DIAMOND COACH GUIDE

A HEALTHYFY INSTITUTE SERIES



# *The* LIVER

## *Coach Guide*

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# Diamond Coach Guide

*The Liver 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 Liver protocol card (session of 26 March 2025), 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.*

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*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 liver use **Liver Clarity Call** (the niche version of the Root Cause Clarity Call). Never call it a "sales call" or a "free consultation".

| Item | Detail |
|---|---|
| **Name** | Liver 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 liver problem (fatty liver, raised liver reports, hepatitis, or a doctor's warning about their liver) who want to know the real reason behind their tiredness, bloating, belly fat or poor digestion, 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 liver words (optional)

The five benefits above are fixed. If you want a liver line for the booking message, use only this one: "On this call you will see what is really behind your tiredness, bloating, belly fat or raised liver reports, 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 liver client (from Section 2.6):**

The "no alcohol" line stays as approved. For a client with hepatitis, cirrhosis, swelling in the legs or abdomen, cancer, or any doctor-set limit, the 3 to 5 litre water line and the 1-hour exercise line do not apply: they follow their doctor first. Sheenu's plan for these conditions is walking and light movement only, and the HFS deck says fluids may need to be restricted when there is fluid in the abdomen.

Tell them to keep taking every liver 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, detox juices or protein advice. Those are delivered inside the programme, after you have seen their reports and medicines (Section 2.6.11).

## 1.5 The follow-up after the call

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

02

SECTION 2

# The consultation form, from start to end

*Source: Sales Kit: Sales Call Guide, Client Registration and Consultation Form (sections A to G), Coach Guide. Liver listening cues come from Sheenu's Liver protocol card (symptoms, risk factors, tests, medicines, scope) and the HFS liver case-study deck. Questions marked "Liver prompt" are built only from those sources.*

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

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

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

### REGISTRATION · PERSONAL DETAILS

| Detail | Information |
|---|---|
| Full name | |
| Age / date of birth | |
| Gender | |
| Mobile / WhatsApp number | |
| Email address | |

| Detail | Information |
|---|---|
| City / place of residence | |
| Occupation | |
| Height (cm) | |
| Current weight (kg) | |

## HEALTH CONCERN AT A GLANCE

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

Your answer: .....

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

☐ No ☐ Yes, please specify: _____

Registration date: _____

## A. GOAL · WHAT YOU WANT TO ACHIEVE

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

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

Your answer: .....

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

Your answer: .....

**3. Why is reaching this goal important to you?**

Your answer: .....

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

## B. PROBLEMS, SYMPTOMS AND THEIR IMPACT · CURRENT REALITY

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

Your answer: .....

**5. What symptoms are you facing right now?**

Your answer: .....

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

Your answer: .....

**Symptoms and problems: tick all that apply to you**

☐ Bloating / gas / acidity

☐ Constipation / loose motions

☐ Hair fall / dull skin / acne

☐ Fatigue / low energy / low stamina

☐ Joint pain / body pain

☐ Headache

☐ Breathlessness

☐ Poor sleep

☐ Irregular periods / diagnosed PCOS

☐ Sugar cravings

☐ Weight stuck / fluctuating

☐ Mood swings / irritability

☐ Diagnosed nutritional deficiencies

☐ Others: _____

**Health information**

| Detail | Information |
|---|---|
| **Diagnosed condition(s): since when and stage/ severity, if known** | |
| **Current medicines** | |

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

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

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

## C. PRESENT LIFESTYLE AND HABITS

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

| Area | Current situation |
|---|---|
| **Physical activity** | ☐ Sedentary ☐ Light ☐ Moderate ☐ Active ☐ Very active |
| **Sleep quality** | ☐ Poor ☐ Fair ☐ Good |
| **Meal pattern** | ☐ Regular ☐ Irregular |

| Area | Current situation |
|---|---|
| **Smoking** | ☐ No ☐ Occasionally ☐ Regularly |
| **Drinking alcohol** | ☐ No ☐ Occasionally ☐ Regularly |
| **Stress level, 1 to 10** | |
| **Screen time, hours a day** | |

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

### 7. Briefly describe your usual daily routine.

Your answer: .....

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

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

Your answer: .....

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

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

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

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

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

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

Your answer: .....

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

☐ I struggle to stay motivated.

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

☐ I often have negative thoughts about myself.

☐ I lose patience when results are slow.

☐ I overthink even small things.

☐ My mind keeps racing at night before sleep.

☐ I wake up with negative thoughts or worries.

☐ Other: _____

☐ None of these.

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

Your answer: .....

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

Your answer: .....

Is there anything else you would like to add? _____

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

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

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

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

☐ I often feel anxious or worried.

☐ My mood affects my eating or daily routine.

☐ I feel guilty after eating.

☐ Other: _____

☐ None of these.

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

Your answer: .....

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

Your answer: .....

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

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

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

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

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

## E. MAKING HEALTH A PRIORITY

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

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

Your answer: .....

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

## F. REAL-LIFE CHALLENGES

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

## G. TRANSFORMATION JOURNEY AND RECOMMENDED PROGRAMME

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

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

Recommended programme: _____ Programme duration: _____

Reason for this recommendation: _____

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

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

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

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

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

| Programme value and fee | Amount |
|---|---|
| **Offer valid until, if applicable** | |

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

Your answer: .....

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

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

## 2.2 The call at a glance, and the Trust stage

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

**The rule of the sales call.** Find the gaps. Do not deliver the personalised solution. Explain what support the programme includes and why it is relevant. Meal plans, herbs, 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 liver:

- **Which result to share.** The kit gives five Dr. Sheenu clients. None is labelled as a liver client, so choose by the client in front of you. For an overweight fatty liver client, **Diya Jain** (3 months, 10.6 kg lost, 30.4 inches lost) is closest. For cirrhosis, hepatitis, cancer or Wilson's, a weight-loss story is the wrong story: use your own client's result with their consent, or no result at all. Never tell a cirrhosis client about kilos lost.
- **Be gentle with alcohol and painkillers.** Many liver clients feel judged before they speak. Do not ask on the first minute. Ask when you reach Section C, in plain words, and record the answer without comment.
- **Decision maker.** Ask it plainly. If someone at home decides, or the client is unwell and the family is involved, 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 liver reports (SGPT, SGOT, bilirubin, albumin, and a FibroScan if done), lipid profile, sugar report, the list of their medicines and any supplements or herbs 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?"

**Liver prompt:** note now if the client is pregnant or recently delivered, because acute fatty liver of pregnancy and hepatitis E are linked to pregnancy (Section 2.6.12). Note if the client has been told they have cirrhosis, cancer or a transplant: 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 liver reports to become normal."** | Goal: improving SGPT and SGOT. Ask what normal would change in an ordinary week. The doctor reads the reports; you work alongside |
| **"My doctor said fatty liver. I want to stop it getting worse."** | Goal: stop progression. Fatty liver is where fat collects; the cause behind it is what you look for |
| **"I want to lose my belly fat / lose weight."** | Goal: belly fat and weight, with a liver condition behind it. Lead with inches (HFS Case 1). Do not promise a number |
| **"I want to stop my liver medicine."** | Goal: less dependence on medicine. Only their doctor can change it. **Do not promise it** |
| **"I drink and I want to cut it down."** | Goal: less alcohol. If they cannot stop, or feel unwell when they try, their doctor must be involved (Section 2.6.12) |
| **"I have hepatitis B or C and I am on treatment."** | Goal: support the treatment with food and lifestyle. **The doctor leads.** Record the medicines and the doctor |
| **"I have cirrhosis / water in the stomach."** | Goal: comfort and strength. **The doctor leads** and you do supportive nutrition only (Section 2.6.12). No weight or reversal promise |
| **"I am always tired and bloated and have no appetite."** | Goal: energy and digestion, in daily terms. These are early liver signs; ask for reports and send them to the doctor if there are none |

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 | Liver prompt (only if unclear) | What it may point to |
|---|---|---|
| **Energy and appetite** | "Are you more tired or weak than before? Has your appetite dropped, or do you feel sick after eating?" | Early liver signs: weakness, nausea, no desire to eat (Sheenu) |
| **Right-side discomfort** | "Is there any discomfort or heaviness on the right side, under the ribs?" | Where the liver sits. Fatty liver clients in the HFS deck reported it. Note it for the doctor |
| **Urine and stool** | "Has your urine become dark, or your stool pale?" | Dark urine and pale stools are early signs. If new, their doctor |
| **Yellow colour** | "Has anyone noticed yellow in your eyes or skin?" | Jaundice: the liver condition is progressing. Their doctor, now |
| **Swelling** | "Is there swelling in the legs or the stomach?" | Fluid retention: a liver or kidney challenge. Their doctor |
| **Weight and muscle** | "Are you losing weight without trying? Are your muscles getting weaker?" | Rapid weight loss, especially muscle loss, is a progressed sign. Their doctor |
| **Mind** | "Do you feel confused, forgetful or foggy?" | Confusion and memory trouble: check the liver among other causes. Their doctor |
| **Belly fat, bloating, acidity** | "Is the weight mainly on the belly? Do you get bloating or acidity?" | Fatty liver picture (HFS deck). Bloating also means digestion and bile are not working well |
| **Sugar and cholesterol** | "Any raised sugar, cholesterol or triglycerides?" | Insulin resistance rises with fatty liver (Sheenu); the HFS deck pairs fatty liver with borderline diabetes and dyslipidaemia |

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

## Health information to record

| Record | Liver detail to capture |
|---|---|
| **Diagnosed conditions, since when, stage** | Fatty liver (grade), hepatitis (which type), fibrosis, cirrhosis, cancer, Wilson's, haemochromatosis, a transplant: by whom, when. Also diabetes, cholesterol, BP, thyroid, uric acid, vitamin D or B12 low |
| **Current medicines** | Name, dose and time: vitamin E, metformin, pioglitazone, statins, UDCA, thiamine, folic acid, corticosteroids, antivirals, diuretics, lactulose, rifaximin, beta blockers, warfarin, chemotherapy, penicillamine, trientine. Anything started or stopped lately |
| **Painkillers** | Ibuprofen or paracetamol: how often, for what. Sheenu: regular use raises the chance of acute liver failure |
| **Alcohol** | How much and how often, as they report it. No judgement |
| **Supplements and herbs on their own** | Giloy, turmeric, ashwagandha, triphala, guggulu, shilajit, kutki, gokhru, milk thistle, St John's Wort, protein powders, zinc, iron, vitamin E |
| **Reports** | Ask for SGPT, SGOT, alkaline phosphatase, bilirubin, albumin, INR, and FibroScan if done (Section 2.6.6). Lipids, sugar, vitamin D, B12. Note the date and the lab. Note "not done" without judgement |
| **Infections and exposure** | Past hepatitis, transfusion, injections, tattoos or procedures, eating outside. Do not push for details they do not want to give |
| **Family history** | Genetic liver conditions (iron or copper build-up). Ask: "Do you drink water from a copper bottle?" |
| **Pregnant, recently delivered, or surgery** | If yes, Section 2.6.12 applies |
| **Food allergies and intolerances** | Dairy, gluten, nuts, soy. Do they eat out often? Do they eat spicy food? |

**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, Liver protocol card (Diamond Council session of 26 March 2025, Liver Holistic Plan). HFS case studies and HFS data are used only where named.*

The liver is the largest internal organ in the body. In plain words it is a chemical factory: everything we eat and drink is processed through it. It weighs about 1.5 kg and sits on the right side of the abdomen, just below the ribs. Read this part once before your first liver client, and keep it open while you listen to Section B of the consultation form.

**Know where it is.** Put your hand on the right side of your abdomen, right under the ribs. That is where the liver sits. Dr. Sheenu wants you to know this, so that when a client comes you understand where the doctor presses to find out whether the liver is inflamed or painful.

**Caution:** pressing on a client's abdomen is for a trained coach only. If you have not been trained, do not do it. Ask where it hurts, and note the answer in their words.

*Source: Dr. Sheenu, Liver protocol card (medicines, food and herb interactions, herb rules, where you stop). HFS Overlay System (the priority rule and conflict table). The 16 April and 30 July 2026 case-study sessions and the 29 May 2025 session were taught by Dt. Shweta, not Sheenu; they are used only for the labelled mistakes sentences.*

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. The liver, what it does, and the liver diseases** | Sections 2.6.1 and 2.6.2 (the organ, the diseases, hepatitis types) |
| **2. Scarring and the acute conditions** | Section 2.6.3 |
| **3. Why it happened, and what goes wrong inside** | Section 2.6.4 |
| **4. The symptoms the client feels every day, and the signs of progression** | Section 2.6.5 |

| What you listen for in Section B | Where to find it |
|---|---|
| **5. Tests: the blood report and the FibroScan** | 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, 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 The liver and what it does

| What it does | In plain words |
|---|---|
| **Detoxification** | Breaks down and clears what the body does not need, including alcohol, medicines and toxins |
| **Digestion and bile production** | Makes bile, which digests fat and helps the body absorb nutrition |
| **Metabolism regulation** | Handles fat, sugar and protein for the whole body |
| **Blood filtration** | Filters the blood |
| **Protein synthesis** | Builds the proteins the body needs, for muscle and for immunity |
| **Storage** | Stores vitamins A, D, B12 and K, and the minerals potassium, iron and copper |

**One word to learn.** "Hepato" is the word for the liver, the way "renal" is the word for the kidney. Hepatoprotective means liver protecting.

Hepatocellular means related to the liver cells. Every health coach should know these when reading a report or a prescription.

## 2.6.2 The liver diseases, and what each one is

### The common ones

| Disease | What it is |
|---|---|
| **Fatty liver disease (non-alcoholic and alcoholic)** | Fat collects in the liver. A person does not have to drink alcohol for this to happen. Too much spicy food, too much fat or a slowed-down metabolism can all give non-alcoholic fatty liver disease |
| **Hepatitis A, B, C, D and E** | Inflammation of the liver, caused by a viral infection or by toxins |
| **Cirrhosis** | Scarring of the liver from long-term damage. Think of your own skin: if the same spot is hurt again and again, that place becomes hard. In the same way, when the liver is damaged again and again by wrong food, alcohol or toxins, scars form |
| **Hepatocellular carcinoma** | Liver cancer: the liver cells become cancerous |
| **Liver abscess** | Pus in the liver, mostly from a bacterial or parasitic infection |
| **Haemochromatosis** | Iron builds up because it is not being cleared out of the liver. Mostly genetic |
| **Wilson's disease** | Copper builds up in the liver. A genetic disorder, very rarely seen |

**Jaundice is a symptom, not a disease.** The skin, eyes and nails turn yellow. It points to some other problem:

a liver disease (hepatitis, cirrhosis, liver cancer, fatty liver); a block in the bile duct, gallstones or pancreatic cancer, where bile backs up; repeated breakdown of red blood cells, as in sickle cell anaemia and malaria; and jaundice in a newborn, where the baby's liver is simply not mature yet. That one needs no panic.

### The five hepatitis types

| Type | How it spreads | Acute or chronic |
|---|---|---|
| **Hepatitis A** | Contaminated food and water (the faecal-oral route, which is why we say do not eat where flies are sitting). Poor sanitation. Raw seafood | Acute and self-limiting. It does not progress |
| **Hepatitis B** | Blood and body fluids. Unprotected sex, childbirth, needles. It damages the liver DNA | Starts acute and moves towards chronic |
| **Hepatitis C** | Blood-to-blood contact: blood transfusion, injection drug use, injections, medical procedures. It attacks the liver directly | Chronic |
| **Hepatitis D** | Comes on top of hepatitis B and speeds up the damage. Also injection drug use | Severe and chronic. It can usually be taken towards remission, but not necessarily reversed |
| **Hepatitis E** | Contaminated water and food, poor hygiene, raw pork. Also seen in pregnancy, especially late, when the mother's fat metabolism is not working properly | Acute inflammation, self-limiting |

**Two practical points from Sheenu for your clinic.** When a client goes for any blood test, tell them to check that the needle is new, clean and sanitised. And if a hepatitis C client uses your washroom, it must be cleaned thoroughly, because it spreads very fast.

