gut the disease keeps coming back.)
Fixing only one part	"Only a probiotic. Only a diet. Only a herb from a shop. Sheenu: a tablet alone cannot fix the gut; the bacteria, the lining, the gut hormones and the food all need work, and so does the whole person: mind, body, feelings and relationships."
Doing it alone	"No system, no one who knows your case, no one to keep it going. Motivation comes and goes."

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

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

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

3.1.2 Stage 4 · Offer

Their journey, in the approved promise lines

Point	Approved line	What you may add in gut words
Relief · 3 months	Energy, sleep and cravings settle, and the first visible change comes	The first change is usually in digestion, bloating and energy. Reports are not promised to move by any date
Correction · 6 months	Markers move, and the first medicine conversation with the doctor	The markers that were tested (CRP, B12, vitamin D and the rest) are reviewed and the plan adjusted; the first conversation with the doctor about the medicines
Freedom · 12 months	Markers held, medicines reduced or stopped by the doctor, and it holds on its own	Improvement that holds without you. Sheenu: a gut reset is at least 21 days, the gut lining starts to heal within days, and it is the whole person that makes it hold
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 gut

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 bloating after meals, the acidity and the tiredness.

The problem: A generic diet does not heal the gut: the wrong foods keep feeding the harmful bacteria, and some foods and supplements work against each other and against the medicines.

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

The benefit: Feeds the good bacteria, calms the gut and fills the nutrition gaps, so digestion, energy and the markers can move.

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

Remind: Lunch at 3 pm, dinner at 10:30 pm from outside, sleep at 1 am.

The problem: Irregular meals, long gaps and late heavy dinners keep the gut working when it should rest.

The solution and how it reaches them: Wake, medicine, meal, movement and sleep times, written for their day and reviewed weekly.

The benefit: The body goes into repair mode.

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

Remind: You said that after one missed day you leave the whole week, and that nothing has worked for your stomach.

The problem: The plan stops at the first slip, and the belief under it stays.

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

The benefit: Doing what was always known to be right.

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

Remind: You told me about the stress, the worry and the low mood.

The problem: Chronic stress, fear and held-in feelings cause long inflammation and keep cortisol high; the gut and the brain talk to each other through the vagus nerve (Sheenu).

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

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

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

Remind: You said you never get time for yourself.

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

The solution and how it reaches them: A daily stillness and purpose practice.

The benefit: A daily anchor that keeps things going when it gets hard.

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

Remind: Weddings, family food, work trips, eating out.

The problem: Plans break on exactly these days, and outside food is what upsets the gut.

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

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

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

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

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

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

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 CRP, B12 and vitamin D tell you about your gut.

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

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

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

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

Remind: Your bloating, acidity, tiredness and cravings all point to the gut, where the digestion, the absorption and much of the immunity happen.

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

The solution and how it reaches them: Support for the body system that has failed, and the energy exercise for the chakra linked to that system.

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

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

Remind: You take antacids, a probiotic and an iron or calcium supplement, and herbs on your own.

The problem: Some foods, supplements and herbs work against the medicine, or against each other. A probiotic with nothing to feed it, or synthetic iron that blocks the bowel, for example.

The solution and how it reaches them: Which foods and herbs support the medicine and which work against it.

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

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

3.1.4 The pseudo price: value first, never price first

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

Feature	12 months	6 months	3 months	1 month
Functional Nutrition Plan	₹1,00,000	₹50,000	₹25,000	₹8,350
Your Daily Routine Plan	₹32,000	₹16,000	₹8,000	₹2,700
Habit and Mindset Coaching	₹20,000	₹10,000	₹5,000	₹1,700
Emotional Release and Stress Regulation	₹1,00,000	₹50,000	₹25,000	₹8,350
Daily Stillness Practice	₹12,000	₹6,000	₹3,000	₹1,000
Travel, Festival and Eating-out Guides	₹28,000	₹14,000	₹7,000	₹2,300
Accountability	₹28,000	₹14,000	₹7,000	₹2,300

Feature	12 months	6 months	3 months	1 month
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
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." / "My IBS is for life."	Why each past attempt stopped: symptom only, one thing only, or nobody keeping it going. Sheenu: the gut lining starts regenerating within days, the bacteria respond, and inflammation falls with the right steps, but not with diet alone. A proper reset is at least 21 days. Never promise a cure or a date	"Of those three, which one was yours?"
"Let me think about it."	"Just so I know I explained it well, what is the part you want to think about?"	Almost always it is one of the four above. Then fix the date
"I am already on medicines for my stomach."	The medicine stays with the doctor. Continue it as the doctor says. We plan the food and lifestyle around it, and the Medicine and Food Guide keeps the food from fighting the medicine	"Would it help if we worked with your doctor's plan, not against it?"
"Gas and acidity are normal, everyone has them."	Common is not the same as healthy. Sheenu: bloating, acidity and tiredness are signs the gut is not working well, and they come before the bigger problems. Ask: "Would you like to know what is behind it?"	"Which of these is still there?" Then show the gap

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

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

3.2 The client journey with us: 3, 6 and l2 months, and how it is delivered

Source: Promise lines: Sales Kit programme documents. The 21-day gut reset, "reset the gut first, then the disease", supplements not past 3 months, and remission against reversal: Dr. Sheenu (Gut card). The three phases and the expected outcomes of the practice cases: the Diamond Council gut case deck, presented by Dt. Shweta. Weekly weight and inch ranges: HFS Journey Tracker and Case Study Pack. HFS Gut overlay: the monitor is the symptom diary, not weight. Sheenu gave no 3, 6 and 12 month map and no time for reports to settle; placing the work on a map, and the "what the client should notice" column, are the guide's. Treat the map as a guide to set honest expectations, never as a guarantee.

Say this in week zero. For a gut client the first measure is how they feel, not the scale. The HFS Gut overlay says to monitor the symptom diary, not weight. Karuna A. (acidity, tiredness, constipation, 57.3 kg) needed a short, clear gut plan, not a long weight programme.

A gut reset takes **a minimum of 21 days** (Sheenu). Promise no date for a report. Bloating, stool and energy usually move first. **Sheenu: always reset the gut first, then work on the disease.** Say that in week zero, and again when the first symptoms settle: the plan has only just begun.

Source: Dr. Sheenu, Gut Health protocol card (Parts 1 and 2 by Sheenu; Part 3 by Dt. Shweta with Sheenu answering, each line says which); HFS Overlay System (the Gut overlay and conflicts) and HFS Indian Food Swap Guide; the Diamond Council gut case-study deck (presented by Dt. Shweta; differences marked "changed"); Sales Kit (delivery system, onboarding form). The week-by-week order in 3.2.4 is built around Sheenu's 21-day reset.

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

	Relief · 3 months	Correction · 6 months	Freedom · 12 months
What the client should notice (gut)	The 21-day reset is done. Less bloating and gas; acidity and reflux calmer; stool more regular; fewer food reactions; clearer head; better sleep and energy; fewer sugar cravings. The foods taken out are re-introduced one at a time	The gut has held through a normal month. Inflammation markers (CRP, ESR) and deficiencies (B12, vitamin D, ferritin) as tested, read with the doctor. The condition that sat on top of the gut (sugar, thyroid, skin, joints, mood) is now being worked on	More plant variety and a stable gut through travel and festivals. **Remission first.** Reversal is one full year with no medication and no symptoms after that, where the condition allows it
What you do	Run the reset (Section 3.2.4): remove what causes gas for that client, no packaged food, early dinner, slow eating, water before meals, breath work. Medicines and supplements checked before any herb or probiotic. Symptom diary on. Baseline reports	Phase two: prebiotic and probiotic food together, fibre raised slowly, stress work. Plan adjusted from the diary. Herbs rotated with gaps. Supplements stopped on time. Doctor conversation prepared (they carry your records; the doctor decides)	Phase three: variety, millet rotation, seasonal eating. They run their own plan. Travel and festival routines proven. Write the final list of what to take and not take alongside their medicines now (Sheenu). Then maintenance diet and membership
What you track	Symptom diary *; stool log; seven physical metrics monthly; their own words; medicine and supplement list	Inflammation markers, B12, vitamin D, ferritin, with medicine status beside each reading; any advanced test the doctor asked for	Total result with time taken; promise met yes, partly or no; remission date; 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 gut only. For a gut client, weight is not the main number: Deepshikha G. (gas, acidity, bloating, joint pain) had a flat weight series but 4.7 inches and 1.4 abs inches in month one, with visceral fat down. For a client with low weight, a child, a client over 60 or a client with an autoimmune disease, the aim is not fat loss at all: it is nourishment and strength, so lead with how they feel and what they can eat.

What Sheenu says about the end point. The gut is the root of many diseases, so a gut client usually has another condition on top. Reversal is yes for type 2 diabetes and PCOS, no for type 1, and for elderly diabetes it may be remission. Say which applies to this client in week zero. Never promise reversal of an autoimmune or other disease because the gut was reset: the reset is the first step, and the doctor owns the diagnosis.

3.2.2 Month by month

When	Coach	Client	Check
Before day 1	Blueprint sent. Onboarding form. Reports and medicine list collected, with the lab name. Antibiotic, antacid, painkiller, steroid and long-term supplement history asked. Promise written: one number, one feeling, a date. Red flags checked (Section 2.6.12): if present, the doctor is involved first	Starts the Blueprint's first steps	Baseline captured: symptom diary, 7 metrics, reports, their words, MPESS baseline
Week 1	Reset begins: the foods that make gas for that client out, very spicy food, carbonated drinks and packaged food out. Water 30 minutes before meals, never during. Ajwain or jeera water 30 minutes after dinner. Dinner 90 minutes before sleep. Breath work begins. Medicines mapped against Sections 2.6.9 to 2.6.11 before any herb. Tracker on	Follows the first plan; logs meals, stool and symptoms	Medicine and supplement check before any herb or probiotic
Week 2	First asanas and pranayama for their picture. Walk after meals. Slow eating: 20 chews a bite, no mobile (the deck's emotional gut practice)	Practises daily	Are they following? You will know. Expect a weight wobble (HFS Case 7: 65.5 then 66.2)

When	Coach	Client	Check
Week 3 (end of the 21 days)	Reset review: what improved, what did not, from the diary. Do not add the next layer until the first has held. Specific compliance review. Adjust plan	Continues; asks questions	First checkpoint: symptom diary, 7 metrics, photos, words. Lead with how the belly and the stool feel
Week 4 and on	Repair and rebuild: add prebiotic and probiotic food together, raise fibre gradually, stress work. A probiotic or supplement only as Section 2.6.9 says, with the doctor aware. One herb at a time, with a gap	Builds habits one at a time	Stool log and bloating reviewed weekly
Month 2	Chakra work and emotional gut work as found (E.S.S. from the deck, labelled). Review travel and events ahead. First food re-introduced, one at a time	Continues	Symptom diary: bloating, gas, acidity, stool form and frequency, energy, sleep
Month 3 (Relief ends)	Month 3 checkpoint. Capture assets while they are happy: photos, video, review, testimonial, reference. **No supplement runs past 3 months** (Sheenu). Offer next package or membership	Decides on continuing	Repeat inflammation markers, B12, vitamin D, ferritin if the doctor wants, same lab
Month 4 to 6 (Correction)	Work on the condition that sat on top of the gut, with its overlay. Herbs rotate, none longer than about four weeks. Doctor conversation prepared	Takes reports to their doctor	Markers for that condition, with medicine status next to each reading
Month 7 to 12 (Freedom)	Reduce your own involvement. They run the plan. Proof it holds through festivals and travel. **Write the final food and herb interaction list for the medicines they are on now**	Independent practice	Monthly 7-metric report; promise met?
After remission	"The gut is settled. Keeping it settled is what you do next." Keep the diary. Maintenance diet. Membership: monthly meeting, everything else the same	Keeps the habits; does not slip back to packaged food, antacids for every meal, and fried food	The dates, and symptoms month by month

If they have an autoimmune disease, cancer, kidney or liver failure

The doctor leads, always. Your journey is supportive: food planned around the medicines, a gentle gut plan, strength kept, stress lowered, breath work and gentle movement. Sheenu says in cancer the gut must be healed first, but the oncologist leads and nothing is promised. No detox, no strong herbs, no promise of reversal. Their first win is usually less reflux, better stool and more energy. See Section 4.1 (the scleroderma case).