## 2.6.3 Scarring, and the acute conditions

### The three stages of liver scarring

| Stage | What happens |
|---|---|
| **Liver fibrosis** | The early stage of scarring. Collagen fibres start replacing liver cells. The body does this to save itself, but if the damage keeps repeating, the fibres replace the liver cells completely |
| **Liver cirrhosis** | Advanced scarring, which is **irreversible**. Nodules form and the liver cannot work properly |
| **End-stage liver disease** | The liver fails to work and a liver transplant is required |

### The other acute conditions

| Condition | What it is |
|---|---|
| **Acute liver failure** | Rapid loss of liver function from a drug overdose. People take ibuprofen for any pain and paracetamol for anything, and take them regularly. That raises the chance of acute liver failure. Autoimmune disorders (rheumatoid arthritis, gut-related autoimmune conditions, any autoimmune disorder) also damage liver function |
| **Acute fatty liver of pregnancy** | Rare. The mother's liver cannot handle fat during pregnancy |
| **Toxic liver injury** | Liver damage from alcohol, medicines and toxins |
| **Budd-Chiari syndrome** | Very rare. The veins get blocked and liver function is suddenly lost |

## 2.6.4 Why it happened: risk factors and what goes wrong inside

| Group | Risk factors (Sheenu) |
|---|---|
| **Unhealthy lifestyle** | Too much processed food, too much alcohol, high sugar or saturated fat, a sedentary life, insulin resistance |
| **Infections and toxins** | Any viral infection; toxins entering the body; long-term medicines, above all overuse of painkillers such as paracetamol |
| **Genetic and autoimmune** | Too much iron stored, too much copper stored, autoimmune hepatitis where the immune system attacks the liver |

### What is going wrong inside the body

| What fails | What follows |
|---|---|
| **Fat metabolism is the liver's job, but it starts storing fat instead** | Fatty liver |
| **Insulin resistance rises and blood sugar goes up** | A higher chance of diabetes |
| **Protein synthesis does not happen properly** | Muscle loss and weak immunity. When weight is falling, the chance of muscle loss goes up |
| **Bile production is low** | Digestion is not proper, so nutrition is not absorbed either |
| **Toxins build up** | Confusion and brain fog |

For the coach's record, the cause is on this table and in the client's own history. MESS in Section D of the form finds what stops the client from changing the habits behind it, not the medical cause.

## 2.6.5 Reading the symptoms (what the client says)

### The early signs, which people almost always ignore

Feeling weak and lethargic. Tiredness. Nausea, or a feeling of vomiting. No desire to eat. A mild discomfort or constant irritation in the abdomen. Urine turning dark (normal urine has a light yellow tinge). Stools turning pale. **These are early signs of liver disease, and this is exactly where people take it lightly.**

### The signs that mean it has progressed

| What the client says or shows | What it may mean (Sheenu) | What you do |
|---|---|---|
| **Yellow skin, eyes or nails** | Jaundice. The liver condition is progressing, and jaundice itself is a symptom of something else | Their doctor must know. Do not plan anything on your own |
| **Swelling in the legs and abdomen** | Fluid retention: a liver or kidney challenge | Their doctor. Do not push water, protein or exercise |
| **Rapid weight loss, especially muscle loss** | Protein is not being made properly | Their doctor. Not a weight-loss client |
| **Confusion and memory problems** | Memory issues have other causes too, but because the liver is a main organ, check whether there is a liver problem behind it | Their doctor, the same day |
| **Dark urine, pale stools, nausea, no appetite, tiredness** | The early signs above | Ask for the latest liver reports. If none, ask them to see their doctor |

**HFS deck:** a client with non-alcoholic fatty liver Grade II presented with fatigue and low energy, abdominal heaviness, bloating, right upper abdominal discomfort and increased belly fat.

### 2.6.6 Reading the blood report and the FibroScan

| Marker | If it is on the higher side, it means (Sheenu) |
|---|---|
| **SGPT (ALT)** | Liver cell damage |
| **SGOT (AST), aspartate aminotransferase** | Muscle injury |
| **Alkaline phosphatase** | A block in the bile duct |
| **Bilirubin** | The liver is stressed. Jaundice appears, and remember that jaundice is a symptom |
| **Albumin (a low value)** | Poor liver function |
| **INR (International Normalised Ratio)** | A blood clotting problem |

> **Write this in your notebook (Sheenu):** if a client is on warfarin, a blood thinner, their INR must be checked from time to time, to see whether there is a clotting problem or too much bleeding.

**The FibroScan.** Along with the liver function tests there is the FibroScan, which is liver elastography. It is a non-invasive test and an alternative to a liver biopsy. Through it you learn about fatty liver, hepatitis, liver fibrosis, alcoholic liver, liver stiffness and the liver fat percentage. If required, advise the client to get a FibroScan along with the liver function tests. The HFS deck shows a client with a high FibroScan stiffness reading after heavy painkiller use.

**Same lab every time (Sheenu, 23 July 2026 live question time; the recording is rough):** do repeat tests at the same lab. Changing labs can make the reports hard to compare.

Always write the date, the lab and the medicine status next to every report, so that a change can be read honestly later.

### 2.6.7 What happens if it is left untreated

For your knowledge only. This table only arranges what Sheenu's card says; it adds no new facts.

| If the cause continues | What follows |
|---|---|
| **Fat keeps collecting** | Fatty liver, with rising insulin resistance and blood sugar, and a higher chance of diabetes |
| **Damage keeps repeating (wrong food, alcohol, toxins, long-term medicines)** | Fibrosis, where collagen replaces liver cells |
| **Fibrosis continues** | Cirrhosis: scarring that is irreversible, and the liver cannot work properly |
| **Cirrhosis progresses** | End-stage liver disease: the liver fails and a transplant is required |
| **Hepatitis B and C** | Hepatitis B moves towards chronic; hepatitis C is chronic; hepatitis D is severe and chronic |
| **Painkillers or other drugs taken in excess** | Acute liver failure |
| **Protein is not made, bile is low, toxins build up** | Muscle loss, weak immunity, poor nutrition absorption, confusion and brain fog |

⚠ Never use this list to frighten a client. On the call, use only the fear the client names themselves.

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

The programme asks you to name the body system that has failed. For the liver this is the detoxification and metabolic system, with bile and digestion. **This naming is built from the liver's functions on Sheenu's card. Use it only as a way to link what the client said to what the programme works on.**

| The liver's job | What the client may feel when it is not working |
|---|---|
| **Detoxification** | Tiredness, brain fog, confusion; toxins build up |
| **Digestion and bile** | Bloating, acidity, poor appetite, pale stools; nutrition not absorbed |
| **Metabolism regulation** | Belly fat, weight that will not move, rising sugar |
| **Protein synthesis** | Weak muscles, weak immunity |

| The liver's job | What the client may feel when it is not working |
|---|---|
| **Storage of vitamins and minerals** | Low vitamin D or B12 on reports; iron or copper overload in the rare genetic conditions |

Sheenu does not use one word for every liver disease. Say what is true for the stage and the type, and only that:

| Condition | What is honest to say (Sheenu) |
|---|---|
| **Fatty liver, and early scarring (fibrosis)** | The fat and the damage can improve when the cause is worked on. Never promise a result or a date |
| **Hepatitis A and E** | Acute and self-limiting |
| **Hepatitis B and C** | Chronic or moving towards chronic. The doctor treats the virus; you plan the food and lifestyle around the medicines |
| **Hepatitis D** | We can usually take it towards remission, but not necessarily reverse it |
| **Cirrhosis** | Advanced scarring is irreversible. Support the liver's remaining work and quality of life, with the doctor leading |
| **End-stage disease, liver cancer** | The doctor leads. You give supportive nutrition, never treatment |

**Sheenu, 23 July 2026 live question time (recording is rough):** when a client comes with a full report, find out the stage (for example, how much fibrosis) first. Do not promise reversal. Work towards remission, and after it towards management, where the client's medicines come down. Tell the client the journey in 3 months, 6 months and 1 year.

**The mistake clients make:** the moment the reports improve they go back to the old lifestyle. Tell them clearly that the improvement is only held by the lifestyle. The medicine decision is always the doctor's.

## 2.6.9 The medicines you will see (knowledge only)

| Condition | The doctor may give | What the treatment is aiming at |
|---|---|---|
| **Fatty liver** | Vitamin E and antioxidants; metformin and pioglitazone; statins; UDCA | Reduce fat, improve insulin sensitivity, support metabolism. Vitamin E reduces oxidative stress; metformin and pioglitazone improve insulin sensitivity and fat metabolism; statins reduce cholesterol; UDCA supports bile flow |
| **Alcoholic liver disease** | Vitamin B1 (thiamine); folic acid and multivitamins; corticosteroids; pentoxifylline | Repair the damage, reduce inflammation, replace nutrients. Thiamine prevents brain damage: it is needed for glucose metabolism in the brain, and without it there can be energy failure and brain cell death |
| **Hepatitis A, B, C, E** | Tenofovir (hepatitis B); sofosbuvir, ledipasvir and daclatasvir, direct acting antivirals (hepatitis C); interferon injections later if needed | Treat the virus so that the liver is not damaged |
| **Cirrhosis and liver failure** | Diuretics; lactulose and rifaximin; beta blockers; albumin infusion | Remove fluid build-up; prevent toxins building up, especially in the brain; prevent bleeding from high pressure in the veins; keep the fluid balance |
| **Liver cancer** | Chemotherapy, including chemotherapy given locally at the same site | The oncologist leads |
| **Wilson's disease** | Penicillamine and trientine, with a zinc supplement | Reduce copper. Zinc helps prevent copper absorption |
| **Drug-induced liver injury** | NAC (N-acetylcysteine), the antidote for a paracetamol overdose; stopping the toxic drug | Sometimes a drug that is helping the client is still stopped |

**Why alcohol causes deficiencies (Sheenu):** when a client drinks, the liver's first job is to clear the alcohol, and only after that does it handle the food. Nutrition is not absorbed properly, which is why a person who drinks gets a pot belly quickly and why the liver becomes inflamed. If a client who drinks in excess comes to you, you may recommend vitamin B1 in the right dosage.

### 2.6.10 Food and medicine: what enhances and what works against

Once you know what the medicine is for, you will know what supports it and what blocks it. Think logically and you will not have to memorise.

| Condition | What enhances the medicine | What works against it |
|---|---|---|
| **Fatty liver** | Healthy fats (avocado, nuts, olive oil): vitamin E is fat soluble, so give a good fat with it. High-fibre food with metformin. Giloy (Amrit): detoxes, reduces inflammation, does not harm alongside these medicines. Organic turmeric with black pepper and fat, in a **small** amount (giloy and turmeric can be alternated) | **Grapefruit juice: never.** It blocks the enzyme that breaks the drug down, so the drug stays longer and becomes toxic; it interferes with statins (give lemon or orange instead). Alcohol: not at all. High-fat meals block absorption of statins and pioglitazone. Guggulu: it interferes with statins and cholesterol metabolism. Spicy food |
| **Alcoholic liver disease** | Whole grains and legumes (help absorb thiamine and folic acid). Protein-rich food, such as eggs and chicken for non-vegetarians and lentils for vegetarians (supports the corticosteroid). Kutki. Giloy and tulsi (reduce inflammation); shatavari (repairs liver tissue) | Alcohol: not at all. Processed food (lowers vitamin absorption). Too much tea (tannin) or caffeine. Junk food, pickles and chips: high sodium worsens corticosteroids and starts fluid retention. Gokhru: interferes with corticosteroids and diuretics |
| **Hepatitis A, B, C, E** | Protein-rich food (liver repair). Antioxidant-rich food, especially red berries (anthocyanin, lycopene) to reduce inflammation. Bhringraj, an Ayurvedic liver tonic | Grapefruit juice. **St John's Wort** (used for anxiety and depression; it reduces the effect of hepatitis C drugs). Excess sugar: soft drinks, bakery, sweeteners, cakes. **Ashwagandha** during antiviral therapy: it overstimulates the immune system |
| **Cirrhosis and liver failure** | Potassium-rich foods (banana, potato, spinach) support the diuretic. Fermented foods (yoghurt, kimchi) for gut health and to help lactulose. Shatavari helps hydration and electrolyte balance | High-sodium food (salted chips, processed food): it reduces the beta blocker's effect. With a beta blocker: no grapefruit and nothing that thins the blood. **Ginger, garlic and cinnamon thin the blood: do not give them.** A very high-protein diet: protein must be given, but very high protein raises ammonia and brain fog, so keep animal foods a little restricted. **Triphala** is also a diuretic and interferes with the prescribed diuretic |

| Condition | What enhances the medicine | What works against it |
|---|---|---|
| **Liver cancer** | Protein-rich food. Turmeric with curcumin (helps the immune response) | Grapefruit, always. Spicy food (it worsens digestion). Guggulu (interferes with the cancer drugs) |
| **Wilson's disease** | The medicine is taken on an empty stomach, which raises its absorption | Dairy, iron and zinc supplements reduce the medicine's effect (if the medicine is running, reduce the zinc supplement; if not, zinc can be given). High-fibre food, whole grains and bran block zinc absorption. **Copper-rich food** (shellfish, nuts, dark chocolate). **Shilajit** (many minerals, worsens copper build-up). Ask: "Do you drink water from a copper bottle?" |
| **Drug-induced liver injury** | Vitamin C (citrus fruits, bell pepper) improves the effect of NAC. Aloe vera juice supports detoxification | Alcohol. **Giloy**, even though it is Amrit, interferes with many of these medicines: do not give it |

**Watch the vitamin E complication (Sheenu):** an excess vitamin E supplement can raise the bleeding risk. Vitamin E is given for a limited time: stop after one month. Generally no supplement is given for more than three months. The doctor decides.

**Opposite case to remember:** with metformin you give high-fibre food. With thyroid medicine you keep high-fibre food away and space the timing.

### 2.6.11 Herbs: what each does and the caution

| Herb | The interaction you must remember (Sheenu) |
|---|---|
| **Shatavari** | Generally safe, but it increases sedative effects. Avoid it with any anti-anxiety or antidepressant medicine |
| **Gokhru** | A diuretic. Avoid it with anyone taking a diuretic |
| **Turmeric (curcumin) and tulsi** | Both have a blood-thinning effect. Do not give them with any anticoagulant or blood thinner |
| **Kutki** | Increases bile flow. Not recommended in gall bladder disease |

| Herb | The interaction you must remember (Sheenu) |
|---|---|
| **Giloy** | It is Amrit, but it can lower blood sugar. A dose adjustment is needed for a diabetic client, so be very careful |
| **Kalmegh** | Can weaken immunosuppressants. Avoid it in a liver transplant client |
| **Milk thistle** | Good for the liver, but increase water intake a lot alongside it. If hydration is low, bloating increases sharply |
| **Ashwagandha** | Not with antiviral therapy (see above). With anxiety or depression medicine, do not give it at night: start in the morning or afternoon, see how they feel, then build up. If the goal is weight reduction, do not give it with milk |
| **Triphala, guggulu, shilajit, gokhru, ginger, garlic, cinnamon, St John's Wort** | See the table above for the condition in which each one is a problem |

## How to give each one

| Herb | Form (Sheenu) |
|---|---|
| **Ashwagandha and shatavari** | Capsule or powder. Both are good with warm milk, but not ashwagandha with milk if the goal is weight reduction |
| **Turmeric** | With black pepper and with fat: lightly roast it in a little ghee, or give it with milk. In cooking we add only a pinch, so give only a small amount to a client |
| **Kutki and kalmegh** | Liver tonics, given as a herbal decoction |
| **Giloy** | As juice or tablet |
| **Tulsi and guggulu** | As herbal teas |

**The rules for herbs. This is where students go wrong. (Sheenu)**

1. **Never give many herbs together.** Students put giloy, tulsi and turmeric all in one plan. If neem is given in the morning, do not give giloy in the evening: one of them has to go.

2. **Rotate them.** For example, lemon water for three days and neem for three days, 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.** Ayurvedic herbs are medicinals. Give a herb for a week, then a gap, then a week. Do not give any herbal supplement 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.** Chamomile tea is very helpful at night for anxious clients.

**Written in brackets:** as in the thyroid work, 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 prescribed and plan the food around it. If the medicine needs to be reduced, the doctor decides that. (Sheenu) The whole medicine list in this part is given so that you can plan food correctly, not so that you can ever suggest a medicine.

| Rule (Sheenu) | What it means in your work |
|---|---|
| **Tell the client to inform their doctor** | When you start a clinical diet, say: "Tell your doctor you are on a therapeutic and clinical diet. Your doses may come down. Keep getting your levels checked and stay in contact with your doctor about reducing the doses." |

| Rule (Sheenu) | What it means in your work |
|---|---|
| **Write the food and herb interactions into the prescription, at the end of the journey, not the start** | When the 3, 6 or 12 month diet is completing, write what to take and what not to take alongside whatever medicine they are on at that time |
| **Quantify the diet chart in bowls, not grams and millilitres** | Teach small bowl, half bowl, medium bowl, large bowl |
| **When jaundice is showing, avoid turmeric and yellow foods at that time** | Jaundice is not present in every case; when it is showing, keep them out |
| **Neem and turmeric in the morning can cause acidity for many** | If it does not suit them in the morning, give it in the evening |
| **Fibre-rich food is not for everyone straight away** | Some people bloat. Add fibre slowly, and give a root vegetable alongside |
| **Everything taught is general; every patient is unique** | Every body acts and reacts differently. Watch the individual |
| **Give the whole holistic plan, not just a nutrition plan** | Nutrition, fitness, herbs with their pluses and minuses, and breathing and pranayama |
| **Give breath work to every single client, whatever they came for** | Weight gain, weight loss, a liver problem, anything |

| If you see this | What you do | From |
|---|---|---|
| **Jaundice, swelling in legs or abdomen, confusion, rapid weight or muscle loss, dark urine, pale stools** | The client's doctor must know now. You do not plan around it alone | Sheenu (progressed signs) |
| **Client is on any liver, hepatitis, cirrhosis, cancer or Wilson's medicine** | Plan the food around the medicine (Section 2.6.10). Never suggest a change | Sheenu |
| **Client takes painkillers every day, or paracetamol for anything** | Tell them to speak to their doctor. This raises the chance of acute liver failure | Sheenu |

| If you see this | What you do | From |
|---|---|---|
| **Client drinks alcohol** | No alcohol at all, in fatty liver of any type. If they cannot stop, or feel unwell on stopping, their doctor must be involved | Sheenu (no alcohol) |
| **Client on warfarin** | Their INR must be checked from time to time | Sheenu |
| **Client is on anxiety or depression medicine** | Check before any herb at night | Sheenu |
| **Client has hepatitis B, C or D** | The doctor treats the virus. Clean washroom and new needles for blood tests | Sheenu |
| **Client is pregnant, or had a liver problem in pregnancy** | Acute fatty liver of pregnancy and hepatitis E are linked to pregnancy. The doctor leads | Sheenu |
| **Client has cancer, a liver transplant, or end-stage disease** | Supportive nutrition only. The treating doctor stays in the loop | Sheenu; HFS Case 6 (Vineet K.) |

## 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; and the weight goal always last. The goal bends to the condition, never the reverse.

| Conflict (HFS) | Winner | What you do instead |
|---|---|---|
| **Liver against weight gain (ghee, fat)** | Liver | Build the surplus from complex carbohydrate and protein |
| **Thyroid against cholesterol (oats)** | Thyroid | Other soluble fibre: isabgol, methi. Note: Sheenu's own fatty liver plan uses oats porridge, so in a client who has both thyroid and fatty liver, decide with the reports and tell Sheenu |
| **Anaemia against cholesterol (red and organ meat)** | Case by case | Plant iron with vitamin C. Sheenu rules |

| Conflict (HFS) | Winner | What you do instead |
|---|---|---|
| **Renal against diabetes or hypertension** | Renal | Follow the renal limits |

**the guide's reading:** the HFS ladder puts fatty liver at level 4 and does not name cirrhosis or liver failure. Cirrhosis and liver failure are organ failure, so treat them as level 1: they lead, and nothing overrides them.

## 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 (Liver prompt, only if missing) | Why it matters (Sheenu) |
|---|---|
| Alcohol: how much, how often, with what | Whether the fatty liver is alcoholic or not, alcohol only harms it. It also uses up the liver's first effort and causes nutrition deficiencies |
| Painkillers, paracetamol, any long-term medicine | Overuse is a risk factor and can cause acute liver failure |
| Outside food, packaged and processed food, fried food | Processed food, deep-fried food and too much oil are named in the foods to avoid |
| Sugar, cola, soft drinks, bakery, sweets, maida | Excess sugar increases fat in the liver |
| Spicy food, pickles, chips, extra salt | Spicy food is not given in fatty liver; high sodium causes fluid retention |
| Red meat, heavy dinners, late eating | Red meat is in the general avoid list |
| Grapefruit juice or grapefruit, and other juices | Grapefruit interferes with the metabolism of many liver medicines. Never |
| Tea and coffee cups per day | Too much tannin and caffeine inhibit the absorption of medicines |
| Water, fruit, green leafy vegetables, whole grains | These are the foods to eat |

| Listen for (Liver prompt, only if missing) | Why it matters (Sheenu) |
|---|---|
| Sitting hours, walking, exercise | A sedentary life is a risk factor. The HFS deck asks for 30 to 45 minutes of walking daily |
| Sleep time and hours | The HFS deck asks for 7 to 8 hours and no late-night eating |
| Smoking | Part of the lifestyle record |

Example finding: "Dinner from outside at 10 pm, two cola a day, three paracetamol a week for headache, beer on weekends, 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 liver problem, which is on the risk table in Section 2.6.4.

| MESS | Form questions to use | Liver 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? | "Fatty liver is common, everyone has it." "Reports are normal so I am fine." Giving up after one bad week. Sheenu: the knowing-doing gap, and the mistake clients make of going back to the old life when reports improve. 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's chakra table lists quick anger, irritability and unstable emotions with the solar plexus; emotional suppression and fear of change with the sacral chakra; anxiety and feeling ungrounded with the root. Drinking or eating 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? | Drinking with friends, office parties, family food. 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 | Liver 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. No time or permission to rest. 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.

> ⚠ The risks in Section 2.6.7 (fibrosis, cirrhosis, liver failure, transplant) are for **your** knowledge. On the call use only the fear they name themselves. Never predict complications, never say the liver will fail, 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?
- **Liver prompts:** how often do they eat outside or order in? Are they on night shifts or late work hours? Can they stop alcohol, or do they need their doctor's help? Do they travel for work? Can they take their medicines 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 1 (Ankit M.): Diwali, an office party and Covid cost him weeks.
- **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) |
|---|---|
| Belly fat, bloating, tiredness; reports show high SGPT or SGOT, low vitamin D | Functional Nutrition Plan |
| Late heavy dinners from outside, sleep at 1 am, no walk | Your Daily Routine Plan |
| "I stop after one missed day." "Fatty liver is common, nothing works." | Habit and Mindset Coaching |
| Anger, irritability, stress; drinking to handle it | Emotional Release and Stress Regulation |
| "I never get time for myself." | 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 and does not understand SGPT, SGOT, bilirubin; tests every few months | Reports and Marker Review |
| The liver, bile and digestion; the solar plexus as found | Life System and Chakra Healing |
| On a statin, metformin or vitamin E, with giloy, turmeric or painkillers of their own | Medicine and Food Guide |

**Which programme?** If they have a diagnosed liver condition, reports and medicines, and the root cause involves a body system, offer the **Disease Reversal programme** (10 features). Most liver clients fit this. If the picture is mainly lifestyle and habit, 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 liver

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 liver does 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 |
|---|---|---|
| **Tiredness, weakness, afternoon crash** | The liver stores vitamins and runs metabolism; fat and toxins build up | Energy improves as the load on the liver falls |
| **Bloating, acidity, heaviness on the right side, no appetite** | Low bile means poor digestion and poor absorption | Digestion improves first, often in the early weeks |
| **Belly fat, weight gain, high sugar** | Fat builds up in the liver; insulin resistance rises | Inches and fat reduce; sugar and triglycerides as tested. Weight itself is slow |
| **Brain fog, poor sleep, irritability** | Toxins build up; the solar plexus is out of balance | Sleep and clarity settle; stress practice and breath work help |

| Point A: what the client reports | System behind it | Point D: what is possible |
|---|---|---|
| **High SGPT, SGOT or bilirubin on the report** | Liver cell damage, stress on the liver | Remission first, read with the doctor from the same lab. The medicine decision is the doctor's |
| **Alcohol habit, fatty liver, hepatitis, drug-induced injury** | Repeated damage; the liver is working first on the toxin | Stop the repeat damage; repair and replace nutrients; fibrosis can be stopped from advancing |
| **Cirrhosis, swelling, muscle loss** | Scarring that is irreversible; fluid and ammonia | Support the doctor, keep strength and muscle, ease symptoms. No promise of reversal |

Say it as possible, never as promised. Scarring from cirrhosis is irreversible. Hepatitis D we can usually take towards remission, not necessarily reverse. For the rest, remission comes first. 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). Liver wording is from Sheenu's Liver 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): "Your scan showed fatty liver two years ago and your SGPT is still high. You carry extra weight around the belly, you are tired and bloated by afternoon, and you eat outside most evenings. Your doctor said cut the oil and come back in six months. Did I understand you correctly?" Wait for "yes, exactly".

| Picture | What you say, filled from their words |
|---|---|
| **Tree A: today** | Where they are now. "Fatty liver, belly fat, tired and bloated by afternoon, SGPT still high, told to cut the oil." |
| **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. "Energy back, belly and inches coming down, digestion easy, and your liver reports improving with your doctor reading them." |

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

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

| Reason | In liver words |
|---|---|
| **Treating the fruit, not the roots** | "SGPT high, 'avoid oil'. Tiredness, a tonic. Weight, a diet. The food, the sugar, the alcohol or painkillers, the stress and the sedentary day underneath are never touched." (Sheenu: the liver is damaged by repeated wrong food, alcohol and toxins; until you know which one keeps repeating, nothing holds.) |
| **Fixing only one part** | "Only the medicine. Only a diet. Only a herb from a shop. Sheenu: the whole holistic plan matters, not just nutrition: nutrition, fitness, herbs with their pluses and minuses, and breathing work, together." |
| **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 liver client, never say the liver will become "normal" or that scars will go.

### 3.1.2 Stage 4 · Offer

#### Their journey, in the approved promise lines

| Point | Approved line | What you may add in liver 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 | Liver reports (SGPT, SGOT and the rest, same lab) 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. Stay honest: it depends on the stage. Early damage can improve; cirrhosis scarring is permanent (Sheenu) |
| **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 liver

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 belly fat, the bloating and the tiredness, and that your SGPT and SGOT are high.

**The problem:** A generic diet does not protect the liver: the wrong fats, sugar and processed food keep loading it, and some foods work 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:** Takes the load off the liver and fills the nutrition gaps, so the markers can move, not only the weight and the energy.

### 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 and late heavy dinners keep the liver 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 works for the liver.

**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 and the low mood.

**The problem:** Long stress, anger and irritability sit with the solar plexus in Sheenu's chakra table, and they drive the eating and drinking that load the liver.

**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 and drinks are what loads the liver.

**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 SGPT, SGOT and bilirubin mean.

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

**The solution and how it reaches them:** Reports reviewed at every test, from the same lab, 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 tiredness, bloating and belly fat all point to the liver, the body's chemical factory.

**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 solar plexus is the main chakra for the liver).

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

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

**Remind:** You take a statin or metformin, and giloy or turmeric on your own.

**The problem:** Some foods and herbs work against the medicine, or against each other. Grapefruit juice and guggulu, for example, work against statins.

**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 |
| 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 |

| Feature | 12 months | 6 months | 3 months | 1 month |
|---|---|---|---|---|
| **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." / "Liver damage cannot be reversed."** | Why each past attempt stopped: symptom only, one thing only, or nobody keeping it going. It depends on the stage. Fatty liver and early scarring can improve when the cause is worked on; cirrhosis scarring is irreversible, and there the aim is to protect what works, with the doctor leading (Sheenu). Never promise it | "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 liver medicines."** | The medicine stays with the doctor. Continue it as the doctor says. Never take it into your own hands (Sheenu). 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?" |
| **"My SGPT is normal now, so why do I need this?"** | A normal report does not mean the cause has gone. Fat, sugar, alcohol or painkillers that keep repeating can bring it back. Ask: "Are you free of the tiredness, the bloating, the belly fat?" And the mistake clients make: the moment reports improve they go back to the old lifestyle (Sheenu) | "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. Liver rules, timing of vitamin E and herbs, "same lab", remission against reversal, and hepatitis D as remission-only: Dr. Sheenu (Liver card, 26 March 2025). Timelines for weekly weight and inches: HFS Journey Tracker and Case Study Pack. No liver-specific timeline for reports to normalise was given by Sheenu or found in the HFS files. Treat the 3, 6 and 12 month map, and the "what the client should notice" column, as a guide to set honest expectations, never as a guarantee.*

**Say this in week zero.** Weekly weight change is 200 g to 2 kg, and gains happen. Travel happens. Festivals happen. Every wobble in the HFS tracker is from a client who went on to a real result.

Liver reports move on the doctor's schedule, not ours. Promise no date for SGPT or SGOT. Digestion, energy and inches usually come first. **Sheenu's warning: when the reports improve, clients go back to the old life.** Say that in week zero, and again when the first report comes back better.

*Source: Dr. Sheenu, Liver protocol card (nutrition plan, herbs, chakras, pranayama and yoga, where you stop); HFS Overlay System (conflicts) and HFS Indian Food Swap Guide; the HFS liver case-study deck (differences marked "changed"); Sales Kit (delivery system, onboarding form). The week-by-week order in 3.2.4 is built around Sheenu's rules. Sentences from the 29 May 2025, 16 April and 30 July 2026 sessions (Dt. Shweta) are labelled where used.*

### 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 (liver)** | Less bloating, acidity and heaviness on the right side; better appetite and energy; fewer afternoon crashes; clearer head; better sleep; inches coming down before the scale does. Alcohol and fried food gone from the week | Reports move: SGPT, SGOT, bilirubin, albumin, lipids, sugar as tested. A FibroScan repeated if the doctor asks. The doctor has seen the records and the first medicine conversation has happened. Weight and inches continue | The changes hold without constant coaching, 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** | Set the rhythm: remove alcohol, sugar, maida and fried food; bowls, not grams; breath work from day one; medicines mapped before any herb. One herb only, a week at a time. Baseline reports | Reports reviewed at every test, from the same lab. Plan adjusted from the markers. Herbs rotated with gaps. Vitamin E stopped on time. Doctor conversation prepared (they carry your records; the doctor decides) | Maintenance and independence: they run their own plan. Travel, festival and eating-out routines proven. Final list of what to take and not take alongside their medicines is written now (Sheenu). Then maintenance diet and membership |
| **What you track** | Seven physical metrics monthly; symptom diary; their own words; medicine times | Liver panel before and after, with medicine status beside each reading; FibroScan where done | 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 liver only. Weight is only one of seven metrics. For cirrhosis and liver cancer the aim is not fat loss at all: it is to keep muscle and strength (Sheenu: avoid muscle loss), so lead with how they feel and what they can eat.

**What Sheenu says about the end point.** Liver clients differ. Fatty liver and alcoholic liver can be taken towards remission and often more. Hepatitis D we can usually take towards remission, but not necessarily reverse. Scarring in cirrhosis is irreversible: the aim there is to support the doctor, keep strength and slow things down. Say which one applies to this client in week zero, and never promise reversal for scarring.

### 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. Promise written: one number, one feeling, a date. Progressed signs checked (Section 2.6.5): if present, the doctor is involved first | Starts the Blueprint's first steps | Baseline captured: 7 metrics, liver panel, FibroScan if done, their words, MPESS baseline |
| **Week 1** | Alcohol, sugar, maida, deep-fried and processed food, carbonated drinks out. Bowl sizes taught. Breath work begins. Medicines mapped against Section 2.6.10 and 2.6.11. One herb chosen, the rest in brackets. Tracker on | Follows the first plan; logs meals and symptoms | Medicine check before any herb |
| **Week 2** | First asanas and pranayama for their condition. Walk after meals. Fibre added slowly with a root vegetable alongside | Practises daily | Are they following? You will know. Expect a weight wobble (HFS Case 7: 65.5 then 66.2) |
| **Week 3 to 4** | Specific compliance review. Adjust plan (it changes every week or ten days anyway). Next herb after a gap. Vitamin E, if prescribed, comes to its end near one month; the doctor decides | Continues; asks questions | First month checkpoint: 7 metrics, photos, words. Lead with digestion, energy and inches |

| When | Coach | Client | Check |
|---|---|---|---|
| **Month 2** | Chakra work, solar plexus first. Emotional work as found. Review travel and events ahead | Builds habits one at a time | Symptom diary reviewed: bloating, acidity, appetite, urine and stool colour, energy |
| **Month 3 (Relief ends)** | Month 3 checkpoint. Capture assets while they are happy: photos, video, review, testimonial, reference. No supplement runs past about three months. Offer next package or membership | Decides on continuing | LFT at month 3, same lab; FibroScan if the doctor wants it. Sugar and lipids where tested |
| **Month 4 to 6 (Correction)** | Reports reviewed. Plan adjusted. Herbs rotate, none for more than about four weeks. Doctor conversation prepared | Takes reports to their doctor | Liver panel, 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** | "You are in remission. Staying there is what you do next." Keep tracking. Maintenance diet. Membership: monthly meeting, everything else the same | Keeps the habits; does not slip back to alcohol, sugar and fried food | The dates, and symptoms month by month |

### If they have cirrhosis, liver failure or liver cancer

The doctor leads, always. Your journey is supportive: food planned around the medicines, strength kept, stress lowered, breath work and gentle movement. No detox, no strong herbs, and no promise of reversal. Their first win is usually appetite, energy and sleep. Progress is judged with the doctor, from the reports.