If they are on antibiotics, antacids, steroids or a painkiller

These four are on Sheenu's list of what damages the gut. Never ask the client to stop any of them: the doctor decides. Write each into the first plan, with how long it has been taken. Add food that repairs the gut around it. See Section 2.6.9.

If they have loose stools, constipation, or both

They are not the same plan (Section 3.2.5). Constipation: soluble fibre added slowly, a spoon of coconut oil with lukewarm water, husk before lunch and dinner. Loose stools: calm and replace what is lost. Alternating: start with the calming plan and add fibre slowly. A client whose stool changes suddenly, or who sees blood, goes to the doctor first.

The ladder: why packages are stacked

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

3.2.3 How delivery runs

Element	How it runs
Onboarding (after enrolment)	Carry forward the consultation answers. Complete meal quantities, medicine timings, report details, schedules, baseline measures and practical arrangements on the Detailed Client Onboarding Form. Agree the first weekly plan, tracker, session day and between-session check-ins
Weekly session	One 1-to-1 session a week brings the relevant areas together. These are not separate appointments

Element	How it runs
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 (Section 3.3)
Between sessions	Proactive calls, audio notes or messages at the agreed frequency. Accountability is not limited to the weekly appointment
Review	Progress and difficulties reviewed in the weekly session; plan adjusted. Reports reviewed at every test

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

3.2.4 The first four weeks

Sheenu (Part 2): a gut reset takes a minimum of 21 days, and you always reset the gut first, then work on the disease. The steps inside the reset are from Sheenu's answers in Part 3 and the HFS Gut overlay; the order is the guide's.

When	What you deliver
Before the plan	Read the reports and the medicine list. Ask about antibiotics, antacids, painkillers, steroids and every supplement taken for more than 3 months (Section 2.6.3). Check each medicine and supplement against Sections 2.6.9 to 2.6.11 before any food change or herb. If there is any red flag (Section 2.6.12), the doctor is involved first
Days 1 to 7	Start the reset. Take out the foods that make gas **for that client** (Dt. Shweta named rajma, chole, cabbage, brinjal and capsicum; also check milk, tea and coffee), very spicy food and carbonated drinks, and no packaged food. Give fennel seed water, or ajwain water if fennel itself gives gas (roast the ajwain lightly), with black salt, hing and jeera. Water 30 minutes before meals, never during; ajwain or jeera water 30 minutes after dinner; dinner at least 90 minutes before sleep. Warm, cooked, simple food: khichdi, moong, rice kanji, steamed vegetables. Begin breath work. Symptom diary on

When	What you deliver
Days 8 to 21	Continue the reset. Early dinner. Slow eating. Chaach instead of curd at night. Cooked vegetables instead of raw at dinner if they bloat. Add soluble fibre slowly with a root vegetable alongside. Look at the diary: what improved, what did not. Do not add the next layer until the first has held
Week 4 and on (repair and rebuild)	The deck's second phase: add prebiotic and probiotic food together (curd or buttermilk with onion, banana, oats, apple, legumes if tolerated), raise fibre gradually, add stress-reduction work. Probiotic or supplement only as Section 2.6.10 says, with the doctor aware. One herb at a time, with a gap. First month checkpoint with the symptom diary and their own words
Month 2 to 3 and after	Variety and hold: more plant variety, rotate millets, eat seasonally (the deck's third phase). Chakra work and emotional work as found. Reports repeated. No supplement runs past 3 months without the doctor (Sheenu). Re-introduce the foods taken out, one at a time, and watch

3.2.5 Feature by feature

1. Functional Nutrition Plan

What you build: foods that feed the good bacteria, calm the gut and give it what it needs, planned around the client's symptoms, reports and medicines. First decide which picture leads. They are not the same plan.

Picture	Lead with (Sheenu unless marked)	Food and practice
Bloating and gas	The foods that make gas for this client; fennel or ajwain water	Warm cooked food, khichdi and moong, steamed vegetables; no raw salad at dinner; slow eating; water before meals not during
Constipation (IBS with constipation)	Soluble fibre added slowly; small meals often	Husk or chia (HFS: isabgol before lunch and dinner); 1 spoon of coconut oil with lukewarm water; Bifidobacteria is the probiotic named (Part 3)
Loose stools (IBS with diarrhoea)	Calm the gut and replace what is lost	L-glutamine and butyrate are taught for this (Part 3); curd rice style simple food; the doctor decides on any supplement

Picture	Lead with (Sheenu unless marked)	Food and practice
Acidity and reflux	Calm pitta; lighter dinner; no very spicy food	HFS: no very spicy food or excess chilli; cooked fruit; zinc carnosine is taught for GERD (Sheenu: start 25 mg for one month)
After antibiotics	Repair the bacteria	Curd, buttermilk and B vitamins; the probiotic matched to the situation (Part 3)
Leaky gut, food intolerance, autoimmune	Reduce what crosses the lining; heal the lining	Anti-inflammatory simple food; nutrients that repair the lining (glutamine, zinc, omega-3, vitamin A, D); elimination only as needed (deck: 2 weeks to find triggers)
Sugar, weight, fatty liver, PCOS, thyroid, mood	Reset the gut first, then work on the disease (Part 2)	The gut plan plus the overlay for that condition; the HFS priority rule decides conflicts (Section 2.6.12)
A child, or a client over 60	Gentle, nutrient-dense food; the doctor involved	Children: no packaged juices or processed food. Over 60 appetite and gut hormones decline: nutrient-dense, small meals (Part 3)

The foods, in general (Sheenu, Part 1 and Part 3)

What heals the gut: khichdi, moong, rice kanji, steamed vegetables, homemade curd, buttermilk, cooked fruit; high-fibre foods, seasonal fruit and vegetables, traditional Indian food, fermented foods. **Fibre is the good bacteria's favourite food:** it ferments into short-chain fatty acids and raises GLP-1, which is why fibre is called a natural gut healer. **What harms it:** processed, sugary and junk food, artificial sweeteners, excess sugar and refined flour, alcohol. **To support GLP-1 (Part 3):** high-protein meals, fermented food, soluble fibre, resistant starch; walking, sleep and stress control.

> **The day around the gut (HFS Gut overlay).** Remove: very spicy food and excess chilli, carbonated drinks, curd at night, raw salad at dinner for bloaters. Add: ajwain or jeera water 30 minutes after dinner (the single most repeated recommendation in the HFS files), isabgol or husk before lunch and dinner, chaach in place of night curd, cooked vegetables in place of raw at dinner, water 30 minutes before meals and never during. Watch: eating speed, meal timing, long gaps, dinner at least 90 minutes before sleep. Monitor: the symptom diary, not weight.

Intermittent fasting, the 21-day reset and fibre (Sheenu, Part 3 Q&A)

- **Fasting window:** 8 to 12 hours. A 12-hour overnight gap can be kept for life. Start slowly from their present timing. If they bloat on breaking the fast, start with something lukewarm and liquid before breakfast. For obesity fasting is short-term, not permanent.
- **Fennel water giving gas:** switch to ajwain water.
- **Add fibre slowly,** with a root vegetable alongside, so they do not bloat (Sheenu, Liver session).

When conditions stack, and where the deck, the HFS plans and Sheenu differ

A gut client often has thyroid, diabetes, PCOS, fatty liver, anaemia or low vitamin D as well (HFS Sujata R.: hypothyroid, PCOS, constipation, low Hb, low iron, B12 and D low). Gut is a level 5 condition in the HFS ladder; use the priority rule (Section 2.6.12).

- **Where the Diamond Council deck, the HFS plans or the HFS overlays and Sheenu differ, Sheenu leads.** Each row is marked "changed".

  Length of the first phase: the deck says 2 weeks (3 weeks in one case). **Changed:** Sheenu says a gut reset is a minimum of 21 days.

  Ghee: the deck gives ghee 1 tsp for gut-lining repair and uses ghee in soft meals. HFS removes ghee from weight-loss plans. Sheenu is silent. **Decide with the client's weight and lipids**.

  Garlic and onion: Sheenu lists them as prebiotics. The deck says avoid excess garlic during a flare. **Changed:** small amounts only, and out in a flare or if they cause gas.

  Pulses: the deck holds rajma, chole, chana and lobia in phase 1, and the HFS plans use chole and rajma. **Changed:** Sheenu says remove the foods that make gas **for that client** and bring them back one at a time.

  Raw salad first (swap 22) and bran-mix roti (swap 8): **changed** for bloaters at dinner and for any client with active bloating or loose stools. Add fibre slowly.

  Isabgol and thyroid: **changed**. Keep husk far from the thyroid tablet.

  Cruciferous vegetables for fibre: where thyroid is also present, thyroid wins; use permitted greens, cooked (HFS conflict table).

  Curd: the deck allows homemade curd if tolerated; HFS says chaach, not curd, at night. Use curd in the day, chaach at night, and only if it is tolerated.

  Artificial sweeteners and sugar-free products: never (Sheenu). This overrides any HFS or deck plan.

2. Your Daily Routine Plan

Fixed wake, meal, medicine, movement and sleep times, written for their day. Dinner early: before 7:30 pm in the deck's case, or at least 90 minutes before sleep (HFS). A 12-hour overnight gap (Sheenu). 100 to 200 steps after every meal (HFS). 7 to 8 hours of sleep and 15 minutes of sunlight (the deck). Do not skip meals.

3. Habit and Mindset Coaching

One habit at a time, and the belief under it ("gas is normal", "my IBS is for life"). Teach restart-after-a-slip. Say in week zero: the symptom diary, not the scale, is how we judge this (HFS overlay). Sheenu's learning habit for the coach also works for the client: write it down in your own words.

4. Emotional Release and Stress Regulation

Work only with what the client has shared. Sheenu: chronic fear, anxiety, suppressed emotions, trauma and control issues are causes, and chronic stress causes chronic inflammation; the gut and brain are linked by the vagus nerve. The Diamond Council deck uses a three-part "E.S.S." practice: **E**, a daily journal line (for example "My body is healing. My gut is safe."); **S**, slow eating, 20 chews per bite, no mobile; **S**, 5 minutes of deep belly breathing before sleep.

5. Daily Stillness Practice

A short daily stillness: calm eating without a screen, slow breathing, and a few minutes of quiet.

6. Travel, Festival and Eating-out Guides

Built before the client needs them. For gut clients: how to eat when the food is outside, how to avoid the gas-making foods, and what to carry (ajwain or jeera water, a plain meal option). HFS Case 17 (Sarvesh K.) lost 11.2 kg while travelling Monday to Friday because the plan was built around hotel and flight food. Hepatitis A and other infections spread through contaminated food and water, so no street water or food where flies sit (Sheenu, Liver session).

7. Accountability

Tracker, calls, audio notes. Two postponements in a row is a conversation, not another reschedule (Section 3.3). Log compliance specifically.

8. Reports and Marker Review

Read CBC, CRP or ESR, B12, vitamin D and ferritin with the client at each test, with the date and medicine status beside each number. Where the doctor has advised them, read breath tests, stool or microbiome reports, zonulin, HbA1c and fasting insulin (Section 2.6.6). Sheenu: inflammatory markers and symptoms are usually enough, and almost everyone needs a reset.

9. Life System and Chakra Healing, and breath work

Sheenu's Gut card gives **no chakra table and no asana list.** What she taught elsewhere that fits is below; the arrangement for gut is the guide's.