### If they are on warfarin, a beta blocker or a diuretic

These three change the journey. Warfarin: the INR is checked from time to time. Beta blocker or any blood thinner: nothing that thins the blood. Diuretic: nothing that is also a diuretic. Write each into the first plan, before any herb. See Section 2.6.11.

### If they drink alcohol

Alcohol is out, for fatty and alcoholic liver alike. If they drink in excess, Sheenu says vitamin B1 in the right dosage can be recommended, but the doctor and the prescription lead. Their first month is the plan to get alcohol out of the week, with the cooling breaths (Chandra Bhedana, Sheetali) and food that replaces what the liver has lost.

### 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.

## 3.2.3 How delivery runs

| Element | How it runs |
|---|---|
| **Onboarding (after enrolment)** | Carry forward the consultation answers. Complete meal quantities, medicine timings, report details, schedules, baseline measures and practical arrangements on the Detailed Client Onboarding Form. Agree the first weekly plan, tracker, session day and between-session check-ins |
| **Weekly session** | One 1-to-1 session a week brings the relevant areas together. These are not separate appointments |
| **Written weekly plan** | One consolidated plan after each session: the actions and practices for the coming week |
| **Tracking** | A simple record of selected habits, symptoms and progress parameters (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

| When | What you deliver |
|---|---|
| **Before the plan** | Read the reports and the medicine list (Section 2.6.6). Find the condition and its stage. Check every medicine against Section 2.6.10 and 2.6.11 before any food change or herb. If there is any progressed sign (Section 2.6.5), the doctor is involved first |
| **Week 1** | Remove what loads the liver: alcohol, sugar, maida, deep-fried and processed food, carbonated drinks, excess salt (Sheenu's general list). Add water, green leafy vegetables, fruit, whole grains, plant protein. Quantify in bowls. Tracker on. Choose one herb and write the next herbs in brackets. Begin with breath work |
| **Week 2** | First asanas and pranayama for their condition (Section 3.2.5). Walk after meals. Add fibre slowly, with a root vegetable alongside, so they do not bloat. Look at how they are responding |
| **Week 3 to 4** | Review what was actually followed, specifically (what was skipped, how many days), not "good" or "bad". Adjust the plan; Sheenu says the nutrition plan changes every week or ten days anyway. Next herb after a gap. First month checkpoint with all seven metrics and their own words (Section 3.3) |
| **Month 2 to 3** | Chakra work (solar plexus first). Emotional work as found. Reports repeated at the same lab, read with the doctor. Vitamin E, if prescribed, stops after about one month and no supplement runs beyond about three months: the doctor decides |

### 3.2.5 Feature by feature

#### 1. Functional Nutrition Plan

**What you build:** foods that lighten the liver's load and give it what it needs, planned around the client's condition and medicines. First decide which condition leads. They are not the same plan.

| Condition | Goal (Sheenu) | Lead with |
|---|---|---|
| **Fatty liver** | Reduce fat, improve insulin sensitivity, support metabolism | Whole grains, fibre, plant protein, healthy fats, no deep-fried or spicy food, no alcohol |

| Condition | Goal (Sheenu) | Lead with |
|---|---|---|
| **Alcoholic liver disease** | Repair the damage, reduce inflammation, replace nutrients | Whole grains and legumes, protein, cooling foods, low sodium. No alcohol |
| **Hepatitis A, B, C, E** | Protect the liver while the doctor treats the virus | Protein for repair, antioxidant-rich food (red berries), no excess sugar |
| **Cirrhosis and liver failure** | Support the doctor's treatment and keep strength | Potassium foods with a diuretic, fermented foods, low sodium, protein given but not very high |
| **Liver cancer** | Supportive only; the oncologist leads | Protein-rich food, turmeric in food; no spicy food |
| **Wilson's disease** | Lower copper | Avoid copper-rich food; medicine on an empty stomach |
| **Drug-induced liver injury** | Help recovery after the drug is stopped | Vitamin C-rich foods, aloe vera juice; no alcohol, no giloy |

## The foods, in general (Sheenu)

**Eat:** green leafy vegetables, fruits, whole grains, plant-based protein, healthy fats, and liver-detox foods. **Avoid:** sugar, maida, refined carbohydrates, deep-fried food, processed and packaged food, alcohol, carbonated drinks, excess salt and red meat. This is general. It is worth avoiding these for everyone, so that liver health stays good.

**How Sheenu builds a meal plan:** give three options for each meal, so that you can plan further on your own. Respect what the client likes: many do not enjoy lauki or tinda, so do not force them; give another option.

Why lauki, tinda and moong dal keep appearing: they hold most of the vitamins and minerals, they are low in calories and they digest very easily, so the client gets the nutrients and the calories stay low.

Why the mint chutney and lemon water with a chilla: they give vitamin C, so the protein is digested and absorbed properly. Why cinnamon with porridge: to raise metabolism. Why cucumber raita with a roti meal: mixing alkaline and acidic foods makes digestion easy. Watch oxalates (for example in palak), and reduce them if there is an oxalate problem.

## Fibre, jaundice and acidity: three rules from Sheenu

- **Add fibre slowly.** Some clients will bloat. Give a root vegetable alongside.
- **Jaundice showing:** keep turmeric and yellow foods out at that time.
- **Neem and turmeric in the morning** can cause acidity. If it does not suit them in the morning, give it in the evening.

## The medicine and the day around it

| If the client is on | Build the day this way (Sheenu) |
|---|---|
| **Vitamin E** | Give a good fat with it: avocado, nuts, olive oil. Stops after about one month; doctor decides |
| **Metformin** | Give high-fibre food with it |
| **A statin or pioglitazone** | No grapefruit juice. Avoid high-fat meals, which block absorption. No guggulu. Give lemon or orange for vitamin C |
| **Thiamine, folic acid, corticosteroids (alcoholic liver)** | Whole grains and legumes; protein-rich food; low sodium, no pickles or chips |
| **Antivirals for hepatitis** | No ashwagandha, no St John's Wort, no grapefruit. Protein and red berries |
| **A diuretic (cirrhosis)** | Potassium-rich food (banana, potato, spinach). No triphala, no gokhru |
| **A beta blocker** | Low sodium. Nothing that thins the blood: no ginger, garlic or cinnamon, and no turmeric or tulsi with an anticoagulant |
| **Lactulose** | Fermented foods (yoghurt) help it work |
| **Penicillamine or trientine (Wilson's)** | Medicine on an empty stomach; no dairy, iron or extra zinc near it; no copper-rich food, no shilajit |
| **Warfarin** | INR checked from time to time (Section 2.6.6) |

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

Fatty liver often comes with diabetes, cholesterol, high BP, thyroid and low vitamin D (HFS Case 1: Ankit M. had fatty liver, pre-diabetes, kidney stone, high cholesterol and low vitamin D and B12). Do not treat each one separately: remove fried food, refined carbohydrate and late heavy dinners, which helps all of them. Then use the HFS priority rule (Section 2.6.12).

**Where the HFS deck or the HFS overlays and Sheenu differ, Sheenu leads.** Each row below is marked "changed".

Herbs: the deck lists eight herbs for one fatty liver plan (turmeric, amla, giloy, kutki, dandelion root, mulethi, garlic, ginger). **Changed:** Sheenu never gives many herbs together; one at a time, rotated, with a week's gap. Mulethi, dandelion root, garlic and ginger are not in Sheenu's liver herb list and are left out unless Sheenu approves.

Turmeric dose: the deck gives half to one teaspoon a day. **Changed:** Sheenu says over-consumption always damages: give only a small amount, a pinch as in cooking.

Cirrhosis: the deck allows turmeric and giloy and says avoid kutki. Sheenu's cirrhosis list does not name them. **Changed:** in a client on a beta blocker or any blood thinner, no turmeric, tulsi, ginger, garlic or cinnamon; kutki stays out.

Protein in cirrhosis: the deck says moderate protein, with eggs and low-fat dairy. **Changed:** Sheenu says protein must be given but not very high, and animal foods kept a little restricted, because very high protein raises ammonia and brain fog.

Potassium in cirrhosis: Sheenu says potassium-rich food supports the diuretic. Dt. Shweta's 29 May 2025 session said to limit potassium. **Changed:** Sheenu leads; the doctor reads the blood potassium.

Egg yolk: the HFS cholesterol overlay removes it. Sheenu uses eggs and chicken for protein in alcoholic liver disease. **Changed:** Sheenu leads where the liver is the main condition; where cholesterol is high too, decide with the reports.

Water and steps: the HFS weight-loss base asks for 3 to 4 litres of water and a walk after every meal. **Changed:** with fluid in the abdomen or swelling, fluids may need to be restricted, and walking is light. The doctor sets it.

Raw salad first (swap 22) and bran-mix roti (swap 8): **changed** for cirrhosis (cooked vegetables only) and for Wilson's disease (bran blocks zinc absorption). Add any fibre slowly.

### 2. Your Daily Routine Plan

Fixed wake, meal, medicine, movement and sleep times, written for their day. Dinner by 8 pm, or the lightest meal of the day if work makes that impossible. No late-night eating and no overeating (HFS deck). Sleep 7 to 8 hours. Medicines at the same time every day. 30 to 45 minutes of walking is the deck's figure, with Sheenu's exercise by condition in the table below.

### 3. Habit and Mindset Coaching

One habit at a time, and the belief under it ("fatty liver is common", "my reports are normal so I am fine"). Teach restart-after-a-slip. Say in week zero: weight is slow-moving, and an HFS Case 3 client lost 2.6 kg on the scale but 7.5 kg of fat while muscle rose 4.9. And Sheenu's warning: when reports improve, clients go back to the old life.

### 4. Emotional Release and Stress Regulation

Work only with what the client has shared. Sheenu's chakra table gives the signs: quick anger and irritability with the solar plexus; emotional suppression and fear of change with the sacral chakra; feeling ungrounded and anxious with the root. Bhramari releases nitric oxide and is used to remove stress.

### 5. Daily Stillness Practice

A short daily stillness: yellow-light meditation at the solar plexus, affirmations, and breath work (below).

### 6. Travel, Festival and Eating-out Guides

Built before the client needs them. For liver clients also: hepatitis A spreads through contaminated food and water, so do not eat where flies are sitting, and avoid raw seafood. A client getting blood tests checks that the needle is new and sanitised. Sarvesh K. (HFS Case 17) lost 11.2 kg while travelling Monday to Friday because the plan was built around hotel and flight food.

### 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 SGPT, SGOT, bilirubin, albumin and the rest with the client at each test, from the same lab, with the date and medicine status beside each number (Section 2.6.6). A FibroScan where the doctor asks for one.

## 9. Life System and Chakra Healing, and breath work

| | Manipura, solar plexus | Swadhisthana, sacral | Muladhara, root |
|---|---|---|---|
| **This is** | The **primary** chakra for liver health | The second one | The grounding one |
| **Where** | Upper abdomen, a little above the navel | About three fingers below the navel | Base of the spine |
| **Element, colour** | Fire, yellow | Water, orange | Earth |
| **It governs** | Digestion, metabolism, detoxification, will power | Bile production, hormonal balance, detox pathways | Stability, immunity, toxin elimination |
| **Work on it for** | Fatty liver, alcoholic liver disease, hepatitis, cirrhosis | Hepatitis, drug-induced liver injury, Wilson's disease | Liver failure, cirrhosis, liver cancer, chronic liver disorders |
| **Signs of imbalance** | Bloating, acidity, quick anger, irritability, emotional instability, energy too low or too high | Emotional suppression, fear of change, poor bile flow, gall bladder issues, hormonal imbalance | Feeling ungrounded, anxious, fearful, weak immunity, fatigue, sluggish digestion, constipation |
| **Healing foods** | Yellow foods (turmeric, ginger, banana, lemon). **When jaundice is showing** | Orange-coloured foods | Root vegetables |
| **Herbs** | – | Aloe vera, shatavari, ashwagandha, licorice | Gokhru, punarnava, moringa, ashwagandha |
| **Practice** | Twisting poses. Meditate on yellow light at the solar plexus | Water therapy, hydration, herbal tea, chanting the bija mantra (it aids detox and bile flow) | Earthing: walk barefoot on grass or soil |
| **Affirmation** | I release anger and embrace balance | I allow emotion to flow freely | I am safe and supported |

| | Manipura, solar plexus | Swadhisthana, sacral | Muladhara, root |
|---|---|---|---|
| **Bija mantra** | RAM | VAM | LAM |

⚠ Check every herb in this table against the client's medicines first (Section 2.6.11). Gokhru is a diuretic; ashwagandha is not for a client on antivirals; licorice is the herb the HFS deck says to avoid in high BP.

## Pranayama, exercise and yoga, condition by condition (Sheenu)

| Condition | Pranayama | Cardio and strength | Yoga asanas |
|---|---|---|---|
| **Fatty liver** | Kapalbhati, Bhastrika, Nadi Shodhana | Brisk walking, jogging, cycling. Body-weight exercises, push-ups, resistance training | Twists: Ardha Matsyendrasana, Bharadvajasana. Dhanurasana, Bhujangasana. Naukasana for the core |
| **Alcoholic fatty liver** | Chandra Bhedana and Sheetali (to keep the body cool). Anulom Vilom for energy balance | Swimming, cycling, walking. Light resistance training | Matsyasana, Supta Baddha Konasana. Grounding poses: Tadasana, Malasana |
| **Hepatitis A, B, C, E** | Bhramari, Ujjayi, Anulom Vilom, Nadi Shodhana | Walking. Body-weight exercises; avoid heavy lifting | Setu Bandhasana, Uttanasana, Balasana (very helpful for recovery), Supta Matsyendrasana |
| **Cirrhosis and liver failure** | Bhramari, Chandra Bhedana, Nadi Shodhana | Walking, stretching, light strength work with resistance bands to keep muscle | Legs up the wall, Supta Baddha Konasana, Makarasana, Shavasana |
| **Liver cancer** | Bhramari, Anulom Vilom | Walking and stretching. Avoid over-exertion. Only light body-weight movement so that muscle is not lost | Legs up the wall (lymphatic drainage), spine stretches, Balasana, Shavasana |

| Condition | Pranayama | Cardio and strength | Yoga asanas |
|---|---|---|---|
| **Drug-induced liver injury** | Sheetkari, Kapalbhati, Anulom Vilom | 20 to 30 minutes of brisk walking, 3 to 4 days a week, or yoga-based flow. Planks, push-ups, squats | Setu Bandhasana, Marichyasana (seated twist), Makarasana, legs up the wall |

### Why these breaths (Sheenu)

- **Chandra Bhedana:** inhale through the left nostril, the moon side, which brings coolness. **Sheetali:** fold the tongue, inhale through it and exhale through the nose, which also cools. Both are used in alcoholic liver, because there the body needs to stay cool.
- **Bhramari** releases nitric oxide, which is why it removes stress. In liver cancer it lowers stress, calms the nerves, reduces anxiety and reduces pain a little.
- **Ujjayi:** hold the breath at the throat so that it makes the ocean sound. Within two to three minutes it directly raises the oxygen supply to the liver. It can be combined with Anulom Vilom or Kapalbhati.
- **Anulom Vilom and Nadi Shodhana** (alternate nostril breathing) balance the two energies and reduce stress.
- **Legs up the wall:** if the client lies like this for 10 minutes, the lactic acid that forms in the legs and causes pain does not build up.
- **Uttanasana:** bend down and touch the feet. If the liver is inflamed and the stomach is large, the client will not bend fully: they bend only as far as they can.

### 10. Medicine and Food Guide, and the herb plan

The Medicine and Food Guide is the table in Section 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.

| Herbs Sheenu names as helpful | For |
|---|---|
| **Giloy (juice or tablet)** | Fatty liver: detox and less inflammation. Alcoholic liver: less inflammation. Not in drug-induced liver injury |

| Herbs Sheenu names as helpful | For |
|---|---|
| **Turmeric, small amount, with pepper and fat** | Fatty liver, liver cancer (immune response) |
| **Kutki (decoction)** | Alcoholic liver: supports detox. Not with gall bladder disease |
| **Tulsi** | Alcoholic liver: less inflammation |
| **Shatavari** | Alcoholic liver: tissue repair. Cirrhosis: hydration and electrolytes |
| **Bhringraj** | Hepatitis, and whenever a liver problem is suspected: a liver tonic |
| **Aloe vera juice** | Drug-induced liver injury |
| **Milk thistle** | With much more water |

⚠ **Not written in this guide:** a liver detox or cleansing protocol. Sheenu's liver card has none, and the recording of the 23 July 2026 live question time is too rough to turn into steps. Until then, do not run a detox for a liver client.