	Manipura, solar plexus	Muladhara, root	Swadhisthana, sacral
What Sheenu's Liver session says it governs	Digestion, metabolism, detoxification, will power	Stability, immunity, toxin elimination	Bile production, hormonal balance, detox pathways
Signs of imbalance (same session)	Bloating, acidity, quick anger, irritability, emotional instability	Feeling ungrounded, anxious, fearful, weak immunity, fatigue, sluggish digestion, constipation	Emotional suppression, fear of change, poor bile flow, hormonal imbalance
For the gut client	The usual first one: bloating, acidity, irritability	Constipation, sluggish digestion, anxiety	Hormone problems with gut symptoms
Practice (same session)	Twisting poses; meditate on yellow light at the solar plexus; "I release anger and embrace balance"	Walking barefoot on grass or soil; "I am safe and supported"	Hydration, herbal tea; "I allow emotion to flow freely"

Breath work and movement for the gut

Practice	What it does (Sheenu, other sessions)	Use for
Bhramari	Releases nitric oxide and removes stress	Stress, anxiety, the gut-brain link
Anulom Vilom, Nadi Shodhana	Alternate nostril breathing balances the two energies and reduces stress	Everyone; stress
Ujjayi	Holding the breath at the throat; raises oxygen supply; can be combined with Anulom Vilom or Kapalbhati	Metabolism and calm
Pavanmuktasana (HFS liver deck, Sheenu clinic)	Reduces gas and bloating, improves digestion	Gas, bloating

Practice	What it does (Sheenu, other sessions)	Use for
Vajrasana (HFS liver deck, Sheenu clinic)	Improves digestion	After meals
Deep belly breathing, 5 minutes before sleep (the gut deck)	Slow breathing that calms the nervous system	Sleep, stress
Walking, 100 to 200 steps after meals; 30 minutes brisk walk and strength work 3 times a week in the deck's metabolic case	Supports digestion and insulin sensitivity	All

10. Medicine and Food Guide, and the herb plan

The Medicine and Food Guide is the table in Sections 2.6.9 and 2.6.10 applied to this client. The herb plan follows Section 2.6.11: one herb at a time, rotated, with a week's gap, never long term, and the next herbs written in brackets. At the end of the 3, 6 or 12 month journey, write the final list of what to take and what not to take alongside the medicines they are on then (Sheenu).

Herb (Sheenu)	For
Ajwain water (lightly roasted)	Gas
Jeera water	Supports the agni
Fennel seed water	Gas in the 21-day reset; if it gives gas, use ajwain
Ginger	Digestion (not with a blood thinner or beta blocker)
Hing	Bloating
Triphala	Gut cleanser (not with a diuretic; not in diarrhoea)
Mulethi	Helps heal the lining (check the thyroid medicine and BP first)
Peppermint, slippery elm	IBS, bloating; soothing (Part 3)

⚠ **Not written in this guide:** a gut detox or cleansing protocol. Sheenu's Gut card has none. The "21-day gut reset" above is food and habit, not a cleanse.

3.2.6 The food kit: meal options for every slot

Source: Dr. Sheenu's Gut card (Parts 1 and 2, and Part 3 taught by Dt. Shweta with Sheenu's answers); HFS Overlay System (the 9-slot day and the Gut overlay: ajwain or jeera water, husk before lunch and dinner, chaach in place of night curd, cooked vegetables at dinner, water before meals); the Diamond Council gut case deck (foods to add and avoid, labelled); HFS Indian Food Swap Guide (50 swaps). The Healthyfy Meal Kit has no gut section and HFS gut client plan sheets were not found, so the options below are the card, the deck and the overlay placed into the HFS day. Where HFS or the deck and Sheenu differ, Sheenu leads.

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 **reset base** for the first 21 days (Sheenu): warm, cooked, simple, no packaged food. From week four, add the prebiotic and probiotic foods and more variety. **Respect what the client likes**, and take out the foods that make gas for that client.

Tags: (E) egg. **(F)** fish. **(D)** dairy: curd, buttermilk, paneer, milk. **(G)** can make gas for some clients (check each; Dt. Shweta named rajma, chole, cabbage, brinjal and capsicum): hold in the reset if they bloat, then bring back one at a time. **(N)** nuts and seeds. **(H)** a herb: one at a time, and only after the medicine check (Section 2.6.11). Mealie rules (HMRE): one non-veg item a day, at most four in ten days; no dairy in the same meal as egg, fish or meat; no two grains in one meal. Quantities are in bowls: small, half, medium, large.

Slot	Options	Rule that goes with it
1 · Early morning	Lukewarm water, with a little lemon if there is no acidity Fennel seed (saunf) water, or ajwain water if fennel itself gives gas (roast the ajwain lightly) **(H)** Jeera water Soaked almonds, 4 to 5 **(N)**	Then any medicine, as the doctor wrote. With acidity skip the lemon (HFS swap 5). If an intermittent gap is kept, break it with something lukewarm and liquid (Sheenu)

Slot	Options	Rule that goes with it
2 · Breakfast	Moong dal chilla with mint chutney Vegetable dalia or upma, well cooked Rice kanji or soft rice porridge Poha with vegetables, the vegetables the bigger part Idli or dosa, if fermented at home and tolerated Vegetable omelette **(E)** Banana with soaked chia	Warm and cooked. Eat slowly: 20 chews a bite, no mobile (deck). Within two hours of waking (HFS). Never a packaged cereal or biscuit
3 · Mid-morning	Semi-ripe banana (prebiotic) Papaya, if there is no acidity Stewed apple Soaked chia, 1 tsp, in water Fresh coconut water Buttermilk with jeera **(D)**	Whole fruit, never packaged juice (HFS). Fruit juice removes the fibre
4 · Before lunch	One glass of water, 30 minutes before Husk (isabgol) in water, before lunch (HFS overlay), if constipated and not on a thyroid tablet at that time	Water before meals, never during (HFS). Add husk slowly
5 · Lunch	Moong dal and rice, with steamed lauki, tori or pumpkin Vegetable khichdi with a bowl of buttermilk **(D)** Jowar or bajra roti with dal and a cooked vegetable Curd rice, plain, if curd is tolerated **(D)** Grilled or steamed fish with steamed vegetables **(F)** Rajma, chole or chana only after the reset, and only if they do not make gas **(G)**	Do not double grains. Fish or egg: no curd or buttermilk in the same meal. For constipation add soluble fibre slowly with a root vegetable alongside

Slot	Options	Rule that goes with it
6 · Evening	Roasted makhana (dry, or in half a spoon of ghee) Roasted chana, a small handful **(G)** Soaked almonds and a walnut **(N)** Sprouts chaat, only after the reset **(G)** Ginger or fennel tea, or green tea **(H)**	A planned snack stops an oversized dinner (HFS). Never packaged namkeen or biscuits. Ginger is held with a blood thinner or beta blocker
7 · Before dinner	One glass of water, 30 minutes before Clear homemade vegetable or lauki soup Husk (isabgol) in water, before dinner (HFS overlay)	No cream, no corn flour. The soup and cooked vegetables replace raw salad at dinner (HFS)
8 · Dinner (the lightest meal, early)	Moong khichdi with ghee, a little Soft rice with lauki or tori Lauki or pumpkin soup with a small roti Vegetable daliya Buttermilk (chaach) in place of curd **(D)**	Dinner at least 90 minutes before sleep, and early (the deck says before 7:30 pm in one case). Cooked, not raw. Chaach, not curd, at night (HFS)
9 · After dinner and night	100 to 200 steps Ajwain or jeera water, 30 minutes later **(H)** Belly breathing, 5 minutes before sleep (deck) Journal: "My body is healing. My gut is safe." (deck)	The most repeated HFS advice for gas, acidity and bloating. At night do not give turmeric and triphala together: pick one (Sheenu)

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

Every day, the same: water 30 minutes before every meal and not during; 100 to 200 steps after every meal; ajwain or jeera water after dinner; dinner early and 90 minutes before sleep; chaach in place of night curd; slow eating; no packaged food, no very spicy food, no carbonated drinks.

This is a sample to show a gut client what a reset week looks like, in the HFS day. The real plan is written after the reports, the medicines and the picture (bloating, constipation, loose stools, acidity) are known, after the medicine check (Section 2.6.9 to 2.6.11), and in bowls. Fish on day 3 and egg on day 5: two non-veg items in the week, as HMRE allows. Vegetarian clients take the vegetarian choice.

Day	Breakfast	Lunch	Evening	Dinner
1	Moong dal chilla, mint chutney	Moong dal and rice, steamed lauki	Roasted makhana	Moong khichdi, a little ghee
2	Vegetable dalia	Jowar roti, dal, cooked tori	Soaked almonds, a walnut	Soft rice with lauki
3	Rice kanji, banana	Grilled fish **(F)** with steamed vegetables. Vegetarian: paneer cubes with vegetables	Fennel tea, roasted makhana	Lauki soup with a small roti
4	Vegetable poha, vegetables the bigger part	Vegetable khichdi with buttermilk	Banana, soaked chia	Pumpkin soup with a small roti
5	Vegetable omelette **(E)**. Vegetarian: besan chilla with vegetables	Bajra roti, dal, steamed vegetables	Stewed apple	Vegetable daliya
6	Idli with sambar, well cooked vegetables	Plain curd rice **(D)** and cooked vegetable	Coconut water, almonds	Moong khichdi, chaach
7	Moong dal chilla	Rice, dal, steamed pumpkin	Papaya (no acidity)	Soft rice with tori

Mid-morning on every day is a semi-ripe banana or a whole fruit. After the 21 days the foods taken out come back one at a time, and variety rises towards 20 or more plants a week with millet rotation (the deck's third phase). Cases with another disease use that disease's overlay with this base (Section 2.6.12).

3.2.8 The swap guide for gut

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

Instead of	Swap to	Why
Bed tea with biscuits	Warm water first, tea 20 minutes later; roasted chana or makhana in place of biscuits	Biscuits are maida and sugar; tea on an empty stomach upsets acidity (HFS swaps 1 and 3)
Tea with sugar	Halve it for two weeks, then halve again	Sugar feeds the harmful bacteria (Part 3)
Nothing before tea	4 to 5 soaked almonds; skin off if acidity	HFS swap 4
Aloo paratha, white-flour roti	Stuffed roti with methi or palak, roasted, not fried; jowar or bajra roti	Roasted not fried
Plain white-flour roti	Jowar or bajra roti. HFS adds bran-mix roti; for a bloater or loose stools, add fibre slowly **(changed)**	Hard fibre can make bloating worse
Bread toast with jam, white bread	Moong or besan chilla with vegetables and mint chutney	Protein breakfast, no maida
No breakfast, or only tea	Something warm within two hours of waking	Skipping is delayed overeating (HFS)
Packaged juice, any fruit juice	The whole fruit, or fresh coconut water	Juice removes the fibre and leaves the sugar
Cola and packaged drinks	Lemon water, coconut water, chaach, jeera water	Carbonated drinks are removed in the HFS gut overlay
Starting the meal with a big raw salad	Cooked or steamed vegetables first at dinner; raw salad at lunch only if it does not bloat **(changed from HFS swap 22)**	The HFS gut overlay moves bloaters to cooked vegetables at dinner
Drinking water with meals	One glass 30 minutes before, none during	HFS and Sheenu's overlay: never during meals

Instead of	Swap to	Why
Eating fast, in front of the TV or phone	At the table, screen off, 20 chews a bite	Eating speed is on the HFS WATCH list; slow eating is the deck's practice
Two large bowls of rice	One small bowl of rice with one medium bowl of dal; khichdi or daliya on other days	Bowls, not grams
Aloo sabzi most days	Lauki, tori, pumpkin, parwal, beans; cooked	Easy to digest (deck)
Sabzi in a lot of oil	One measured teaspoon of oil	Deep-fried and fatty food out
Rajma, chole or chana on any day	Remove the gas-making food **for that client** for the reset, then bring back one at a time **(changed)**	Sheenu; the deck holds them in phase one
Very spicy food, excess chilli	Mild spice, cumin, coriander, fennel	Removed in the HFS gut overlay
Ghee, butter, all fried food (HFS avoid list)	A little ghee in soft meals only if weight and lipids allow; no fried food **(changed)**	HFS removes ghee in weight loss; the deck uses 1 tsp for gut-lining repair
Curd at night	Curd by day, chaach at night; curd only if tolerated	HFS swap 48
Raita with boondi	Raita with cucumber, lauki or mixed vegetables, by day	Same raita, no fried boondi
Papad and pickle with every meal	Mint or coriander chutney	Hot, salty and sour foods irritate the gut
Samosa, kachori, pakora	Bhuna chana or murmura chaat; hold the chana if it makes gas	Same crunch, no deep frying
Nothing in the evening, then a huge dinner	A planned snack at 5 pm	An empty evening causes an oversized dinner (HFS)
Dinner after 9:30 pm, then straight to sleep	Dinner early, at least 90 minutes before sleep, the lightest meal	HFS WATCH list and swap 45
Nothing after dinner	100 to 200 steps and ajwain or jeera water 30 minutes later	The most common HFS advice for gas, acidity and bloating (swap 43)

Instead of	Swap to	Why
Artificial sweeteners and diet drinks	A little jaggery or fruit, or less sweet	Sheenu: never use artificial sweeteners
Antacid for every bit of acidity	Tell the doctor how often. Fennel water, light dinner and slow eating for the cause **(new)**	Sheenu names antacids as a cause of gut imbalance. You never change a medicine
Long gaps between meals, then a big meal	Small meals at fixed times	Long gaps are on the HFS WATCH list
Iron tablets that cause constipation	Tell the doctor. Food iron, heme iron from animal food is best absorbed **(new)**	Synthetic iron causes constipation (Sheenu, Part 3)
Weighing every day	Once a week, same day, same time. For a gut client lead with the symptom diary	The HFS overlay: monitor the symptom diary, not weight

3.2.9 What leads the first month, by picture

Every gut client gets the same base: the 21-day reset, the foods that make gas out for that client, no packaged food, bowls, water before meals, slow eating, early dinner, breath work, and the medicine check before any herb. The picture decides what you lead with. This table is the guide's arrangement of Sheenu's card, the HFS overlay and the deck. A client can have two pictures: lead with the one the doctor is treating first.

Picture	Lead with	Food and practice (from Sheenu; deck, HFS marked)	Watch
Bloating and gas	Take out what makes gas for them	Fennel or ajwain water; warm cooked food; khichdi, moong, steamed vegetables; cooked vegetables at dinner (HFS); slow eating; water before meals not during. Pavanmuktasana, belly breathing	The diary after each food re-introduced
Constipation	Soluble fibre, slowly	Husk or chia (HFS: isabgol before lunch and dinner); 1 spoon of coconut oil with lukewarm water; small meals often; water; walking. Bifidobacteria is the probiotic named (Part 3, the doctor decides)	Stool log; husk far from a thyroid tablet; synthetic iron

Picture	Lead with	Food and practice (from Sheenu; deck, HFS marked)	Watch
Loose stools	Calm and replace what is lost	Simple food (curd rice if tolerated, khichdi, rice kanji); L-glutamine and butyrate are taught for this (Part 3: the doctor decides); no triphala	Stool log; red flags (blood, black stool, weight loss); dehydration
Acidity and reflux	Calm pitta; lighter dinner	No very spicy food or excess chilli (HFS); a light early dinner; head raised; cooked fruit; zinc carnosine is taught for GERD (Sheenu: 25 mg for one month, the doctor decides)	Antacid use; red flags (swallowing trouble)
After antibiotics	Repair the bacteria	Curd, buttermilk and B vitamins; the probiotic matched to the situation: Saccharomyces boulardii for diarrhoea, Bacillus clausii after a course, Vizylac with antibiotics (Part 3, the doctor decides)	How long the antibiotics were taken; stool
Leaky gut, food intolerance, autoimmune	Reduce what crosses the lining; heal the lining	Anti-inflammatory simple food; nutrients that repair the lining (L-glutamine, zinc, omega-3, vitamin A and D); elimination for 2 weeks to find triggers (deck). The treating doctor leads	CRP, ESR, zonulin and IgE as the doctor orders; red flags
Sugar, weight, fatty liver, PCOS, thyroid, mood	Reset the gut first, then the disease (Sheenu)	The gut base plus the overlay for that condition; the HFS priority rule decides conflicts (Section 2.6.12)	The condition's own markers
A child, or a client over 60	Gentle, nutrient-dense food; the doctor involved	Children: no packaged juice or processed food. Over 60: small nutrient-dense meals as appetite and gut hormones decline (Part 3)	Weight, appetite, doctor's advice

3.3 Tracking in Mealie (* = held in Mealie)

*Source: HFS Journey Tracker and Case Study Pack (seven metrics, clinical layer, client words, eleven milestones, drop-off sequence). The HFS Gut overlay: MONITOR = the symptom diary, not weight. The gut-specific fields are built from Sheenu's test list, causes, medicine and herb rules, and the supplement rules of Part 3 (Dt. Shweta, with Sheenu's answers). Which fields carry the * beyond the symptom diary is the guide's proposal.*

How to read the star. A field marked * is held in Mealie. For gut, the HFS overlay's MONITOR line is clear: **the symptom diary, not weight.** So the starred field is the symptom diary: bloating, gas, acidity or reflux, stool form and how often, energy, sleep. The stool log is part of the diary and is starred with it. **Weight is not starred for a gut client.** It stays in the tracker sheet and the coach's record, as do all the other fields below. Fields marked * (when stacked) go on the record only when that other overlay is also on the client: for example the thyroid, sugar or cholesterol markers. Nothing in this section has been removed.

3.3.1 Layer 1 · Seven physical metrics

Metric	Unit	Why
Weight loss or gain	kg	The headline number; least informative alone. For a gut client it is not the monitor (HFS overlay). In low weight, in a child, over 60 or in autoimmune disease the aim is to hold or gain weight
Total inch loss	inches	What they see in the mirror; moves when weight stalls. Deepshikha G.: flat weight, 4.7 inches in month one
Abs inch loss	inches	Visceral change; the belly is where the gut client feels it. Less bloating shows here first
Total fat loss	kg	The real outcome
Visceral fat reduced	%	Fat around the organs
Body age reduced	years	The best testimonial line. Mamta S.: about 1 kg on the scale, three years of body age
Muscle gain	kg	Tells whether the loss was fat or tissue. Preeti S.: 2.6 kg lost, 7.5 kg of fat, muscle up 4.9

Why seven: Preeti S. lost 2.6 kg on the scale but 7.5 kg of fat because muscle rose 4.9. Deepshikha G. had a flat weight series but real inch and visceral change, and said "feeling light, feels good". Himani lost 5.7 kg in month one and still left in month three. Results alone do not retain. Record the cycle day next to the weigh-in for every female client (Himani's file): it explains many wobbles.

3.3.2 Layer 2 · Clinical panel for gut

Always write the medicine status next to the reading, and the lab name. Sheenu: for the markers to be comparable, use the same lab each time. A number that improved while a medicine was reduced is proof; the same number without the note is just a number. Sheenu: track inflammatory markers and symptoms, and use the tests only where the doctor agrees.

Group	What to record
Inflammation	CRP and ESR: raised in chronic low-grade inflammation. In the deck's second case CRP 10 and ESR 57 sat with gut dysbiosis. Record the date and the lab
Blood count and iron	Haemoglobin, ferritin (low where absorption or blood loss is the issue). Sheenu's iron magnet test is a Part 3 teaching answer, not a report
Vitamins	B12 *, vitamin D * (when stacked: baseline and month 3). Sheenu: B12 is needed for vegetarians. Low levels are common with a weak gut. Calcium after pregnancy where asked
Stool and breath tests	Stool analysis (dysbiosis, low lactobacillus in the deck's first case), breath tests, calprotectin where the doctor asked. Note "not done" without judging
Leaky gut and allergy markers	Zonulin (a leaky gut marker, suspected in the deck's first case); IgE where allergy is suspected (1954 in the deck's second case). Referral only; the doctor reads them
Sugar and insulin	Fasting sugar, HbA1c and fasting insulin * (when stacked). The gut drives insulin resistance (Sheenu, Part 1)
Lipids and uric acid	Triglycerides and uric acid * (when stacked). The deck's second case: 192 and high
Thyroid and other condition markers	The markers of the condition sitting on top of the gut, from that condition's overlay and Section 2.6.8
Weight, BP and heart	BP at every visit with the medicine noted * (when stacked)

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

Track	How
Symptom diary *	A short note every day or every week (better, same, worse): bloating after meals, gas, acidity or reflux, nausea, stomach pain, energy, brain fog, sleep, skin, joint stiffness. Any red flag (blood in stool, black stools, vomiting, severe pain, trouble swallowing, unexplained weight loss) goes to the doctor the same day
Stool log *	Number of motions, form (hard, normal, loose), ease, urgency. Part of the symptom diary. Constipation, loose stool and alternating are tracked differently
Reset days	Which day of the 21-day reset they are on, and the foods taken out for them (for example rajma, chole, cabbage, brinjal, capsicum). Re-introduction dates, one food at a time, and the reaction
Antibiotics, antacids, painkillers, steroids	Name, dose, how long taken, and any change the doctor made. Never ask the client to stop; the doctor decides
Supplements and probiotics	Each one: name, dose, start date and stop date. Sheenu: nothing runs past about 3 months; zinc carnosine one month; the doctor aware. Which probiotic and for which problem (Part 3)
Interaction check	The date you checked each medicine against Sections 2.6.9 to 2.6.11, before any herb or food change
Herb plan	Which one herb this week, which is next (in brackets), the start date, and any reaction. One at a time, rotated, with a week's gap (Sheenu)
Food habits	Eating speed, meal timing, long gaps, dinner at least 90 minutes before sleep, water before meals and not during, curd at night (HFS WATCH list)
Fibre and bloating	How the added fibre sat with them, and which root vegetable was given alongside
Practice log	The breath work and asanas of the week, walking after meals, the E.S.S. practice (journal, slow eating, belly breathing), chakra work
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"

Track	How
Their own words	Write what they said. "No gas, no acidity, I feel light." "Clothes are loose." Clients renew on how they feel

3.3.4 Who tracks what, and what you watch for

Who	Tracks
The client	The daily Yes or No habit sheet; the symptom diary and stool log in their words; meals and water
You, the coach	Weekly check-in; compliance specifically; monthly 7 metrics; reports with medicine status and lab name; the herb plan and supplement stop dates; the reset day; the promise; assets; the next action and date after every contact
Their doctor	The medicine decision, the doses, and any scope, stool or blood test. You give them the numbers and records, never medicine advice

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

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

- **A pending payment is a retention alarm** (Cases 9, 16, 18). Tie instalments to attended reviews.
- **Read their intake as a retention document.** A long work day, constant travel, "low motivation" written on the form: the client tells you their risk on day one.
- **Life events are the competition** (house move, Diwali, a wedding, Covid). Deepshikha G. almost left because of a house move. Ask every month what is coming.
- **For a gut client, a bad week shows in the diary first.** When symptoms settle, watch for the slide back to packaged food, antacids and late dinners.

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 gut, for example: "no bloating after meals and a regular morning stool by day 90". Not "gut healed", 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.
- **Add a twelfth, gut-only, marker:** the date the 21-day reset ended, and the date the final food and herb interaction list was written for their medicines (Sheenu says to write it at the end of the journey).

04

SECTION 4

Real cases and quick reference

4.1 Diamond Council gut cases (presented by Dt. Shweta)

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

The deck gives the labs, a diagnosis line, foods to add and avoid, and three healing phases for each case. Where the deck and Sheenu differ, Sheenu leads and the row is marked "changed". Use these three to practise before a real client: read the presentation first, write what you would do, then check.