### 3.2.6 The food kit: meal options for every slot

*Source: Dr. Sheenu's Liver card of 26 March 2025 (the fatty liver and alcoholic liver sample plans with three options a meal, the foods rules, the medicine rules); HFS Overlay System (the 9-slot day); HFS Indian Food Swap Guide (50 swaps); the HFS liver case-study deck (foods allowed for fatty liver and for cirrhosis). The Healthyfy Meal Kit has no liver section, and HFS liver client plan sheets were not found, so the options below are Sheenu's sample plans placed into the HFS day. Where HFS and Sheenu differ, Sheenu leads.*

The HFS day has nine slots. The client picks one option per slot, so the plan fits their kitchen. Sheenu's own method is three options for each meal. These options start from the **fatty liver and alcoholic liver** sample plans. For cirrhosis, Wilson's and the others, read the tags and the by-condition table at the end. Use them after enrolment, not on the Clarity Call. **Respect what the client likes:** many do not enjoy lauki or tinda, so give another option.

**Tags: (E)** egg. **(F)** fish. **(D)** dairy: paneer, curd, milk. **(N)** nuts and seeds: copper-rich, so not for Wilson's disease. **(C)** cooked and soft: safe for cirrhosis. **(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 lemon (orange or lemon, never grapefruit)<br>Jeera water, saunf water<br>Coconut water<br>Barley water **(C)**<br>Then the medicines, as the doctor said | Medicines first, as the doctor wrote. Wilson's medicine goes on an empty stomach. Neem or turmeric in the morning can cause acidity: if it does, give it in the evening instead. Jaundice showing: no turmeric or yellow foods |
| **2 · Breakfast** | Moong dal chilla with mint chutney and lemon water<br>Oats porridge with nuts and cinnamon **(N)**<br>Sprout salad with pumpkin seeds **(N)**<br>Ragi porridge with flax seeds<br>Besan chilla with vegetables<br>Papaya with soaked walnuts **(N)**<br>Dalia or vegetable upma with vegetables **(C)**<br>Vegetable omelette **(E)** (not with oats) | Mint chutney and lemon give vitamin C so the protein is digested and absorbed. Cinnamon with porridge lifts metabolism: not with a blood thinner or beta blocker. Protein at every meal. Skipping breakfast is delayed overeating (HFS) |

| Slot | Options | Rule that goes with it |
|---|---|---|
| **3 · Mid-morning** | Fresh coconut water with soaked raisins<br>Sprout chaat with lemon<br>Whole fruit: papaya, apple, pomegranate, guava, berries **(C: papaya, stewed apple, banana)**<br>A herbal decoction: turmeric, or ginger and tulsi **(H)** | Red berries carry anthocyanin: the antioxidant Sheenu uses for hepatitis. Whole fruit, not packaged juice. The decoction is one herb at a time, never with a blood thinner or beta blocker, held when jaundice shows. No grapefruit |
| **4 · Before lunch** | One glass of water, 30 minutes before<br>A bowl of cooked or steamed vegetables **(C)**<br>Cucumber, tomato, carrot (raw: not for cirrhosis) | Water before meals, not during. With ascites or swelling the doctor sets the fluid. Cirrhosis: cooked vegetables only |
| **5 · Lunch** | Brown rice (or unpolished white rice) with dal and steamed vegetables **(C)**<br>Bajra roti, palak paneer and cucumber raita **(D)**<br>Red rice with dal, beetroot sabzi, jowar roti, methi paneer and cucumber raita **(D)**<br>Quinoa salad with sesame dressing **(N)**<br>Vegetable khichdi with a bowl of buttermilk **(D) (C)**<br>Grilled or steamed fish with sautéed vegetables **(F)** | Whole grain, fibre-rich, low GI. Add fibre slowly; give a root vegetable alongside if they bloat. Cucumber raita mixes alkaline with acidic so digestion is easy. Watch oxalates in palak if there is an oxalate problem. Fish or egg: no curd or buttermilk in the same meal. Wilson's: bran and whole-grain fibre block zinc: ask the doctor |

| Slot | Options | Rule that goes with it |
|---|---|---|
| **6 · Evening** | Chia pudding, walnuts and sunflower seeds **(N)**<br>Roasted pumpkin seeds and makhana **(N)**<br>Chia pudding with figs<br>Sprouts chaat<br>Tulsi tea **(H)**; ashwagandha herbal tea **(H)**<br>Green tea, not with iron | A planned snack stops an oversized dinner (HFS). Never packaged namkeen or biscuits. Ashwagandha tea: not on antiviral therapy, and only one herb at a time. Sheenu's alcoholic sample plan uses it |
| **7 · Before dinner** | One glass of water, 30 minutes before<br>Clear homemade vegetable soup, lauki soup **(C)** | No cream, no corn flour, low salt |
| **8 · Dinner (the lightest meal, by 8 pm)** | Soup and jowar roti<br>Grilled tofu with sautéed greens and dal<br>Khichdi with bottle gourd **(C)**<br>Lauki sabzi with whole moong dal khichdi **(C)**<br>Lauki soup with whole moong dal khichdi **(C)**<br>Bajra roti with tinda sabzi **(C)**<br>Barley porridge with coconut milk **(C)**<br>Curd is allowed if they are not strictly following Ayurveda **(D)** | Lauki, tinda and moong dal give the vitamins and minerals, are low in calories and digest easily (Sheenu). Dinner at least 90 minutes before sleep. Cirrhosis: this is where a **late-night carbohydrate snack** goes (HFS deck), small, as the doctor agrees |
| **9 · After dinner and night** | 100 to 200 steps<br>Ajwain or jeera water, 30 minutes later<br>Warm water<br>Breath work: Bhramari, Anulom Vilom | Gentle after meals; with ascites or swelling, light only. Medicines at night as the doctor wrote. 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 before every meal; 100 to 200 steps after every meal; coconut water or barley water in the morning; lemon or orange, never grapefruit; salt kept low; no alcohol, sugar, maida, fried or packaged food.

This is a sample to show a **fatty liver** client what a week looks like, in the HFS day. The real plan is written after the reports, the medicines and the condition are known, after the medicine check (Section 2.6.10 and 2.6.11), and in bowls. Fish on days 2 and 5 and egg on days 1 and 4: four non-veg items in the week, as HMRE allows. Vegetarian clients take the vegetarian choice.

| Day | Breakfast | Lunch | Evening | Dinner |
|---|---|---|---|---|
| 1 | Vegetable omelette **(E)**. Vegetarian: moong dal chilla, mint chutney, lemon water | Medium bowl brown rice, dal, steamed vegetables, cucumber raita | Chia pudding, walnuts, sunflower seeds | Soup and jowar roti |
| 2 | Besan chilla with vegetables | Bajra roti, grilled fish **(F)** with sautéed vegetables, cooked salad. Vegetarian: palak paneer | Roasted makhana, tulsi tea | Lauki sabzi with whole moong khichdi |
| 3 | Oats porridge with nuts and cinnamon | Red rice, dal, beetroot sabzi, jowar roti, cucumber raita | Sprouts chaat with lemon | Grilled tofu with sautéed greens and dal |
| 4 | Ragi porridge with flax seeds, 1 boiled egg **(E)**. Vegetarian: with a handful of seeds | Jowar roti, methi paneer, dal, cooked vegetables, buttermilk | Roasted pumpkin seeds and makhana | Khichdi with bottle gourd |
| 5 | Sprout salad with pumpkin seeds | Quinoa salad with sesame dressing; steamed fish **(F)**. Vegetarian: paneer cubes | Chia pudding with figs | Bajra roti with tinda sabzi |
| 6 | Papaya with soaked walnuts; moong dal chilla | Brown rice, dal, steamed vegetables, cucumber raita | Coconut water, soaked raisins, walnuts | Lauki soup with whole moong khichdi |
| 7 | Dalia with vegetables, mint chutney | Bajra roti, palak paneer, cucumber raita | Seed mix, tulsi tea | Barley porridge with coconut milk |

Mid-morning on every day is coconut water with raisins, or a whole fruit with vitamin C. The week uses three different grains and no refined flour. Cirrhosis, Wilson's and liver cancer use the by-condition table below, not this week.

## 3.2.8 The swap guide for liver

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 liver rules differ, and some new swaps are added for alcohol, painkillers and the medicines. Both are marked.

| Instead of | Swap to | Why |
|---|---|---|
| **An evening drink** | Coconut water, jeera water, buttermilk or a mocktail with lemon and mint **(new)** | No alcohol at all, for fatty or alcoholic liver (Sheenu) |
| **Grapefruit juice** | Lemon or orange **(new)** | Grapefruit blocks the enzyme, so the drug stays longer in the blood and in the liver (Sheenu) |
| **Painkillers taken for every ache, week after week** | Tell the doctor how often. Food and breath work for the cause **(new)** | Regular paracetamol or ibuprofen raises the chance of liver failure (Sheenu). You never change medicine; the doctor decides |
| **Bed tea with biscuits** | Tea after a glass of water; roasted chana or makhana in place of biscuits | Biscuits are maida and sugar; too much tannin and caffeine works against the medicine (Sheenu) |
| **Sugar in tea, sweets** | Halve it for two weeks, halve again, then none. Fruit when a sweet is wanted | Sugar adds fat to the liver (Sheenu) |
| **Nothing before tea** | 4 to 5 soaked almonds **(N)** | Soak nuts before eating. Not for Wilson's |
| **Aloo paratha, white-flour roti** | Stuffed roti with methi, palak or onion, roasted not fried; bajra or jowar roti on most days | Whole grain, low GI (Sheenu) |
| **Plain white-flour roti** | Bajra or jowar roti. Bran-mix roti only if the doctor and condition allow | HFS adds bran-mix to weight-loss plans; for Wilson's bran blocks zinc, and in cirrhosis hard fibre can hurt **(changed)** |
| **Bread toast with jam** | Moong or besan chilla with vegetables and mint chutney | Protein breakfast, no maida |

| Instead of | Swap to | Why |
|---|---|---|
| **Poha with a lot of oil** | Vegetable poha, with the vegetables the bigger part of the bowl | Fibre, less oil |
| **No breakfast, or only tea** | Something with protein 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 |
| **Starting the meal with roti** | A big bowl of cooked or steamed vegetables first. Raw salad only if there is no cirrhosis | HFS starts with raw salad: **changed** for cirrhosis and Wilson's |
| **Two large bowls of rice** | One medium bowl of brown, red or unpolished rice with a medium bowl of dal; millets on other days | Bowls, not grams (Sheenu) |
| **Aloo sabzi most days** | Lauki, tori, bhindi, tinda, parwal, kaddu, beans, pumpkin | Low calorie, easy to digest. Potato stays where the doctor wants potassium |
| **Sabzi swimming in oil** | One measured teaspoon of oil | Deep-fried and fatty food out. Ghee: HFS removes it in weight loss; the HFS deck allows a little; decide with their weight and lipids |
| **Whole-egg breakfast** | Egg whites or a vegetable omelette; or moong chilla | HFS cholesterol overlay removes yolk; Sheenu uses eggs for protein in alcoholic liver **(changed)** |
| **Red meat, restaurant curries** | Grilled fish or chicken, dal, paneer. In cirrhosis animal foods stay a little restricted | Red meat is on Sheenu's avoid list. Very high protein raises ammonia in cirrhosis |
| **Cream soup, packet soup** | Clear homemade vegetable or lauki soup | No cream, no corn flour, low salt |
| **Chhole bhature, puri** | Chhole with one jowar roti and a bowl of cooked vegetables | Keep the chhole, drop the fried bread |
| **Raita with boondi** | Cucumber or lauki raita, or chaach | Cucumber raita mixes alkaline with acidic (Sheenu) |

| Instead of | Swap to | Why |
|---|---|---|
| **Papad, pickle and chips with every meal** | Mint chutney | High sodium blocks the beta blocker and worsens corticosteroids and fluid retention (Sheenu) |
| **Samosa, kachori, pakora** | Bhuna chana, murmura chaat, sprouts chaat | Same crunch, no deep frying |
| **Nothing in the evening, then a huge dinner** | A planned snack at 4:30 to 5 pm | An empty evening causes an oversized dinner (HFS) |
| **Dinner at 9:30 pm** | Dinner by 8 pm, the lightest meal | Late-night eating is on the HFS avoid list for fatty liver |
| **Nothing after dinner** | 100 to 200 steps, and ajwain or jeera water 30 minutes later. Light only with swelling | The most repeated HFS advice for gas and bloating |
| **Curd at night** | Curd in the daytime, chaach at night | Gut (HFS). Sheenu allows curd at dinner if not strictly Ayurveda |
| **Cola and packaged drinks** | Lemon water, coconut water, chaach, jeera water | Carbonated drinks and sugar are on the avoid list |
| **Milk with ashwagandha for weight loss** | Ashwagandha not with milk if the aim is weight reduction (Sheenu); not at all on antivirals | Check the medicine first |
| **A big pinch of turmeric every day** | A pinch in cooking, with pepper and a little fat, alternated with giloy | Over-consumption always damages (Sheenu). Held in jaundice, and with a blood thinner **(changed from the HFS deck's half to one teaspoon)** |
| **Eating where flies sit, street water and raw seafood** | Clean, covered food and boiled or filtered water | Hepatitis A spreads by contaminated food and water (Sheenu) |
| **Weighing every day** | Once a week, same day, same time. Lead with inches. Daily weight only if the doctor asks (cirrhosis) | Daily weight shows water, not fat |

### 3.2.9 What leads the first month, by condition

Every client gets the same base: alcohol out, sugar, maida and fried food out, bowls, water, walking after meals, breath work, and the medicine check before any

herb. The condition decides what you lead with. This table is the guide's arrangement of Sheenu's card and the HFS deck. A client can have two conditions at once: lead with the one the doctor is treating first.

| Condition | Lead with | Food and practice (from Sheenu, deck marked) | Watch |
|---|---|---|---|
| **Fatty liver (NAFLD)** | Fat, insulin sensitivity, metabolism | Fatty liver sample plan; high-fibre food with metformin; a good fat with vitamin E; no spicy food; no grapefruit; no guggulu with a statin. Giloy and turmeric, alternated. Kapalbhati, Bhastrika, Nadi Shodhana; twists; brisk walking, resistance training | SGPT, SGOT, FibroScan, triglycerides, sugar, inches. Vitamin E stops after about one month |
| **Alcoholic liver disease** | Repair, cool the body, replace nutrients | Alcoholic liver sample plan; whole grains, legumes, protein; low sodium; not too much tea or caffeine. Giloy, tulsi, shatavari; kutki one at a time. Chandra Bhedana, Sheetali, Anulom Vilom; swimming, cycling, light resistance | Alcohol, B1, folate, fluid retention, mood. No gokhru |
| **Hepatitis A, B, C, E** | Protect the liver while the doctor treats the virus | Protein for repair; red berries; no excess sugar; bhringraj. No ashwagandha, no St John's Wort, no grapefruit on antivirals. Bhramari, Ujjayi, Anulom Vilom, Nadi Shodhana; walking, no heavy lifting | Hygiene (Hepatitis A), needles, reports, viral load as the doctor orders |
| **Cirrhosis and liver failure** | Support the doctor, keep strength, protect from bleeding and fluid | Cooked soft food; low sodium; potassium foods with a diuretic; fermented foods with lactulose; protein given but not very high. Small meals every 2 to 3 hours, late-night carbohydrate snack (HFS deck). No triphala or gokhru; nothing that thins the blood with a beta blocker. Bhramari, Chandra Bhedana, Nadi Shodhana; legs up the wall; light resistance bands | Swelling, weight, confusion, bleeding, INR, sodium, potassium. Progressed signs go to the doctor the same day |
| **Liver cancer** | Supportive only; the oncologist leads | Protein-rich food; turmeric with curcumin (not with a blood thinner); no spicy food; no guggulu, no grapefruit. Bhramari, Anulom Vilom; walking, stretching, light body-weight movement so muscle is not lost | Weight and muscle, appetite, the oncologist's instructions |

| Condition | Lead with | Food and practice (from Sheenu, deck marked) | Watch |
|---|---|---|---|
| **Wilson's disease** | Lower copper | No shellfish, nuts or dark chocolate; no shilajit; no copper bottle. Medicine on an empty stomach; dairy, iron and zinc supplements kept away from it; bran and high fibre block zinc. The doctor and, for a teenager, the parents lead | Copper reports, mood, anaemia |
| **Drug-induced liver injury** | Recovery after the doctor stops the drug | Vitamin C: citrus, bell pepper; aloe vera juice. No alcohol. **No giloy.** Sheetkari, Kapalbhati, Anulom Vilom; brisk walking 3 to 4 days a week | The cause: which drug, how often. The doctor decides |

## 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 liver-specific fields are built from Sheenu's test list, symptoms, medicine and herb rules. The HFS overlay for liver has no written monitor list, so which fields carry the * is the guide's proposal.*

**How to read the star.** A field marked * is held in Mealie. For liver the HFS overlay has no written MONITOR line, so these starred fields are **the guide's proposal**, built the way the HFS overlays work for other conditions: the numbers that prove the programme and that you read every month. They are **SGPT, SGOT, bilirubin, weight and total inch loss.** Fields marked * (when stacked) are on the record only when that other overlay is also on the client: lipid profile, sugar, vitamin D and B12, BP with medicine status. Everything else stays in the tracker sheet and the coach's record. 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. In cirrhosis or cancer the aim is to keep weight and muscle |
| **Total inch loss *** | inches | What they see in the mirror; moves when weight stalls |

| Metric | Unit | Why |
|---|---|---|
| **Abs inch loss** | inches | Visceral change; the health number for a fatty liver |
| **Total fat loss** | kg | The real outcome |
| **Visceral fat reduced** | % | Fat around the organs, and in the liver, goes with it |
| **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. Sheenu: muscle loss is a sign the liver is failing, so protect it. Preeti S.: 2.6 kg lost, 7.5 kg of fat, muscle up 4.9 |

Why seven: Preeti S. (hypertension and hypothyroid, 122.6 kg) lost 2.6 kg on the scale but 7.5 kg of fat because muscle rose 4.9. Ankit M. (fatty liver Grade 1, pre-diabetes, kidney stone, cholesterol) lost only 2.5 kg in three months but 11.6 inches and 4.6 abs inches, with less anxiety and tiredness. Himani lost 5.7 kg in month one and still left in month three. Results alone do not retain.