Case	Presented with	The deck's plan	Where Sheenu and HFS differ, and what it teaches
1 · Gut dysbiosis with IBS and leaky gut features, 32-year-old woman	Chronic bloating after meals; constipation and loose stools in turns; acid reflux; brain fog and fatigue; milk, gluten and rajma sensitivity; acne around periods. Vitamin D 18, B12 borderline, CRP mildly raised, stool test low lactobacillus, zonulin raised	Moong dal and rice; steamed lauki, tori, pumpkin; rice kanji; soaked chia; homemade curd if tolerated; 1 tsp ghee; semi-ripe banana; jeera-ajwain water; papaya; omega-3; vitamins D and B12. Avoid maida, excess tea and coffee, rajma, chole, chana, lobia in phase one, fried and packaged food, artificial sweeteners, raw salad in acute bloating, excess garlic in a flare. Phase 1: anti-inflammatory reset, 2 weeks, low spice, warm cooked food, no packaged food, early dinner. Phase 2: repair and rebuild, 3 to 4 weeks, probiotic and prebiotic, fibre up slowly, stress work. Phase 3: microbiome diversity, 20+ plants a week, millet rotation, seasonal eating. E.S.S.: journal, slow eating 20 chews, 5 minutes belly breathing before sleep	**Changed:** Sheenu says the reset takes a minimum of 21 days, not 2 weeks. Ghee is the deck's; the HFS weight-loss plans remove it. The HFS overlay moves curd to the daytime and chaach at night. A woman with acne and period symptoms may also have PCOS: gut first, then the disease (Sheenu). Teaches how one gut problem shows up in the skin, mood and hormones, and why the picture decides the plan

Case	Presented with	The deck's plan	Where Sheenu and HFS differ, and what it teaches
2 · Chronic low-grade inflammation with dysbiosis, metabolic features and raised uric acid, 52-year-old vegetarian man	Fatigue, low stamina, acidity, post-meal bloating, heaviness, occasional joint stiffness, sugar cravings. CRP 10, ESR 57, uric acid high, IgE 1954, triglycerides 192	Moong dal, some masoor, steamed lauki, tori, parwal, pumpkin, karela; jeera-dhaniya-saunf water; chia or flax; amla or lemon water; rice or small millet; soaked almonds, walnut, raisin water; clear vegetable soup; buttermilk or curd if tolerated and IgE not dairy-triggered; ginger or saunf water, green tea. Avoid sugar, jaggery, juice, namkeen, maida, excess tomato and spice, rajma, chole, chana in a flare, excess soy chunks, packaged oil, excess peanuts, cold food. Phase 1: 3 weeks, warm fresh meals, early dinner before 7:30 pm, 12-hour fasting window, prebiotic and probiotic. Phase 2: 4 to 6 weeks, fibre to 25 to 30 g, 30-minute walk, strength training 3 times a week. Phase 3: elimination for 2 weeks to find triggers, probiotic, 15 minutes sun, 7 to 8 hours sleep. Expected in 8 to 12 weeks: CRP down, ESR gradually normal, uric acid better, triglycerides down, bloating down 70%, energy up	**Aligned:** the deck's 3-week phase one agrees with Sheenu's 21 days, and the 12-hour gap with his intermittent fasting answer (8 to 12 hours). **Check:** the 70% and the 8 to 12 week outcomes are the deck's expected outcomes, not Sheenu's or an HFS result: never quote them as a promise. This case also carries uric acid and triglycerides: apply the ladder and decide from the reports. Teaches how the gut drives inflammation, lipids, uric acid and allergy together (Sheenu: one root, many diseases)

Case	Presented with	The deck's plan	Where Sheenu and HFS differ, and what it teaches
3 · Systemic sclerosis with lung disease, recent chest infection and gut involvement, 47-year-old woman	Known systemic sclerosis (scleroderma) and interstitial lung disease; recent lower respiratory infection; pericardial effusion; bloating, gas, reflux; low energy; overthinking and poor sleep. Haemoglobin 10.6, ESR 45, sodium slightly low, procalcitonin mildly raised, 43 kg	Goals: reduce inflammation, support lung repair, improve gut motility, stop weight loss, raise haemoglobin. Soft, easy food: moong khichdi with ghee, soft rice with lauki or tori, pumpkin soup, stewed apple, soaked black raisins, almond paste milk if tolerated, makhana in ghee, chia or flax, coconut water if potassium stable; small meals every 3 hours; protein 50 to 55 g a day. Avoid raw salad, cabbage, cauliflower, spring onion, brinjal, capsicum, rajma, chole, besan, kala chana, sprouts, fried food, excess spice, large meals, late eating. Phase 1: 3 weeks, high-protein soft meals, probiotic (VSL-3 already prescribed), head raised in sleep, gentle breathing. Phase 2: omega-3, vitamin D, fibre slowly, sun. Phase 3: light resistance band, protein spread through meals, sleep. E.S.S.: night journal, calm eating, 5 minutes OM	**This is a doctor-led case.** Scleroderma with lung and heart involvement belongs to the doctors; you support with food, around the medicines, and say so out loud. The probiotic is the doctor's. No herbs, no detox. Protein 50 to 55 g is the deck's figure; Sheenu's general rule is 0.8 to 1 g per kg: with 43 kg that is about 35 to 43 g, so leave the number to the doctor or dietitian. Teaches scope discipline and the gut-lung-immune axis; weight gain, not loss, is the aim

What the deck adds, and what to take care of. The three phases (reset, repair and rebuild, microbiome diversity) and E.S.S. (journal, slow eating, belly breathing) are Dt. Shweta's teaching, and the guide uses them with that label. Sheenu's card is the lead where they differ: the reset is a minimum of 21 days, never 2 weeks; supplements stop by about 3 months; no herb or medicine advice from the coach.

4.2 HFS client files (2018 to 2023)

Case	Presented with	Result and lesson
Deepshikha G. (the gut case)	Gas, acidity, bloating, joint pain. 71.1 kg	Weight 71.1 → 70.3 → 71.4 → 69.9 → 69.2 → 69.8 → 69.2. **Month one: 4.7 inches, 1.4 abs inches, body age and visceral fat down.** A new house, everyone busy, no walk, no rest, no proper water, yet "feeling light, feels good". Flat weight, real change: the scale is not the outcome. **A house move nearly ended it:** ask what is coming in the next 90 days
Karuna A.	Acidity, tiredness, constipation. 57.3 kg. Bought one month	Weight 57.3 → 57.1 → 56.4 → 56.7 → 56.7 → 53.5. Near-normal weight: the win is symptom relief, not weight. **Match the offer length to the problem:** she needed a short, well-defined gut protocol, not six months
Naveen S.	Hypertension, diabetes, cholesterol; gas, acidity, headaches; was self-medicating with a "kadha"	Month 3: 9.3 kg, 22.1 inches, 15.8 abs inches. **Medicine status written beside every BP reading.** A number that fell while the medicine was reduced is proof. Do the same with every gut marker and the antacid, painkiller or antibiotic list
Sarvesh K.	High BP and gas. 116.2 kg. Travels Monday to Friday	11.2 kg and 24.6 inches in 14 weeks, because the plan was built around hotel and flight food. Build the travel version before it is needed. Gas settled with the same plan
Megha J., 35	Hypothyroid, low BP, headache, acidity	Near-flat curve with a list of skipped items (three days mid-morning skipped, four days no dinner soup, five days 30-minute walk, one day puri chhole, one ice cream). **Before you change a plan, check whether it was followed. Log compliance specifically**
Mamta S., 39	Hypothyroid, acidity, occasional constipation, low vitamin D, haemoglobin and calcium	Weight moved about 1 kg; body fat fell 2.4 points and body age three years. "Body age reduced by 3 years" is the testimonial line, not "lost 1 kg"
Himani T.	PCOD, obesity, acidity, tiredness	Strongest first month (5.7 kg, 7.7 inches), still gone by month three after four postponements. Record the cycle day beside the weigh-in. **Results alone do not retain**

Case	Presented with	Result and lesson
Sujata R., 37	Hypothyroid, PCOS, constipation, fatigue, low B12 and D3, low water intake	Month one: 3.7 kg, 16.5 inches, 7.5 abs inches, muscle +1.5. **The condition lives in the avoid list, not the calorie number**: her thyroid sheet removed the goitrogenic vegetables and her PCOS sheet dairy, soya, oats and sugar. For a client with constipation on top of thyroid, the gut plan and the thyroid avoid list are written together (Section 2.6.12, the conflict table). Water 3 to 4 litres, not low

HFS gut client plan sheets were not found in Drive.

4.3 What clients ask, and what you say

Source: Dr. Sheenu, Gut protocol card (Part 1 and 2, with Part 3 taught by Dt. Shweta and Sheenu's answers); HFS Overlay System, client files and case studies. Every fact in the answers and scripts comes from those sources. Where a line comes from Part 3 (Dt. Shweta) it is labelled.

The client asks	You say (and stay inside this)
"Can I stop my antacid or my medicine now?"	Your doctor decides about every medicine. We plan the food around it, never instead of it. Antacids taken for every bit of acidity can upset the gut, so tell your doctor how often you take them. As your symptoms settle, your doctor can look at the dose.
"Is gut health really behind my other problem?"	The gut controls a lot: most of the immune system, most of the serotonin, blood sugar, hormones, detox and the brain through the vagus nerve. So a weak gut shows up in many places. We reset the gut first, then work on the problem on top of it. We do not promise the problem goes away because of the gut alone.
"How long will the gut take?"	The reset takes a minimum of 21 days. Bloating, gas and stool often move first. Then we rebuild over the next weeks. I promise no date, and I will show you your symptom diary, not only the scale.
"Can I take probiotics from the chemist?"	A probiotic has to match the problem, and it only works if the good bacteria are also fed. Different ones are used for IBS, for diarrhoea after antibiotics and for after a course of antibiotics. Ask your doctor first. I plan the food around it. (Part 3)

The client asks	You say (and stay inside this)
"Should I take glutamine, magnesium or butyrate?"	These are taught as supplements for certain problems, and some are not safe in kidney or severe liver disease. Your doctor decides. I do not tell you to start or stop a supplement. Food first.
"I have gas after rajma and chole. Do I give up dal forever?"	No. For the 21 days we take out the foods that make gas for you, such as rajma, chole, cabbage, brinjal and capsicum, and check milk, tea and coffee. Then we bring them back one at a time and watch (Part 3, Dt. Shweta). Moong, khichdi and rice kanji are your base meanwhile.
"I have constipation. Should I take husk?"	Soluble fibre helps, added slowly, with a root vegetable alongside if you bloat. Husk before lunch and dinner is the HFS habit, with water. A spoon of coconut oil in lukewarm water in the morning or evening is also used (Sheenu). If you are on a thyroid tablet, keep the husk far from the tablet.
"Is curd good for the gut?"	Homemade curd and buttermilk carry good bacteria. HFS moves curd to the daytime and gives chaach at night. If curd or milk gives you trouble we watch it in the diary.
"Can I do intermittent fasting for my gut?"	A gap of 8 to 12 hours between dinner and breakfast is fine (Sheenu). Break it with something lukewarm and liquid. If you bloat after, that is why. A long gap is not for everyone, so we do not do it for a child, in pregnancy or when you are underweight.
"I see blood in my stool" or "my stool is black"	That needs your doctor now. Please do not wait for the plan. I will plan around what the doctor finds.
"Is a gut detox or a cleanse good for me?"	Not from me, not yet. We take out what upsets the gut and add what heals it. If your doctor agrees to anything more, we plan around it.
"Do I need a stool test, zonulin or a breath test?"	These tests exist, and your doctor decides if you need one. I can suggest you ask. A test does not decide the plan alone: your symptoms and reports together do.
"Can I take triphala or ginger on my own?"	No. We check your medicines first and give one herb at a time, with a gap. Triphala is a diuretic and a cleanser, and ginger thins the blood, so both have limits.
"I am vegetarian. Will my gut give me enough B12?"	With a balanced diet and good bacteria some B12 is made in the gut, but a weak gut may not absorb it. Fermented food about three times a week helps (Part 3). We check B12 on a report, and the doctor decides on any supplement.

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

If you see this	What you do	From
Blood in stool, black stools, vomiting that will not stop, severe or worsening belly pain, a swallowing problem, weight loss without trying	The doctor now. Do not plan around it alone	Safety line
New diarrhoea after antibiotics or an infection	The doctor knows. Probiotic and L-glutamine are taught for this; the doctor decides	Sheenu (Part 3)
Client takes antibiotics, antacids, painkillers or steroids for a long time	Write down how long. Never ask to stop; the doctor decides. Add food that repairs the gut around it	Sheenu (Part 1)
Client takes any supplement or medicine for 3 months or more	Tell them to speak to their doctor. The gut lining adjusts and stops absorbing that nutrient from food	Sheenu (Part 1)
Client has kidney disease	No magnesium oxide in chronic kidney disease. The doctor decides	Sheenu (Part 3)
Client has severe liver failure	No L-glutamine. The doctor decides	Sheenu (Part 3)
Client is on a diuretic	No triphala	Sheenu, Liver session
Client is on a beta blocker, warfarin or any blood thinner	No ginger; nothing that thins the blood	Sheenu, Liver session
Client is on thyroid medicine and fibre or isabgol is planned	Keep the fibre far from the tablet and space the timing. Thyroid beats gut on cruciferous vegetables	Sheenu, Thyroid session; HFS conflict table
Client is on levothyroxine and mulethi is wanted	Mulethi affects the adrenals and interacts. Leave it out and ask Sheenu	Sheenu, Thyroid session
Client is on anxiety or depression medicine	Check before any herb at night	Sheenu, Liver session

If you see this	What you do	From
Autoimmune disease, inflammatory bowel disease, cancer	The treating doctor leads; you support. Sheenu says gut first in cancer, never at the cost of the oncologist's plan	Sheenu (Part 2 Q&A); HFS Case 6
Pregnancy or after delivery	The doctor leads. HFS: no calorie deficit. Calcium after pregnancy as the doctor advises	HFS overlay; Sheenu (Part 3)
A child, a baby, or a client over 60	The doctor involved. Gentle, nutrient-dense food	Sheenu (Part 3)
A herb is wanted	Medicine interaction checked first. One herb, a gap after, the next one written in brackets. Never past about four weeks	Sheenu
Thyroid, uric acid or another condition pulls the plan the other way	Decide which condition leads; write it down; tell the client	HFS (Dilpreet K.; priority ladder)
A gut detox is asked for	No protocol is written. Doctor first; do not run one for a weak, underweight or ill client	Caution

4.5 Reading a report: a worked example

Take the Diamond Council gut deck's second case (presented by Dt. Shweta): a 52-year-old vegetarian man with fatigue, acidity, bloating after meals and sugar cravings. On the report: **CRP 10**, **ESR 57**, **uric acid high**, **IgE 1954**, **triglycerides 192**. Ranges differ by lab, so always read each number against the range printed on the report. The numbers are the deck's.

1. **Which tests are they?** Inflammation (CRP, ESR), uric acid, an allergy marker (IgE) and a lipid. A gut test (stool analysis, breath test) is not on the list. Say so, and ask whether the doctor wants one.
2. **Medicine first.** Write every medicine, the dose and the time beside the numbers, and ask about antacids, painkillers and long-term supplements. Check each against Sections 2.6.9 to 2.6.11 before any herb.
3. **Read them one by one.** CRP and ESR high: inflammation in the body. IgE very high: the immune system is over-active. Uric acid high and triglycerides high: the metabolic side. You never diagnose from them.

4. **See what travels together.** Sheenu: one root, many diseases. A weak gut can sit behind inflammation, lipids, uric acid and allergy together.
5. **Say it plainly.** "Your report shows inflammation in the body, and your gut may be part of the reason. Your doctor reads the reports. We reset the gut first, and plan the food around your medicines."
6. **Choose what leads.** Uric acid and triglycerides are chronic conditions that rank above gut on the HFS ladder: decide from the reports and the doctor. The deck's plan: 3 weeks of warm fresh food, early dinner, a 12-hour gap, no sugar, maida or deep-fried food.

What should change (Sheenu and the deck): bloating, energy and acidity first, then the markers at the next test. The deck's expected outcomes (bloating down 70%, CRP lower in 8 to 12 weeks) are the deck's, not a promise. The medicine decision stays with the doctor.

4.6 When the client stalls

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

The moment	What you do	From
Two postponements in a row	Have a real conversation, not another rescheduled appointment. "Two weeks have slipped. What is getting in the way?"	HFS rule
The reset felt too hard, or they ate the foods that bloat them	Name the one habit that failed, restart with that alone. The reset runs a minimum of 21 days: count from the restart	Sheenu; HFS case (Sabiha)
Pending payment	Treat it as a retention alarm. Tie instalments to attended reviews	HFS cases 9, 16, 18
"Low motivation", a long work day or constant travel on the form	It was your warning on day one. Build the plan around that day; ask every month what is coming	HFS
A life event (move, Diwali, wedding, illness)	Plan for it before it arrives. Deepshikha G.: a house move nearly ended her plan	HFS

The moment	What you do	From
Weight not moving	Show the symptom diary, inches, fat, muscle and body age. For a gut client the diary is the monitor. Check compliance specifically before changing the plan	HFS overlay, Megha J.
Symptoms settled and they want to go back to old food	Name it kindly: the plan is why you feel better. Re-introduce foods one at a time and watch the diary	Sheenu; Dt. Shweta (Part 3)
Wants to drop all herbs, or take several at once	One at a time, rotated, none past about four weeks	Sheenu
Bloating after fibre was added	Add fibre slowly, with a root vegetable alongside	Sheenu
Skipping the water before meals, slow eating or walks	Name the one habit, restart with that alone, then add	HFS case (Sabiha)

4.7 Before every gut call

- Reports and medicine list asked for, including doses and times, the lab name, and any antibiotic, antacid, painkiller, steroid or supplement taken for a long time. Registration verified.
- Section 2.6.3 (the causes) and 2.6.12 (red flags and where to refer) fresh in your head.
- Form open at section A. Findings in their words only.
- Remember: find gaps, do not deliver the plan. No herbs, no probiotic or supplement advice, no meal plan, no detox on the sales call.
- Listen for the picture: bloating and gas, constipation, loose stools, acidity, after antibiotics, or a gut problem under another disease. They are not the same plan.
- Look silently: how they sit and eat, whether they hold their belly, and listen for rushed eating and long gaps. Keep your opinion to yourself until you have seen the reports.
- Decision maker and commitment asked in Trust.

4.8 Always say, never say

Always say	Never say
"Your doctor decides the medicine. We plan the food around it."	"Stop the antacid", "stop the medicine", "your doctor is wrong", any advice on medicine
"We reset the gut first, then work on the other problem. The reset is at least 21 days."	"Heal your gut in 7 days", "a gut detox will fix it", "cure your IBS"
"The gut is part of many conditions. We do not promise a disease goes away because of the gut alone."	"Reverse your autoimmune disease", "cure your thyroid or diabetes by fixing the gut"
"Let me check your reports and medicines first."	Any herb, probiotic, glutamine, magnesium or butyrate before that, or a dose
"Blood in the stool or black stools needs your doctor now."	Any diagnosis, or "it is only piles" or "it is only gas"
"We track your symptom diary, and inches, fat and how you feel. Weight is slow."	"10 kg in a month"
"This is what you told me. Have I understood?"	A finding they did not say or agree to

05

SECTION 5

Audience, pain points and content ideas

Source: Dr. Sheenu's Gut Health protocol card (the signs, the causes, the five steps from a weak gut to a disease, the gut and sugar, the tests, her scope rules, and her answers on food, fasting and the 21-day reset); Part 3 taught by Dt. Shweta (labelled in the guide); the Diamond Council gut case deck (three cases); the HFS case studies and client files and the HFS Gut overlay (the symptom diary and the seven measures); the Sales Kit (the free 45-minute Gut Clarity Call, programme names, Always say and Never say).

This section helps the coach find the right people, speak to the problem they feel, and make free offers, ads and posts about gut health. **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 · Adults in their 20s and 30s with daily digestion trouble

Who they are: Younger adults, roughly 20 to 39, with a busy and often irregular day. They get bloating, gas and acidity after meals, may be tired or foggy, and some also have skin trouble or period problems. They often think of it as "just my stomach".

Where this comes from: The Council gut case deck (the first case: a woman in the early 30s with bloating, alternating constipation and loose stools, reflux, brain fog and acne around periods); the HFS client files with gas, acidity and constipation (for example the file where the weight stayed flat but the inches and visceral fat fell); Dr. Sheenu's list of signs of an unhealthy gut.

Rank	Problem	In the client's own words (pattern only)
1	Bloating and gas after meals	"My stomach swells after meals, I feel heavy, and I am embarrassed by the gas."
2	Acidity, burning and reflux	"I get burning and a sour taste, and I take an antacid every time."
3	Constipation, loose stools, or both in turns	"Some days I am stuck, some days I run to the toilet, and I never know what to expect."
4	Tiredness and brain fog	"I am tired all day and my head feels foggy, even after I sleep."
5	Skin trouble, stiff joints and food reactions	"I get acne and skin trouble, my joints feel stiff, and some foods upset me."

Type 2 · Adults in their 40s and 50s whose gut trouble comes with sugar, weight or inflammation

Who they are: Adults roughly 40 to 59 who notice cravings after meals, a growing belly, tiredness, heaviness and acidity, and who may already have a report with raised sugar, cholesterol-type or inflammation numbers.

Where this comes from: The Council gut case deck (the second case: a man in the 50s with fatigue, acidity, bloating after meals, heaviness and sugar cravings); Dr. Sheenu's teaching that the gut starts diabetes-type problems silently; the HFS client files with blood pressure, sugar and gas together.

Rank	Problem	In the client's own words (pattern only)
1	Sugar cravings, belly fat and weight	"I crave sweets after meals, I feel dull and sleepy, and my belly keeps growing."
2	Tiredness and brain fog	"I am tired all day and my head feels foggy, even after I sleep."
3	Bloating and gas after meals	"My stomach swells after meals, I feel heavy, and I am embarrassed by the gas."
4	Acidity, burning and reflux	"I get burning and a sour taste, and I take an antacid every time."
5	Constipation, loose stools, or both in turns	"Some days I am stuck, some days I run to the toilet, and I never know what to expect."

Type 3 · Adults in their mid to late 30s with a thyroid or PCOS problem and a gut problem on top

Who they are: Adults roughly 35 to 39 who already have a diagnosis such as an underactive thyroid or PCOS (a hormone condition that disturbs periods) and who also have constipation, acidity or tiredness. Food has to fit both the gut and the other condition.

Where this comes from: The HFS client files of clients with an underactive thyroid or PCOS plus acidity, constipation and tiredness (including the file where the thyroid avoid list and the gut plan are written together); Dr. Sheenu's teaching on one root behind many conditions and her rule to reset the gut first, then work on the condition.

Rank	Problem	In the client's own words (pattern only)
1	Constipation, loose stools, or both in turns	"Some days I am stuck, some days I run to the toilet, and I never know what to expect."
2	Tiredness and brain fog	"I am tired all day and my head feels foggy, even after I sleep."
3	Skin trouble, stiff joints and food reactions	"I get acne and skin trouble, my joints feel stiff, and some foods upset me."
4	Sugar cravings, belly fat and weight	"I crave sweets after meals, I feel dull and sleepy, and my belly keeps growing."
5	Low mood, anxiety, overthinking and poor sleep	"My stomach is upset and my mind is never calm. I overthink and I sleep badly."