### 3.3.2 Layer 2 · Clinical panel for liver

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.

| Group | What to record |
|---|---|
| **Liver enzymes** | SGPT (ALT) *: liver cell damage. SGOT (AST) *: muscle injury as well as liver. Alkaline phosphatase: obstruction in the bile duct |
| **Liver function** | Bilirubin *: stress on the liver; jaundice if high. Albumin: poor liver function if low. INR: clotting; for a client on warfarin, from time to time |
| **FibroScan** | Liver stiffness and liver fat percentage, where the doctor has asked for one. Dates and numbers |
| **Lipids** | Total cholesterol, LDL, HDL, triglycerides * (when stacked). Fatty liver often carries high triglycerides and low HDL (HFS deck case) |
| **Sugar** | Fasting sugar and HbA1c * (when stacked). Insulin resistance rises in a fatty liver |

| Group | What to record |
|---|---|
| **Vitamins and minerals** | Vitamin D *, B12 * (when stacked: baseline and month 3). The liver stores A, D, B12, K, iron and copper. Iron and copper where Wilson's or haemochromatosis is suspected |
| **Blood pressure and heart** | BP at every visit, with the medicine noted * (when stacked). Beta blocker dose where given |
| **Kidney and fluids** | Where the doctor has ordered it (cirrhosis, diuretics): sodium and potassium readings, and daily weight if the doctor asks for it |

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

| Track | How |
|---|---|
| **Alcohol** | Weekly, honestly: drinks this week, or none. Never judged |
| **Medicine list and times** | Every medicine, the dose and the time, as the doctor wrote it. Any change the doctor made |
| **Interaction check** | The date you checked each medicine against Section 2.6.10 and 2.6.11, before any herb or food change |
| **Symptom diary** | Short weekly note (better, same, worse): appetite, nausea, bloating, acidity, right-side discomfort, energy, sleep, urine colour, stool colour, swelling, confusion or memory. Any progressed sign goes to the doctor the same day |
| **Herb plan** | Which one herb this week, which is next (in brackets), the start date, and any reaction. One at a time, rotated, none longer than about four weeks (Sheenu) |
| **Supplement stop dates** | Vitamin E: the start date and the date it stops (about one month). Any supplement: stopped by about three months, doctor deciding |
| **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 for their condition, walking after meals, stress practice, yellow-light meditation |
| **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, acidity, can climb stairs." "Jeans 38 to 36 inches." 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; medicine times; alcohol; symptoms in their words |
| **You, the coach** | Weekly weigh-in; compliance specifically; monthly 7 metrics; reports with medicine status and lab name; the herb plan and supplement stop dates; the promise; assets; the next action and date after every contact |
| **Their doctor** | The medicine decision, the doses, the FibroScan and the blood tests. You give them the numbers and records, never the 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). Ask every month what is coming.
- **For liver, a drink taken is an early warning too.** Ask about alcohol without judgement every week. And when the reports improve, watch for the slide back to the old life (Sheenu).

### 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 liver, for example: "waist down 4 inches and no bloating after meals by day 90". Not "SGPT normal", 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, liver-only, marker:** the date the final food and herb interaction list was written for their medicines (Sheenu says to write it at the end of the journey).

04

SECTION 4

# Real cases and quick reference

## 4.1 HFS liver case studies, and the Diamond Council practice cases

*Source: HFS case studies (the HFS liver case-study deck, and the HFS Case Study Pack of 24 client files); the Diamond Council liver case-discussion deck (eight practice cases, questions only). The "what the card says" column for those eight cases answers each question only from Dr. Sheenu's Liver card (26 March 2025). Cases are for teaching. Names are anonymised. Get client consent before any external use. These are not treatment claims.*

| Case | Presented with | The plan, and what it teaches |
|---|---|---|
| **Amit V., 42 · fatty liver (NAFLD Grade II)** | Male, corporate, sedentary, 88 kg, BMI 29.7. Borderline type 2 diabetes, high triglycerides (180), low HDL, low vitamin D. Fatigue, abdominal heaviness, bloating, right upper abdominal discomfort, belly fat. SGPT and SGOT raised | Oats, dalia, brown rice, millets; moong and masoor dal, low-fat paneer, curd, buttermilk, egg white, grilled fish; zinc and selenium foods; flax, walnuts, chia, a little ghee, avocado; bottle gourd, pumpkin, carrot, beetroot, cooked broccoli; coconut water, jeera, saunf and barley water. Walk 30 to 45 minutes, 7 to 8 hours sleep, no late-night eating. Cobra, bow, half spinal twist, Pavanmuktasana, Kapalbhati; Anulom Vilom, Bhramari, Ujjayi. **The deck lists eight herbs together** (turmeric, amla, giloy, kutki, dandelion root, mulethi, garlic, ginger). Sheenu's rule leads: one at a time, rotated, with a week's gap, and mulethi, dandelion, garlic and ginger are not in his list |

| Case | Presented with | The plan, and what it teaches |
|---|---|---|
| **Rajesh K., 55 · cirrhosis (alcoholic) with ascites** | Male, 64 kg, muscle wasting. Weakness, no appetite, abdominal and leg swelling, nausea. Bilirubin, SGOT, SGPT up; albumin down; INR up; sodium low | High carbohydrate (60 to 65%), moderate protein, low fat, low sodium. Rice, suji, daliya, quinoa; cooked vegetables only (lauki, tori, pumpkin, carrot, beans, methi, spinach); soft fruit; eggs, legumes, low-fat dairy. Fluids as the doctor says: restriction may be needed with ascites. Small meals every 2 to 3 hours and a late-night carbohydrate snack. Light walking, weigh daily, strict salt control. Vajrasana, Pavanmuktasana, Marjariasana, Shavasana; Anulom Vilom, Bhramari. Amla, turmeric and giloy in small doses; **kutki and strong herbal mixes are out**: the liver is already weak. Teaches that **cirrhosis is a different plan from fatty liver** |

**Where the deck and Sheenu differ, Sheenu leads.** The deck gives eight herbs for one plan; Sheenu's card says never all together. The deck gives turmeric half to one teaspoon; Sheenu says only a pinch, as in cooking. The deck allows turmeric and giloy in cirrhosis; Sheenu says no turmeric or tulsi with a blood thinner, and nothing that thins the blood with a beta blocker. The deck allows desi ghee and oats where the HFS weight-loss plans remove ghee. These are marked "changed" in Section 3.2.5.

These eight cases were set as a group exercise (four groups, two cases each): present the protocol, the diet, the herbs, the chakra and how to prevent complications. The deck gives only the question. The right-hand column is the guide's answer from Sheenu's card alone. Where the card is silent it says so. Use the cases to practise, with a partner, before a real client.

| Case | The questions set | What the card says (Sheenu) |
|---|---|---|
| **1 · Fatty liver, 42-year-old man, sedentary, overweight, ALT 72, AST 65** | What stage is he likely in? A day-wise meal plan with liver-friendly herbs and foods. Yoga and pranayama for detox | The stage is not read from ALT and AST alone: ask the doctor and suggest a FibroScan, which shows liver fat and stiffness. Meal plan from the fatty liver sample (Section 3.2.7): three options a meal. Herbs: giloy and turmeric, alternated or one morning and one evening, a pinch of turmeric; no guggulu if a statin runs; no spicy food. Kapalbhati, Bhastrika, Nadi Shodhana; twists, Dhanurasana, Bhujangasana, Naukasana |

| Case | The questions set | What the card says (Sheenu) |
|---|---|---|
| **2 · Alcoholic liver disease, 36-year-old woman, past alcohol, fatigue, bloating, no appetite** | Which nutrients is the client likely lacking? How to use shatavari and kutki? What changes with corticosteroids? | Thiamine (B1), folic acid and multivitamin deficiencies: the liver deals with alcohol first and food after. Shatavari helps repair tissue; kutki supports detox as a decoction, not with gall bladder disease; one at a time. With corticosteroids: protein, whole grains and legumes; low sodium, no pickles or chips; no gokhru; not too much tea or caffeine. Chandra Bhedana and Sheetali to keep cool |
| **3 · Acute hepatitis B, 29-year-old man, high viral load** | Which herbs to avoid on antivirals? Immune-supporting foods? Which chakra and why? | No ashwagandha (it overstimulates the immune system), no St John's Wort, no grapefruit. Protein for repair; red berries for anthocyanin; no excess sugar; bhringraj as a liver tonic. The card lists no supplements for him: leave them to the doctor. Chakra: manipura, the primary one for hepatitis; swadhisthana also lists hepatitis. Bhramari, Ujjayi, Anulom Vilom, Nadi Shodhana; Balasana helps recovery |
| **4 · Cirrhosis with ascites, 61-year-old man, on spironolactone** | Which foods and herbs interfere with diuretics? Which yoga poses? A low-protein, liver-supportive diet | Triphala and gokhru are diuretics: do not give. Potassium foods (banana, potato, spinach) support the diuretic; the doctor reads the blood potassium. Low sodium. **Changed:** the card says protein must be given but **not very high**, with animal foods a little restricted, not "low protein". Legs up the wall, Supta Baddha Konasana, Makarasana, Shavasana; Bhramari, Chandra Bhedana, Nadi Shodhana |
| **5 · Wilson's disease, teenager, mood swings, anaemia, copper build-up** | Which foods to avoid strictly? How do shilajit and dairy affect him? Emotional detox for the sacral chakra | Avoid copper-rich food: shellfish, nuts, dark chocolate. Ask whether they drink from a copper bottle. Shilajit worsens copper build-up: never. Dairy, and iron and zinc supplements, reduce the effect of penicillamine and trientine, which is taken on an empty stomach; bran and high fibre block zinc absorption. Sacral chakra: water therapy, hydration, herbal tea, the bija mantra VAM, "I allow emotion to flow freely". A teenager: the doctor and parents lead |

| Case | The questions set | What the card says (Sheenu) |
|---|---|---|
| **6 · Hepatocellular carcinoma, 55-year-old, on immunotherapy, weak digestion** | Which herbs with caution alongside cancer medicines? A pranayama and meditation plan. A one-day immune-supportive meal plan | No guggulu; grapefruit never; no spicy food. Protein-rich food; turmeric with curcumin can be given, unless a blood thinner is running. The oncologist leads and you support. Bhramari and Anulom Vilom; legs up the wall, spine stretches, Balasana, Shavasana; light body-weight movement so muscle is not lost. A one-day plan from the sample plans, softened for weak digestion. Root chakra is listed for liver cancer |
| **7 · Drug-induced liver injury, 48-year-old woman, painkiller overuse, FibroScan: high stiffness** | Which herbs speed healing? Pranayama and liver yoga. How to include vitamin C? | Aloe vera juice supports detox. **Giloy is out** even though it is "Amrit". Vitamin C (citrus, bell pepper) improves the effect of NAC. No alcohol. The doctor stops the toxic drug. Sheetkari, Kapalbhati, Anulom Vilom; Setu Bandhasana, Marichyasana, Makarasana, legs up the wall; 20 to 30 minutes of brisk walking, 3 to 4 days a week |
| **8 · Post-jaundice recovery, 30-year-old, bilirubin normal, still tired** | How to prevent fibrosis? Chakra therapy and affirmations. Herbs and foods to keep the liver elastic | Fibrosis comes when the same damage repeats, so the work is to stop it repeating: no alcohol, no regular painkillers, sugar, maida and fried food out. Bhringraj is the liver tonic. Manipura: yellow-light meditation, twists, "I release anger and embrace balance". The card names no food for "elasticity": do not claim one. A FibroScan shows stiffness if the doctor wants it |

## 4.2 HFS client files (2018 to 2023)

| Case | Presented with | Result and lesson |
|---|---|---|
| **Ankit M., 34 (the liver case)** | Fatty liver Grade 1, pre-diabetes, kidney stone, cholesterol 160, vitamin D 18.9, B12 low, anxiety on prescribed medicine. 109.4 kg, BMI 34.7, body fat 35.3%. Office job, outside dinners, alcohol once a month | Walking moved early morning; egg whites and controlled carbohydrate at breakfast; grilled chicken instead of restaurant curries; ajwain water after dinner; meditation added. Mixed compliance: Diwali, a party, one month lost to Covid. **2.5 kg, 11.6 inches, 4.6 abs inches. Four conditions, one plan:** fried food, refined carbohydrate and late heavy dinners removed, which helps all of them. Sell the five metrics, not the scale |
| **Preeti S.** | Hypertension and hypothyroid, 122.6 kg. On BP medicine throughout | Month 1: 2.6 kg on the scale, **7.5 kg of fat lost**, muscle +4.9. The best case for teaching why the scale is not the outcome |
| **Sarvesh K.** | High BP and gas, 116.2 kg. Travels Monday to Friday; drinks twice in a bad week | 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. For a liver client, ask about alcohol on the road |
| **Naveen S.** | Hypertension, diabetes, cholesterol; was self-medicating with a "kadha" | Medicine status written beside every BP reading. **A number that fell while the medicine was reduced is proof.** Do the same with every liver marker |
| **Megha J., 35** | Hypothyroid, low BP, headache, acidity | Near-flat curve with a list of skipped items. **Before you change a plan, check whether it was followed. Log compliance specifically** |

HFS liver client plan sheets were not found in Drive.