Type 4 · Adults who have taken antibiotics, antacids, painkillers or steroids for a long time

Who they are: Adults of any working age who say their stomach has not been the same since a round of antibiotics, or who have taken a tablet for acidity or pain for a long time. Many have never been told it can affect the gut.

Where this comes from: Dr. Sheenu's list of medical causes (repeated antibiotics, antacids taken for every bit of acidity, steroids, painkillers) and her rule on long-term supplements; Dt. Shweta's Part 3 on probiotics. Few cases: the only close HFS file is a client who was self-medicating with a home "kadha".

Rank	Problem	In the client's own words (pattern only)
1	Gut upset after antibiotics, antacids, painkillers or steroids	"My stomach has not been the same since the antibiotics," or "I have taken a tablet for acidity or pain for a long time."
2	Acidity, burning and reflux	"I get burning and a sour taste, and I take an antacid every time."
3	Bloating and gas after meals	"My stomach swells after meals, I feel heavy, and I am embarrassed by the gas."
4	Constipation, loose stools, or both in turns	"Some days I am stuck, some days I run to the toilet, and I never know what to expect."
5	Low mood, anxiety, overthinking and poor sleep	"My stomach is upset and my mind is never calm. I overthink and I sleep badly."

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 · Bloating and gas after meals

Source for this problem: Dr. Sheenu's signs of an unhealthy gut and her causes; Dt. Shweta's Part 3 on the foods that make gas (rajma, chole, cabbage, brinjal, capsicum); the first and second Council cases; the HFS gut client file with flat weight and fewer inches. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week food and bloating diary: the client writes what they ate, when the bloating came and how bad it was, so a pattern can show.	Swollen and heavy after every meal? There is usually a reason underneath.
2	A one-page guide, "Why a weak gut can swell and make gas after meals", in plain words from Dr. Sheenu's teaching on good and harmful gut bacteria.	Bloating is not only about what you eat. Dr. Sheenu also looks at your gut bacteria and your gut lining.
3	A simple eating checklist from the Blueprint: sit down, eat slowly, chew well, no screen, water before meals and not during.	Afraid to eat out because of gas? Learn which foods make gas for you, and how to bring them back.
4	A short guide to the foods that make gas for some people, with Dr. Sheenu's rule: take out only what makes gas for you, then bring each back one at a time.	You do not need to start with an expensive test. Your own symptom diary is the first step.
5	A short audio of belly breathing for five minutes before sleep (breathe in slowly for 4 counts, out for 6).	A free 45-minute Gut Clarity Call: see what may be behind your bloating, acidity, tiredness or cravings.

Problem 2 · Constipation, loose stools, or both in turns

Source for this problem: Dr. Sheenu's signs and causes; the guide's rule that constipation and loose stools are not the same plan (Section 3.2.5); the first Council case (stools alternating); the HFS client files with constipation. Red flags such as blood in the stool go to the doctor first. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week stool and bowel log: how often, hard or loose, colour, and whether pain comes first, in the client's own words.	Stuck one day and running to the toilet the next? These are two different problems, and they need two different plans.
2	A one-page "see your doctor now" checklist: blood in the stool, black stools, vomiting that will not stop, severe belly pain, or weight loss without trying.	Told "it is just IBS"? The gut has causes behind it, and you can see them in a free call.
3	A short guide: "Constipation and loose stools are not the same problem and need different plans."	Blood or black stools need your doctor now. For everything else, start with a simple stool log.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
4	A morning habit sheet for constipation: water, a walk, soluble fibre (the kind that softens in water, such as husk or chia) added slowly, and Dr. Sheenu's spoon of coconut oil in lukewarm water. It notes to keep husk away from a thyroid tablet and to ask the doctor.	Constipation? Water, a morning routine and fibre added slowly are where Dr. Sheenu's gut plan starts.
5	A simple food list for loose-stool days from the food kit: khichdi, rice kanji and curd rice if tolerated. It says to ask the doctor about any supplement.	A free 45-minute Gut Clarity Call: see the real reason behind your stomach, and your first steps.

Problem 3 · Acidity, burning and reflux

Source for this problem: Dr. Sheenu names antacids taken for every bit of acidity as a cause of gut trouble, and gives the Ayurveda view (raised pitta gives acidity); the first Council case (acid reflux); the HFS client files with acidity (several). The zinc supplement for reflux is Dr. Sheenu's teaching for the doctor to decide, so no lead magnet gives it. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week acidity diary: when the burning came, after which meal, and how often an antacid was taken, to share with the doctor.	Burning after meals again? See what may be behind it, beyond the tablet.
2	A light-dinner guide from the Blueprint and the food kit: finish the last meal two to three hours before sleep, keep dinner light, and raise the head in bed.	Taking an antacid for every bit of acidity? Dr. Sheenu says that can upset the gut. Tell your doctor how often you take it.
3	A one-page meal checklist: eat at fixed times, do not skip meals, and keep very spicy food and excess chilli low (HFS).	A light, early dinner is where the Healthyfy gut plan starts for acidity.
4	A list of questions to take to the doctor, such as how often is too often for an antacid, and whether the dose can be looked at as symptoms settle.	Skipping meals and eating in a hurry both feed acidity. Fixed meal times come first.
5	A short guide, "Why taking an antacid for every bit of acidity can upset the gut", in Dr. Sheenu's words, ending with: tell your doctor how often you take it.	A free 45-minute Gut Clarity Call: see what may be behind your acidity, and your first steps with your doctor beside you.

Problem 4 · Tiredness and brain fog

Source for this problem: Dr. Sheenu's signs outside the gut (tiredness, brain fog), her teaching on serotonin, GABA and cortisol, and on low B12 and vitamin D; the first and second Council cases (brain fog, fatigue, low stamina); the HFS client files with tiredness. In the cases it always comes with other conditions: no file is about tiredness alone. Moderate material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week energy diary: tiredness from 1 to 10 each morning and evening, with meals and sleep beside it.	Tired even after you sleep? The reason may start in your gut, not your bed.
2	A short guide, "Why a weak gut can show up as tiredness and brain fog", in plain words: serotonin (the happy hormone, 90% made in the gut) and cortisol (the waking and alert hormone, which stays high when the gut is inflamed).	Brain fog and bloating together are not a coincidence. Dr. Sheenu explains the link.
3	A checklist of reports to keep ready for the call: blood count, CRP or ESR (inflammation), B12, vitamin D and ferritin (iron store), and the list of medicines.	Reports fine, but you do not feel fine? A free call to look at the whole picture.
4	A seven-day sheet from the Blueprint: one fixed wake-up time and one fixed dinner time, ticked each day.	Low B12 or vitamin D again? A weak gut may not be absorbing well. Ask your doctor, and see the full picture with us.
5	A short audio of the ten-minute morning meditation from the Blueprint: watch the breath, bring the mind back gently.	A free 45-minute Gut Clarity Call: see what is behind your tiredness, and your first steps.

Problem 5 · Low mood, anxiety, overthinking and poor sleep

Source for this problem: Dr. Sheenu's gut and brain teaching (serotonin, GABA, cortisol, the vagus nerve) and the MESS questions of the consultation form (mental, emotional, social, spiritual); the Blueprint's affirmations, meditation and breathing. Few cases: only the doctor-led third Council case mentions overthinking and poor sleep, and no HFS file is built on this. Mostly Dr. Sheenu's teaching, so these ideas make no promise about mood. Anyone on medicine for anxiety or low mood is checked by their doctor first.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week mood and stomach diary: what the client felt, what they ate and how the stomach was, side by side.	Upset stomach and a restless mind together? Your gut and brain talk to each other.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
2	A short guide, "How the gut and the brain talk to each other", in plain words from Dr. Sheenu (the vagus nerve, serotonin and GABA, a calming brain chemical).	Overthinking at night and bloated by day? See the link in a free call.
3	A short evening audio of the Blueprint breathing: in through the nose for 4 counts, out through the mouth for 6, for five minutes.	It is not "all in your head". Dr. Sheenu looks at the gut and the whole person, with your doctor leading on any medicine.
4	A printable card of the six Blueprint affirmations, to say three times each morning and night.	Five calm minutes of breathing each evening is where the Blueprint starts.
5	A one-line sheet from the Blueprint: "Write in one line what stopped you the last time you tried."	A free 45-minute Gut Clarity Call: see what is behind your stomach, your sleep and your mood.

Problem 6 · Sugar cravings, belly fat and weight

Source for this problem: Dr. Sheenu's teaching that cravings and feeling dull after meals are early gut signs, and her teaching on the gut, inflammation and insulin resistance; the second Council case (sugar cravings, heaviness); the HFS client files with blood pressure, sugar, weight and PCOS; the HFS lesson that the scale is the least useful number. Diabetes has its own guide, so these ideas make no promise about sugar. Plenty of teaching, and the files always carry another condition.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week craving diary: when the craving came, what was eaten before, and how the client felt after the meal (dull, sleepy or fine).	Craving sweets after every meal? It can be an early gut sign, not a lack of willpower.
2	A short guide, "Why cravings and feeling sleepy after meals can start in the gut", in plain words from Dr. Sheenu's teaching on the gut and blood sugar.	Feeling dull and sleepy after eating? Look at the gut before you blame yourself.
3	A one-page guide to the seven measures that show change besides the scale: weight, total inches, belly inches, fat, visceral fat (fat around the organs), body age and muscle.	The scale is the slowest number to move. See the measures that show change first.
4	A one-page note on artificial sweeteners: Dr. Sheenu says never to use them, and why.	Same food, belly growing? The reason is not only what is on your plate.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
5	A short list of simple everyday food swaps from the guide's swap section, marked "check with your doctor if you have a condition".	A free 45-minute Gut Clarity Call: see what may be behind your cravings, with your doctor beside you.

Problem 7 · Skin trouble, stiff joints and food reactions

Source for this problem: Dr. Sheenu's signs (skin problems, autoimmune flares, food intolerance), her five steps (leaky gut and immune activation) and her list of causes; the first Council case (acne around periods, milk, gluten and rajma sensitivity) and the second (occasional joint stiffness); the HFS client file with joint pain. Few cases: skin and joints appear as add-ons inside other cases, and no HFS file has skin as the main concern. Any autoimmune disease is led by the treating doctor, so no promise is made.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week food reaction diary: which food, what happened and how long after. Milk, gluten and rajma are the ones named in the Council case.	Skin trouble that creams do not fix? Look at the gut too.
2	A short guide, "Why the gut can show up on the skin and in the joints", in plain words from Dr. Sheenu's five steps.	Stiff joints and an unhappy stomach together? Dr. Sheenu explains the link.
3	A one-page list of questions to take to the doctor about food reactions and the tests that exist. The doctor decides.	Not sure which food upsets you? Start with a simple food reaction diary.
4	A one-page checklist of the daily habits Dr. Sheenu lists as causes of gut trouble: packaged food, sugar, refined flour, late nights, poor sleep and stress. The client ticks what applies.	You are not "just sensitive". There can be a reason, and your doctor stays in the lead.
5	A short anti-inflammatory simple-food list from the food kit: warm, cooked, no packaged food.	A free 45-minute Gut Clarity Call: see what may be behind your skin, joints and food reactions.