## 4.3 What clients ask, and what you say

*Source: Dr. Sheenu, Liver protocol card (26 March 2025); HFS Overlay System, client files and case studies. Every fact in the answers and scripts comes from those sources. Sentences from the 29 May 2025, 16 April and 30 July 2026 sessions (Dt. Shweta) are labelled where used.*

| The client asks | You say (and stay inside this) |
|---|---|
| **"Can I stop my liver medicine?"** | Your doctor decides about the medicine. We plan the food around it, never instead of it. As your reports improve, tell your doctor you are on a clinical diet, keep getting your levels checked, and the doctor can look at the dose. |
| **"Is my liver problem curable?"** | It depends on what it is. Fatty liver and alcoholic liver we work towards remission first: the reports and symptoms settle. Hepatitis D we can usually take towards remission, not necessarily reverse. Scarring from cirrhosis does not go back; there the work is to support your doctor and keep your strength. No promise on a date. |
| **"My SGPT is normal now. Can I relax?"** | A normal number is the plan working, not the end of it. The habits that fixed it are what keep it fixed. Many people go back to the old life when the reports improve, and the numbers go back with them. |
| **"Can I have just one drink?"** | No alcohol at all, whether the liver problem is from alcohol or not. Alcohol only harms it. If drinking is hard to stop, say so, and tell your doctor. |
| **"Can I take turmeric or giloy every day?"** | A small amount, one at a time, not all together. Turmeric only a pinch, as in cooking, with pepper and a little fat. Over-doing it always damages. If you are on a blood thinner or beta blocker, no turmeric or tulsi. If your skin or eyes are turning yellow, no turmeric for now. |
| **"Can I take paracetamol or a painkiller whenever I need it?"** | Taking them regularly raises the chance of liver damage. Tell your doctor how often you take them. I do not change any medicine. |
| **"Can I drink grapefruit juice or a detox juice?"** | No grapefruit, ever: it keeps the medicine in the blood and in the liver for longer. Lemon or orange are fine. No detox juice cleanse; we plan food around your medicines. |
| **"Is protein bad for my liver?"** | Not for most. Protein repairs the liver and keeps muscle. In cirrhosis your doctor and I keep it moderate, because a very high-protein diet raises ammonia and brain fog. |
| **"My eyes are yellow. What do I do?"** | Yellow skin, eyes or nails is a symptom that needs your doctor now. Until then, we hold turmeric and yellow foods. |
| **"Should I do a liver detox?"** | Not from me, not yet. We take out what loads the liver and add what helps it. If your doctor agrees to anything more, we plan around it. |

| The client asks | You say (and stay inside this) |
|---|---|
| **"Do I need a FibroScan?"** | It is a painless test that shows liver fat and stiffness, and is an alternative to a biopsy. Your doctor decides if you need it, and I can suggest you ask. |
| **"Can I eat fruit with a fatty liver?"** | Whole fruit, yes: papaya, apple, pomegranate, guava, berries. Not packaged juice. With diabetes, your doctor and I watch the portion. |
| **"Can I take milk thistle or another herb on my own?"** | No. We check your medicines first and give one herb at a time, with a gap. Milk thistle needs much more water with it. |

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

| If you see this | What you do | From |
|---|---|---|
| **Jaundice: yellow skin, eyes or nails** | It is a symptom of something else. The doctor first. Hold turmeric and yellow foods | Sheenu |
| **Swelling in the legs or abdomen, rapid weight loss or muscle loss, confusion or memory trouble** | A progressed sign. Same day to the doctor. Do not change the plan alone | Sheenu |
| **Dark urine, pale stools, nausea, no appetite** | The early signs people ignore. Ask the doctor for tests (LFT, and FibroScan if needed) | Sheenu |
| **Client takes a statin, pioglitazone, metformin or vitamin E** | Plan the day around it (Section 3.2.5). Vitamin E stops after about one month; never beyond about three months of any supplement. The doctor decides | Sheenu |
| **Client is on an antiviral** | No ashwagandha, no St John's Wort, no grapefruit | Sheenu |
| **Client is on a diuretic** | No triphala, no gokhru. Potassium foods support it; the doctor reads the blood potassium | Sheenu |
| **Client is on a beta blocker, warfarin or any blood thinner** | No ginger, garlic or cinnamon; no turmeric or tulsi. Warfarin: INR checked from time to time. Low sodium | Sheenu |
| **Client is on antidepressant or anxiety medicine** | Check before any herb at night. Shatavari increases sedation. Ashwagandha: start in the morning. Chamomile tea at night | Sheenu |

| If you see this | What you do | From |
|---|---|---|
| **Client is diabetic and giloy is wanted** | Giloy can lower blood sugar. The dose needs the doctor's eye. Be very careful | Sheenu |
| **Liver transplant** | No kalmegh: it can weaken immunosuppressants. The transplant team leads | Sheenu |
| **Wilson's disease** | Ask about a copper bottle. No shilajit, shellfish, nuts or dark chocolate. Dairy, iron and zinc kept away from the medicine | Sheenu |
| **Gall bladder disease** | No kutki: it raises bile flow | Sheenu |
| **Cancer** | The oncologist leads; you support. No guggulu; no grapefruit; no spicy food | Sheenu |
| **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 |
| **Cholesterol, uric acid or another condition pulls the plan the other way** | Decide which condition leads; write it down; tell the client | HFS (Dilpreet K.) |
| **A liver detox is asked for** | No protocol is written. Doctor first; very light food if anything is done; do not run one for a weak, jaundiced or cirrhotic client | Caution |

## 4.5 Reading a report: a worked example

HFS client Ankit M., 34, fatty liver Grade 1 with pre-diabetes, kidney stone and low vitamin D, on file: **fasting sugar 101**, **post-meal sugar 120**, **cholesterol 160**, **vitamin D 18.9**, B12 low, **BMI 34.7**, body fat 35.3%. His SGPT and SGOT numbers are not on file. Ranges differ by lab, so always read each number against the range printed on the report.

1. **Which test is it?** Sugar, lipids and vitamins are on file. The liver panel (SGPT, SGOT, bilirubin, albumin) and a FibroScan are not. Say so, and ask for them.
2. **Medicine first.** Write every medicine, the dose and the time beside the numbers. Ankit was on three psychiatric medicines. Check each against Section 2.6.10 and 2.6.11 before any herb.
3. **Read the markers one by one.** SGPT high is liver cell damage. SGOT high can be muscle injury too. Alkaline phosphatase high is a bile duct block. Bilirubin

high is stress on the liver. Albumin low is poor function. INR high is a clotting issue.

4. **Look at what travels with a fatty liver.** Insulin resistance, sugar, triglycerides, vitamin D. Ankit had pre-diabetes and a low vitamin D.
5. **Say it plainly.** "Your sugar is on the edge and your liver is carrying fat. Fried food, refined carbohydrate and late heavy dinners are the common cause. Your doctor reads your reports."
6. **Choose what leads.** The HFS plan did not treat the liver, the stone and the sugar separately. It removed what loads all of them. Result in three months: 2.5 kg, 11.6 inches, 4.6 abs inches, with less anxiety and tiredness.

What should change (Sheenu and HFS): energy, bloating and heaviness first, then inches, then the liver and sugar markers at the next test. 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 |
| **A drink taken, or the client goes quiet about it** | Ask without judgement, every week. Name the one habit and restart with that alone. Tell the doctor if the drinking is heavy | Sheenu, HFS |
| **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 | HFS |

| The moment | What you do | From |
|---|---|---|
| **Weight not moving** | Show inches, fat, muscle and body age. Ankit M.: 2.5 kg, 11.6 inches. Check compliance specifically before changing the plan | HFS seven metrics, Megha J. |
| **"My SGPT is normal, I can go back to normal life"** | Name it kindly: the normal number is the plan working. Show the plan that keeps it there | Sheenu |
| **Wants to drop all herbs, or take several at once** | One at a time, rotated, none past about four weeks | Sheenu |
| **Bloating after the fibre was added** | Add fibre slowly, with a root vegetable alongside | Sheenu |
| **Skipping the soup, snacks or walks** | Name the one habit, restart with that alone, then add | HFS case (Sabiha) |

## 4.7 Before every liver call

- Reports and medicine list asked for, including doses and times, and the lab name. Registration verified.
- Section 2.6.5 (early signs and progressed signs) and 2.6.6 (tests) 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 meal plan, no detox on the sales call.
- Look silently: skin, eyes, nails (yellow?), the belly, the legs (swelling?), and where they hold the right side under the ribs. 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 medicine", "your doctor is wrong", any advice on medicine |

| Always say | Never say |
|---|---|
| "For some liver conditions remission comes first. Scarring does not go back." | "Cure", "reverse your cirrhosis", "clean your liver in 30 days" |
| "No alcohol at all." | "One drink is fine" |
| "Weight is slow. We track inches, fat and how you feel." | "10 kg in a month" |
| "Let me check your reports and medicines first" | Any herb, supplement or detox before that. Ashwagandha for a client on antivirals |
| "Yellow skin or eyes needs your doctor now" | Any diagnosis, or "it is only jaundice" |
| "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 Liver protocol card (Diamond Council session of 26 March 2025: the liver diseases, early and progressed signs, blood tests and FibroScan, medicine and food rules, her emotional teaching); the HFS liver case-study deck and the HFS client files; the Sales Kit (the free 45-minute Clarity Call, the Blueprint, 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 liver problems. **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 whose fatty liver was found on a scan or a report

**Who they are:** Men and women in their mid 30s to early 50s, mostly in sitting jobs, who were told "fatty liver" (fat collecting in the liver) and who also notice tiredness, a heavy belly and bloating. Many do not drink alcohol.

*Where this comes from: The HFS liver case-study deck (a fatty liver case with fatigue, abdominal heaviness, bloating, right-side discomfort and belly fat) and the HFS client file with a fatty liver and an office job; Dr. Sheenu's teaching that fatty liver can come without alcohol, from too much spicy food, too much fat or a slowed metabolism.*

| Rank | Problem | In the client's own words (pattern only) |
|---|---|---|
| 1 | Belly fat and weight that will not move | "My weight is mostly around the belly and it does not come down, even when I try." |
| 2 | Tiredness, weakness and low appetite | "I feel weak and tired all day, I do not feel like eating, and sometimes I feel sick after food." |
| 3 | Bloating, acidity and poor digestion | "I feel bloated and heavy after every meal, and I get acidity and a dull ache on the right side." |
| 4 | Raised liver reports and not knowing what they mean | "My report shows SGPT and SGOT raised and my doctor said fatty liver. I do not know what that means or how bad it is." |
| 5 | Reports improved, then the old habits came back | "My reports looked better, so I went back to my old routine, and now the tiredness and the numbers are back." |

## Type 2 · People who drink, or used to drink, and now feel the effect

**Who they are:** Adults in their 30s to 50s who drink alcohol, or drank in the past, and now feel weak, bloated or off their food. Many feel judged before they speak, so the first contact must be gentle.

*Where this comes from: Dr. Sheenu's teaching on alcoholic liver disease (the liver clears the alcohol first and the food after, so nutrition is not absorbed well); the Diamond Council practice case on alcoholic liver disease*

*(questions only); the HFS client files where alcohol came up (once a month, or twice in a bad travel week). There is no HFS case built around alcohol alone.*

| Rank | Problem | In the client's own words (pattern only) |
|---|---|---|
| 1 | Alcohol, painkillers and feeling judged | "I drink, or I used to, and I take painkillers often. I know it is bad for my liver, but I feel judged when I talk about it." |
| 2 | Tiredness, weakness and low appetite | "I feel weak and tired all day, I do not feel like eating, and sometimes I feel sick after food." |
| 3 | Bloating, acidity and poor digestion | "I feel bloated and heavy after every meal, and I get acidity and a dull ache on the right side." |
| 4 | Raised liver reports and not knowing what they mean | "My report shows SGPT and SGOT raised and my doctor said fatty liver. I do not know what that means or how bad it is." |
| 5 | Reports improved, then the old habits came back | "My reports looked better, so I went back to my old routine, and now the tiredness and the numbers are back." |

### Type 3 · People with hepatitis B or C who are on treatment from their doctor

**Who they are:** Adults in their 30s and older who know they have hepatitis B or C, take medicines from a doctor, and want to know what food and daily habits fit with those medicines. The doctor leads; the coach plans food and lifestyle around the medicines.

*Where this comes from: Dr. Sheenu's card on the hepatitis types, the antiviral medicines and what works against them (no ashwagandha, no St John's Wort, no grapefruit), and the Diamond Council practice case on acute hepatitis B. There is no HFS case file for hepatitis, so this type has little source material beyond Dr. Sheenu's card.*

| Rank | Problem | In the client's own words (pattern only) |
|---|---|---|
| 1 | Medicines, herbs and "what is safe for me?" | "I take tablets from my doctor and also turmeric, giloy or a home mixture. I do not know what is safe together." |
| 2 | Raised liver reports and not knowing what they mean | "My report shows SGPT and SGOT raised and my doctor said fatty liver. I do not know what that means or how bad it is." |
| 3 | Tiredness, weakness and low appetite | "I feel weak and tired all day, I do not feel like eating, and sometimes I feel sick after food." |

| Rank | Problem | In the client's own words (pattern only) |
|---|---|---|
| 4 | Bloating, acidity and poor digestion | "I feel bloated and heavy after every meal, and I get acidity and a dull ache on the right side." |
| 5 | Reports improved, then the old habits came back | "My reports looked better, so I went back to my old routine, and now the tiredness and the numbers are back." |

### Type 4 · People with a liver problem and other conditions as well

**Who they are:** Adults in their 30s to 50s who have fatty liver together with diabetes or pre-diabetes, high cholesterol, high blood pressure, thyroid trouble or low vitamin D, and who take medicines for them.

*Where this comes from: The HFS liver case-study deck and HFS client files with the same combinations (fatty liver with pre-diabetes and low vitamin D; blood pressure with thyroid; a person self-medicating with a home mixture); the HFS rule of deciding which condition leads; Dr. Sheenu's medicine and food rules.*

| Rank | Problem | In the client's own words (pattern only) |
|---|---|---|
| 1 | Fatty liver together with sugar, cholesterol, blood pressure or thyroid | "I have fatty liver, borderline sugar, high cholesterol and low vitamin D. Every doctor tells me something different." |
| 2 | Belly fat and weight that will not move | "My weight is mostly around the belly and it does not come down, even when I try." |
| 3 | Tiredness, weakness and low appetite | "I feel weak and tired all day, I do not feel like eating, and sometimes I feel sick after food." |
| 4 | Medicines, herbs and "what is safe for me?" | "I take tablets from my doctor and also turmeric, giloy or a home mixture. I do not know what is safe together." |
| 5 | Raised liver reports and not knowing what they mean | "My report shows SGPT and SGOT raised and my doctor said fatty liver. I do not know what that means or how bad it is." |

## 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 · Tiredness, weakness and low appetite

*Source for this problem: Dr. Sheenu's list of early signs people ignore (weakness, tiredness, nausea, no wish to eat, mild discomfort in the abdomen, dark urine, pale stools) and the HFS fatty liver case with fatigue and low energy. Some material: no case is built around tiredness alone, and tiredness has many causes, so every line points to the doctor and the reports.*

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 1 | A one-week energy and appetite diary: when energy drops, what was eaten, and how the stomach felt. | Tired and weak for weeks, and no wish to eat? Do not wait and wonder. |
| 2 | A one-page checklist of the early signs Dr. Sheenu says people take lightly, with the line "show this list to your doctor". | Dark urine, pale stools, no appetite: these are early signs people ignore. Know them. |
| 3 | A short guide to taking your latest liver reports and your medicine list to the doctor. | Tiredness is not always "just work". See what your reports may be saying. |
| 4 | A simple fixed-times day sheet: wake-up time, meal times and a dinner time that stay the same each day. | Take the first step: one free 45-minute Clarity Call to see what may be behind how you feel. |
| 5 | A short audio of slow breathing for a mid-day reset. | Feeling weak with a heaviness under the right ribs? Speak to your doctor, and prepare with us. |

## Problem 2 · Belly fat and weight that will not move

*Source for this problem: The HFS liver case-study deck (belly fat, bloating and heaviness in a fatty liver case), the HFS client files (the seven measures, and a case where the scale moved little but inches and fat moved a lot), and Dr. Sheenu's fatty liver plan. Plenty of material for fatty liver. Do not use a weight-loss story for cirrhosis, hepatitis, cancer or Wilson's disease: for those the aim is strength and comfort, with the doctor leading.*

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 1 | A short guide: "Why the scale is the least useful number", using the seven measures from the tracker (weight, total inches, abdomen inches, fat, visceral fat, body age, muscle). | Same food, belly growing, and a doctor's warning about fatty liver? The reason is not only willpower. |

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 2 | A one-page tape-measure sheet so the client can note waist inches each week. | The scale barely moved, but your clothes feel looser? That is real progress. Learn the seven measures. |
| 3 | A shopping list of the foods Dr. Sheenu says to eat: green leafy vegetables, fruit, whole grains and plant protein. | A heavy belly and a fatty liver often travel together. See what may be behind it. |
| 4 | A short list of what Dr. Sheenu says to take out first: sugar, maida, deep-fried and packaged food, fizzy drinks and extra salt. | Late heavy dinners, fizzy drinks, long sitting hours: common causes worth a look. |
| 5 | A simple "my day" check: meal gaps, sugar, late dinner, and how long the client sits. | A free 45-minute Clarity Call: see the real reasons and the first thing to fix, alongside your doctor. |

## Problem 3 · Bloating, acidity and poor digestion

*Source for this problem: Dr. Sheenu's teaching that the liver makes bile, which digests fat, so low bile means poor digestion and poor absorption; her rules to add fibre slowly with a root vegetable and to move neem and turmeric to the evening if they cause morning acidity; the HFS fatty liver case (bloating, right upper abdominal discomfort). Some material: no case is built around bloating alone.*

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 1 | A one-week meal and symptom diary: what was eaten, when, and whether bloating or acidity followed. | Bloated after every meal? The liver has a part in digestion, and it is worth a look. |
| 2 | A short guide in plain words: "What bile does and why digestion can suffer" (from Dr. Sheenu's liver functions). | Fibre made you bloat? Adding it slowly, with a root vegetable, may sit better. |
| 3 | A one-page guide to adding fibre slowly, with a root vegetable alongside, so the stomach does not bloat. | Heaviness under the right ribs? Tell your doctor and bring your reports. |
| 4 | A checklist for eating out: what to ask for and what to leave, with fried and spicy food noted. | Afraid to eat out because of the bloating? Plan the meal before you go. |

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 5 | A short audio of slow breathing to use before meals. | Free 45-minute Clarity Call: find what may be behind your digestion trouble, with your doctor leading on medicine. |