Problem 8 · Gut upset after antibiotics, antacids, painkillers or steroids

Source for this problem: Dr. Sheenu's list of medical causes (repeated antibiotics, antacids, steroids, painkillers), her rule on supplements taken for more than three months, and Dt. Shweta's Part 3 on probiotics matched to the problem. Little source material: no Council case and almost no HFS file is built on this (the only close one is a client who was self-medicating with a home "kadha"). Every line here is "ask your doctor", never stop or change a medicine, and no probiotic or dose is given.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A "my medicines" sheet: name, dose, time of day and how long taken, with one line: your doctor decides about every medicine.	Stomach not the same since the antibiotics? You are not the only one. Tell your doctor, and see the full picture with us.
2	A simple tracker: how many rounds of antibiotics in the last year, and whether a probiotic was taken with them. It says to ask the doctor.	Taking a tablet for a long time? Dr. Sheenu says the gut lining can adjust. Speak to your doctor.
3	A short guide, "What taking a medicine or supplement for a long time can do to the gut lining", in Dr. Sheenu's words, ending with: speak to your doctor.	We never ask you to stop a medicine. We plan food around it and your doctor decides.
4	A list of questions for the doctor, such as: do I still need this, and can the dose be looked at as my symptoms settle?	Know your medicines list: name, dose, time and how long. It is the first thing we ask for.
5	A short list of gut-friendly food ideas from the food kit (curd by day and buttermilk at night, if tolerated). It says to ask the doctor about any probiotic.	A free 45-minute Gut Clarity Call: see what may be behind your gut trouble, with your doctor in the lead.

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 · Bloating and gas after meals

The problem the client names: "My stomach swells after meals, I feel heavy, and I am embarrassed by the gas."

The pain behind it: Embarrassment in front of others, fear of eating, and the feeling that nobody takes it seriously because "it is only gas". Many gut clients are shy to talk about it at all (Section 4.3 of the guide).

#	Post topic	The one point the post makes
1	"I loosen my clothes under the table"	Hiding bloating is a quiet daily strain. The point: bloating and gas are on Dr. Sheenu's list of signs of an unhealthy gut, so they have a reason.
2	Why some meals swell you more than others	Clients blame themselves for "eating wrong". The point: good and harmful gut bacteria need balance, and poor digestion shows up as gas.
3	Do you have to give up dal forever?	Fear of food makes meals stressful. The point: no. Take out only the foods that make gas for you, then bring them back one at a time.
4	Eating in a hurry	Rushed meals are common in a busy day. The point: sitting down, eating slowly and chewing well are small habits that the daily plan starts with.
5	The diary that shows the pattern	Guessing which food is the problem is tiring. The point: a simple diary of food, time and how bad it was lets a pattern show without guesswork.

Problem 2 · Constipation, loose stools, or both in turns

The problem the client names: "Some days I am stuck, some days I run to the toilet, and I never know what to expect."

The pain behind it: Planning life around toilets, embarrassment, and being told "it is only IBS (a doctor's name for ongoing gut trouble), learn to live with it". Some fear they will need tablets forever.

#	Post topic	The one point the post makes
1	"I know where every toilet is"	Planning the day around toilets wears people down. The point: gut trouble is common, it can be spoken about in plain words, and it has a reason.
2	Hard one day, loose the next	Alternating stools confuse clients. The point: the plan starts by calming the gut and then adds fibre slowly.
3	Why fibre has to come slowly	Clients add a lot of fibre at once and bloat. The point: soluble fibre is added slowly, and a root vegetable alongside can help if they bloat.
4	Blood in the stool or black stools	Waiting and hoping is dangerous. The point: this needs your doctor now, and the food plan is built around what the doctor finds.

#	Post topic	The one point the post makes
5	"It is only IBS, learn to live with it"	A label can feel like the end of the road. The point: Dr. Sheenu looks at causes such as food, stress, antibiotics and sleep, with the doctor leading on medicine.

Problem 3 · Acidity, burning and reflux

The problem the client names: "I get burning and a sour taste, and I take an antacid every time."

The pain behind it: Fear that every meal will burn, a feeling of being tied to a tablet, and a quiet worry that it may be something serious. Dinner and bedtime become stressful.

#	Post topic	The one point the post makes
1	"I carry an antacid everywhere"	Living with a tablet in the bag is a quiet worry. The point: Dr. Sheenu names antacids for every bit of acidity as a cause of gut upset, so tell your doctor how often you take them.
2	The late dinner	Busy days push dinner late. The point: finishing the last meal two to three hours before sleep is one step in the Blueprint.
3	Skipping meals, then burning	Long gaps feel like discipline. The point: eating at fixed times and not skipping meals is part of the daily guide.
4	Acidity and the whole gut	Clients treat acidity alone. The point: in Ayurveda raised pitta gives acidity, and the gut plan looks at the whole digestive system.
5	When burning needs a doctor now	Some signs should not wait for a plan. The point: trouble swallowing or other red flags go to the doctor first.

Problem 4 · Tiredness and brain fog

The problem the client names: "I am tired all day and my head feels foggy, even after I sleep."

The pain behind it: Feeling lazy or "not myself", fear of falling behind at work and at home, and frustration that the reports look fine so nobody sees it.

#	Post topic	The one point the post makes
1	"I wake up already tired"	Dragging through the day with no clear cause is draining. The point: tiredness and brain fog are on Dr. Sheenu's list of signs outside the gut.

#	Post topic	The one point the post makes
2	The gut makes most of your serotonin	Few people know this. The point: most of the body's serotonin is made in the gut, and it needs good bacteria to work.
3	"My reports are normal"	Being told nothing is wrong hurts. The point: the full picture also includes how you eat, sleep and handle stress, and Dr. Sheenu reads the gut inside it.
4	B12 and vitamin D, again and again	Repeated low numbers frustrate. The point: a weak gut lining or bacteria problem can mean poor absorption. The doctor decides about any supplement.
5	One wake-up time, one dinner time	Big routines fail. The point: the Blueprint's first step is only two fixed times kept for seven days.

Problem 5 · Low mood, anxiety, overthinking and poor sleep

The problem the client names: "My stomach is upset and my mind is never calm. I overthink and I sleep badly."

The pain behind it: Feeling weak, the fear that "it is all in my head", guilt about being short with the family, and being tired of trying. Behind it can be a long habit of keeping feelings inside.

#	Post topic	The one point the post makes
1	"I overthink everything at night"	Racing thoughts and an unsettled stomach often arrive together. The point: Dr. Sheenu teaches that the gut and brain talk through the vagus nerve.
2	The gut is called the second brain	A strange phrase for many. The point: a "gut feeling" is real talk between the gut and the brain.
3	"It is all in your head"	Being dismissed adds to the load. The point: the guide looks at body, mind, feelings, people around you and purpose together, never one alone.
4	When you know what to do but do not do it	Many clients feel guilty about this gap. The point: the gap between knowing and doing is common, and what stops you lies underneath.
5	Five minutes of breathing	A big routine feels impossible. The point: five minutes of slow breathing, morning and evening, is one small step from the Blueprint.

Problem 6 · Sugar cravings, belly fat and weight

The problem the client names: "I crave sweets after meals, I feel dull and sleepy, and my belly keeps growing."

The pain behind it: Shame about the body, the feeling of being weak-willed about sweets, fear that diabetes is coming, and tiredness from diets that did not hold.

#	Post topic	The one point the post makes
1	"I finish dinner and want something sweet"	Craving after meals feels like a character flaw. The point: Dr. Sheenu lists sugar cravings among the early signs of an unhealthy gut.
2	Sleepy after lunch	Many accept the afternoon slump as normal. The point: feeling dull and sleepy after eating is an early sign worth noticing.
3	The scale did not move, but I feel light	Flat weight can look like failure. The point: inches, belly size and body age can change when the scale does not, so we look at all of them.
4	"Sugar-free" is not always better	Many switch to sweeteners to be safe. The point: Dr. Sheenu says never to recommend artificial sweeteners.
5	Reset the gut first	Clients start with the sugar number and nothing holds. The point: Dr. Sheenu resets the gut first, then works on the other condition, with the doctor leading.

Problem 7 · Skin trouble, stiff joints and food reactions

The problem the client names: "I get acne and skin trouble, my joints feel stiff, and some foods upset me."

The pain behind it: Losing confidence in how they look, creams that never hold, fear of eating, and the feeling that the body is against them.

#	Post topic	The one point the post makes
1	"I have tried every cream"	Spending on creams with no lasting change wears hope down. The point: skin problems are on Dr. Sheenu's list of signs outside the gut.
2	The gut lining and the immune system	This sounds complicated. The point: when the gut lining loosens, the immune system can react in the whole body, which Dr. Sheenu explains in five steps.
3	Which food is it?	Cutting everything out is hard. The point: a simple diary of food and reaction is the first step, and foods are brought back one at a time.

#	Post topic	The one point the post makes
4	Stiff in the morning	Many put it down to age. The point: joint stiffness can be part of the same gut and inflammation picture, and the doctor reads the reports.
5	Packaged food, sugar and late nights	Everyday habits seem harmless. The point: Dr. Sheenu lists them as causes of gut trouble, and each can be changed in a small step.

Problem 8 · Gut upset after antibiotics, antacids, painkillers or steroids

The problem the client names: "My stomach has not been the same since the antibiotics," or "I have taken a tablet for acidity or pain for a long time."

The pain behind it: Worry that the medicine is doing harm, fear of asking the doctor, confusion about what to do, and guilt about having taken something on their own.

#	Post topic	The one point the post makes
1	"My stomach has not been the same since"	Many link their gut trouble to a round of antibiotics and say nothing. The point: Dr. Sheenu lists repeated antibiotics as a cause of an unhealthy gut.
2	Tablet for acidity, every time	Reaching for an antacid for every bit of acidity becomes a habit. The point: Dr. Sheenu says this can upset the gut, so tell your doctor how often you take it.
3	Anything taken for more than three months	People rarely track how long they take something. The point: Dr. Sheenu says the gut lining can adjust, so speak to your doctor.
4	We never say stop your medicine	Fear of being told to stop keeps people away. The point: your doctor decides about every medicine, and we plan food around it.
5	Write your medicines down	A clear list helps every visit. The point: name, dose, time and how long, so the doctor and coach see the same picture.

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 are bloated after meals, taking an antacid again and again, tired even after you sleep, or never sure what your stomach will do today, this is for you." "You are not being dramatic, and it is not only in your head. In the next few minutes I will show you what may really be going on, and a way forward with your doctor beside you."
2 · The problem	"Many people are told: it is just gas, it is just acidity, it is just IBS. So they live with it, try a new tablet, a powder from a friend, or a video at night. One symptom at a time. And nothing holds." "Underneath, the gut does much more than digest food. Most of the immune system sits in the gut lining, and most of the body's serotonin, the happy hormone, is made there. When the balance of good and harmful bacteria goes wrong, it can show up as bloating and gas, acidity, constipation or loose stools. It can also show up as tiredness, brain fog, sugar cravings, skin trouble and low mood." "And underneath that, there is often something more: antibiotics or tablets taken for a long time, stress, rushed meals, poor sleep, and no one to join the dots."
3 · The solution	"At Healthyfy we look at the whole person, not one symptom. Dr. Sheenu starts with the gut: we reset it first, then work on the other problem. A proper reset takes at least three weeks." "We begin with a free 45-minute Gut Clarity Call. In it you see five things: your problem, symptoms and side effects; your lifestyle; your root cause; your priority, the one thing to fix first; and your Blueprint and action plan." "If you decide to go further, a coach works with you every week on food, daily routine, mind and emotions, around your doctor's advice. We never replace your doctor or your medicines."

Block	What the coach says
4 · Testimonial, as a case study (no name)	**Their situation:** "[Describe a consented client as a pattern only: for example, bloating after meals, acidity, tiredness, a stomach that changed after tablets. No name, age or job.]" **What was done together:** "[In one or two lines: what the client and coach worked on together, for example meals at fixed times, a lighter early dinner, slower eating, a symptom diary, and breathing practice, around the doctor's advice.]" **What changed, in their words:** "[In the client's own words, and with the time taken: for example, less bloating, feeling lighter, more energy. Add: results are different for each person.]"
5 · The next step	"If this sounds like you, book your free 45-minute Gut Clarity Call. You will leave with a clear picture of what may be behind your gut trouble and your first steps, whether or not you work with us." "Click the button below, pick a time, and take the first step."

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

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

DIAMOND COACH GUIDE

The Gut Health Coach Guide

BY DR. DT. SHEENU SANJEEV

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

INSIDE THIS GUIDE

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



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

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