## Problem 4 · Raised liver reports and not knowing what they mean

*Source for this problem: Dr. Sheenu's blood-test list (SGPT, SGOT, alkaline phosphatase, bilirubin, albumin, INR), the FibroScan, her advice to use the same lab every time, and the worked report example in the Coach Toolkit. Plenty of material. Never read a number to a client as a diagnosis: the doctor reads the report.*

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 1 | A plain-words guide to the liver blood tests: SGPT (ALT, rises when liver cells are damaged), SGOT (AST, can also rise from muscle injury), bilirubin and albumin. | SGPT and SGOT raised, and no one explained? See what the numbers are and what to ask. |
| 2 | A one-page "my reports" sheet: the date, the lab, the medicines being taken, and the result, side by side. | Your report is not a verdict. Learn to read it with your doctor. |
| 3 | A short guide to the FibroScan: a painless test that shows liver fat and stiffness, and a question to ask the doctor about it. | Told "fatty liver" and sent home? Know what to ask at the next visit. |
| 4 | A list of questions to take to the doctor about liver reports. | Same lab, same list, every time: the simple way to see real change. |
| 5 | A short guide: "Why to repeat tests at the same lab". | Free 45-minute Clarity Call: bring your reports and see the real reasons behind them. |

## Problem 5 · Fatty liver together with sugar, cholesterol, blood pressure or thyroid

*Source for this problem: The HFS liver case-study deck and HFS client files that combine conditions (four conditions, one plan: fried food, refined carbohydrate and late heavy dinners removed), the HFS rule to decide which condition leads, and Dr. Sheenu's medicine and food rules. Plenty of material from HFS; where the HFS deck and Dr. Sheenu differ, Dr. Sheenu leads.*

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 1 | A one-page "my conditions and my medicines" list to carry to every doctor visit. | Fatty liver, sugar and cholesterol together? They often share the same starting point. |
| 2 | A short guide: "Why many conditions can have one common starting point", using the HFS idea of removing fried food, refined carbohydrate and late heavy dinners. | Too many rules from too many places? Start with one clear first priority. |
| 3 | A simple tracker for the seven measures, with room for sugar and cholesterol readings from the doctor. | Your liver, your sugar and your cholesterol are not three separate people. See the whole picture. |
| 4 | A list of questions to ask the doctor about which problem to work on first. | On tablets for more than one condition? Plan food around them, never instead of them. |
| 5 | A short guide to the foods Dr. Sheenu says to eat and to avoid, written to suit more than one condition. | Free 45-minute Clarity Call: leave with your one thing to fix first. |

## Problem 6 · Alcohol, painkillers and feeling judged

*Source for this problem: Dr. Sheenu's card (alcohol only harms the liver; the liver clears alcohol first, so nutrition is not absorbed well; regular painkillers raise the chance of acute liver failure), the practice case on alcoholic liver disease, and the HFS note to ask about alcohol without judgement. Few cases: no HFS case is built around alcohol alone, so keep these lines gentle and general, and never promise a result.*

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 1 | A private weekly sheet: drinks this week, or none, with no judgement and no one else seeing it. | Worried about your drinking and afraid of being lectured? This is a private, kind place to start. |
| 2 | A short guide: "What alcohol does to the liver's first job" in Dr. Sheenu's words. | Painkillers every week? Tell your doctor how often. That is the first step. |
| 3 | A checklist of painkillers and how often they are taken, to show the doctor. | The liver deals with alcohol first and food after. Know what that means for you. |
| 4 | A short guide on talking to your doctor if stopping alcohol feels hard. | If stopping feels hard, say so. Your doctor needs to be part of it. |

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 5 | A short audio for stress: slow breathing to use in place of a drink. | Free 45-minute Clarity Call: no judgement, only a clear picture and your first steps. |

## Problem 7 · Medicines, herbs and "what is safe for me?"

*Source for this problem: Dr. Sheenu's medicine, food and herb tables (for example no grapefruit; no ashwagandha or St John's Wort with antivirals; herbs one at a time, with a gap), her rule that the doctor decides all medicine, and the HFS file of a client who was self-medicating with a home mixture. Plenty of material from Dr. Sheenu, but few HFS cases, and little source material for hepatitis clients beyond her card. Every line says "ask your doctor", and gives no dose.*

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 1 | A one-page list to write down every medicine, supplement and herb the client takes, with the time, to show the doctor. | Taking turmeric, giloy or a home mixture with your tablets? Ask your doctor first. |
| 2 | A short guide: "Why we never mix many herbs together", in Dr. Sheenu's words, with the line "ask your doctor first". | Not every herb suits every liver. Check before you take. |
| 3 | A short guide on grapefruit and liver medicines: why Dr. Sheenu says never, and what to eat instead (lemon or orange). | Grapefruit and your medicines: a simple rule worth knowing. |
| 4 | A list of questions to ask the doctor before starting any herb, supplement or home mixture. | We never change your medicine. We plan food around it. |
| 5 | A short guide: "How medicines and food can help or work against each other", with no names of herbs and no doses. | Free 45-minute Clarity Call: bring your medicine list and see what to ask your doctor. |

## Problem 8 · Reports improved, then the old habits came back

*Source for this problem: Dr. Sheenu's warning that clients go back to the old life once reports improve, the HFS drop-off sequence (postponed calls, slipping habits, a file that closes) and the HFS compliance cases, and the MESS questions on beliefs. Plenty of material.*

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 1 | A "restart after a slip" one-page plan: name the one habit that slipped and begin again with that alone. | Reports improved and the old habits crept back? You are not alone, and it is fixable. |

| # | Lead magnet idea (free, for their contact details) | Ad angle (first line, or starting point) |
|---|---|---|
| 2 | A seven-day Yes or No habit sheet taken from the Blueprint: followed only if done fully. | A normal number is the plan working. The habits are what keep it normal. |
| 3 | A short guide: "Why a normal report is the plan working, not the end of it" in Dr. Sheenu's words. | Missed a week? Do not quit. Restart with one habit. |
| 4 | A one-line sheet: "What stopped me last time", to be filled in and kept. | Festivals, travel and weddings end more plans than disagreements. Plan for them first. |
| 5 | A calendar of the next three months to mark festivals, travel and weddings in advance. | Free 45-minute Clarity Call: see what stopped you last time and how to begin again. |

## 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 · Tiredness, weakness and low appetite

**The problem the client names:** "I feel weak and tired all day, I do not feel like eating, and sometimes I feel sick after food."

**The pain behind it:** Fear that "something is wrong inside" and that it has been ignored for too long. Many also feel they are letting the family down because they have no energy for the day.

| # | Post topic | The one point the post makes |
|---|---|---|
| 1 | "I am tired even after sleeping" | Ongoing tiredness drains the whole family. The point: tiredness and a low appetite are early signs Dr. Sheenu lists, and they deserve a proper look with the doctor. |
| 2 | The signs people take lightly | Most people put up with weakness and nausea. The point: early signs are easy to ignore, so know them and mention them. |

| # | Post topic | The one point the post makes |
|---|---|---|
| 3 | Dark urine and pale stools | These changes feel too small to mention. The point: if they are new, tell the doctor. |
| 4 | Reports in hand, not in a drawer | Many people keep reports and never read them. The point: bring the latest reports and the medicine list to every visit. |
| 5 | A plain day with fixed times | A simple daily rhythm is easier to keep than a big plan. The point: the same meal and sleep times are where we begin. |

### Problem 2 · Belly fat and weight that will not move

**The problem the client names:** "My weight is mostly around the belly and it does not come down, even when I try."

**The pain behind it:** Shame about the body and the feeling that "nothing works". Behind it can be many failed diets and the fear that a doctor's warning about the liver is now their own fault.

| # | Post topic | The one point the post makes |
|---|---|---|
| 1 | "I tried every diet" | Repeated failed diets hurt confidence. The point: a plan that fits your day and your reports works better than another strict diet. |
| 2 | Not just kilograms | One number hides real change. The point: inches, fat, muscle and body age also show progress. |
| 3 | Weight is slow, and that is fine | Clients quit when the scale stays still. The point: we track inches, fat and how you feel, and we do not promise fast numbers. |
| 4 | Fat that sits inside | The belly is only the part you can see. The point: fat can also collect in the liver, and the cause behind it is what we look for. |
| 5 | The late dinner habit | Eating late at night is a quiet habit with a big effect. The point: a fixed dinner time is one of the first small steps. |

### Problem 3 · Bloating, acidity and poor digestion

**The problem the client names:** "I feel bloated and heavy after every meal, and I get acidity and a dull ache on the right side."

**The pain behind it:** Embarrassment about the swollen stomach, fear of eating out, and the worry that every meal will make things worse.

| # | Post topic | The one point the post makes |
|---|---|---|
| 1 | "I am scared of dinner invitations" | Bloating can shrink a social life. The point: eating out can be planned, and small changes help. |
| 2 | What bile has to do with it | Bile helps digest fat and absorb nutrition. The point: when the liver is stressed, digestion can suffer too. |
| 3 | The fibre mistake | People add a lot of fibre at once and bloat. The point: Dr. Sheenu adds fibre slowly, with a root vegetable alongside. |
| 4 | Acidity in the morning | Some people get acidity from a morning habit. The point: the timing of some foods can be moved to the evening. |
| 5 | Right-side heaviness | People often ignore a dull ache under the ribs. The point: note it and tell the doctor, because that is where the liver sits. |

### Problem 4 · Raised liver reports and not knowing what they mean

**The problem the client names:** "My report shows SGPT and SGOT raised and my doctor said fatty liver. I do not know what that means or how bad it is."

**The pain behind it:** Fear of the unknown, and of hearing the word "cirrhosis" some day. Many sit with the report for weeks and tell no one.

| # | Post topic | The one point the post makes |
|---|---|---|
| 1 | "The report is in a drawer" | Fear keeps people from reading their own reports. The point: a report is information, and your doctor reads it with you. |
| 2 | SGPT and SGOT in simple words | The names sound frightening. The point: SGPT is linked to liver cell damage, and SGOT can also rise from muscle injury. |
| 3 | What a FibroScan shows | Many have never heard of it. The point: it is a painless test of liver fat and stiffness, and the doctor decides if it is needed. |
| 4 | Write the date, the lab and the medicine | Numbers mean little alone. The point: the same lab and a note of the medicines make change honest to read. |
| 5 | A normal number is not the finish line | Relief makes people drop the habits. The point: the plan that improved the number is what keeps it there. |

### Problem 5 · Fatty liver together with sugar, cholesterol, blood pressure or thyroid

**The problem the client names:** "I have fatty liver, borderline sugar, high cholesterol and low vitamin D. Every doctor tells me something different."

**The pain behind it:** Feeling like a bundle of reports instead of a person, tired of many separate rules, and unsure which one to follow first.

| # | Post topic | The one point the post makes |
|---|---|---|
| 1 | "Every report says something else" | Many reports can feel like many problems. The point: a coach helps find the common cause and the one thing to fix first. |
| 2 | One plan, several conditions | People assume each condition needs its own diet. The point: removing fried food, refined carbohydrate and late heavy dinners helps several at once. |
| 3 | Which condition leads? | Rules can clash. The point: the coach decides with the doctor which condition leads and writes it down. |
| 4 | Tablets come first | People fear that food changes will clash with medicine. The point: we plan food around the tablets and never change them. |
| 5 | Sugar, cholesterol and the liver | The three often travel together. The point: raised sugar and fat in the blood can go with a fatty liver, so look at all of them. |

### Problem 6 · Alcohol, painkillers and feeling judged

**The problem the client names:** "I drink, or I used to, and I take painkillers often. I know it is bad for my liver, but I feel judged when I talk about it."

**The pain behind it:** Guilt and shame, the fear of being lectured, and the worry that it is too late. Many drink or eat to handle stress, and silence is the deepest pain.

| # | Post topic | The one point the post makes |
|---|---|---|
| 1 | "I feel judged before I speak" | Shame stops people from asking. The point: we ask without comment and record your answer as you give it. |
| 2 | What the liver does first | Alcohol takes the liver's first effort. The point: food is dealt with only after, so nutrition is not absorbed well. |
| 3 | Painkillers add up | They seem harmless. The point: regular use raises the chance of liver damage, so tell your doctor how often you take them. |
| 4 | No alcohol at all | People ask if one drink is fine. The point: the guide's answer is no alcohol, and the doctor helps if stopping is hard. |
| 5 | Drinking to cope | Stress and drink often go together. The point: calm and emotional support are part of the plan, not extras. |

### Problem 7 · Medicines, herbs and "what is safe for me?"

**The problem the client names:** "I take tablets from my doctor and also turmeric, giloy or a home mixture. I do not know what is safe together."

**The pain behind it:** Fear of doing harm by mistake, and confusion from advice that comes from relatives, videos and shops. Many take things on their own and say nothing.

| # | Post topic | The one point the post makes |
|---|---|---|
| 1 | "My cousin said to take this" | Advice from everywhere adds confusion. The point: check with your doctor before any herb, and write down what you take. |
| 2 | Too many herbs at once | More feels safer. The point: Dr. Sheenu says never give many herbs together, and over-doing it can damage. |
| 3 | Grapefruit and your tablets | A healthy fruit can work against a medicine. The point: grapefruit can keep some medicines in the body for longer, so the rule is never. |
| 4 | Your doctor decides the medicine | People fear coaches will replace doctors. The point: the coach plans food around your medicines and never instead of them. |
| 5 | Yellow eyes or skin | Some wait and hope. The point: yellow skin or eyes needs your doctor now. |

### Problem 8 · Reports improved, then the old habits came back

**The problem the client names:** "My reports looked better, so I went back to my old routine, and now the tiredness and the numbers are back."

**The pain behind it:** Disappointment in themselves, the feeling "I always fail", and giving up after one bad week. Underneath can be a belief that fatty liver is common and that nothing really works.

| # | Post topic | The one point the post makes |
|---|---|---|
| 1 | "My report is normal, I can relax now" | Relief ends the effort. The point: the habits that fixed the number are what keep it fixed. |
| 2 | One bad week is not failure | People quit after a slip. The point: restart with one habit and add the rest slowly. |
| 3 | "Fatty liver is common, everyone has it" | This belief makes people take it lightly. The point: a common problem still deserves attention. |

| # | Post topic | The one point the post makes |
|---|---|---|
| 4 | What is coming in the next three months? | Events, not arguments, end most plans. The point: plan for the festival or trip before it arrives. |
| 5 | Check what was really followed | "It did not work" is often "it was not followed". The point: track exactly what was skipped before changing the plan. |

## 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 were told you have fatty liver or raised liver reports, and you feel tired, bloated and heavy around the belly, this is for you."<br>"It is common, it is not a reason for shame, and in the next few minutes I will show you what may be behind it and the first steps, with your doctor leading on medicine." |
| **2 · The problem** | "Many people hear 'fatty liver is common, everyone has it', or 'my reports are normal now, I am fine'. So they carry on, or they try one diet after another, and nothing holds."<br>"The liver is the body's chemical factory. Everything we eat and drink is processed through it. It clears what the body does not need, makes bile to digest fat, and handles fat, sugar and protein. When the same wrong habits repeat, fat can collect in the liver, and tiredness, bloating and belly fat can follow."<br>"And underneath, there is often something else: habits that are hard to keep, feelings that are hard to name, and no one to guide you through it." |

| Block | What the coach says |
|---|---|
| **3 · The solution** | "At Healthyfy we look at the whole person, not just one report. We start with a free 45-minute Clarity Call. In it you see five things: your problem and symptoms, your lifestyle, the root cause underneath, the one thing to fix first, and your Blueprint and action plan."<br>"Within ten minutes of the call, your Blueprint comes to you on WhatsApp, whether or not you decide to work with us."<br>"If you choose to go further, a coach works with you every week on food, daily routine, mind and emotions, alongside your doctor. We never replace your doctor or your medicines. For some liver conditions, the work is to move towards remission first, and we never promise a date or a result."<br>"If you ever see yellow skin or yellow eyes, speak to your doctor now." |
| **4 · Testimonial, as a case study (no name)** | **Their situation:** "[Describe a consented client as a pattern only: for example, tired, bloated, weight around the belly, told fatty liver. No name, age, job or figures.]"<br>**What was done together:** "[In one or two lines: what the client and coach worked on together, for example fixed meal and dinner times, taking out fried food and refined carbohydrate, daily walking within comfort, and support for the habit that kept slipping, alongside the doctor.]"<br>**What changed, in their words:** "[In the client's own words, and with the time taken: for example, more energy, less bloating, clothes fitting better. Add: results are different for each person.]" |
| **5 · The next step** | "If this sounds like you, book your free 45-minute Clarity Call. You will leave with a clear picture of what is going on and your first steps, whether or not you work with us."<br>"Click the button below, pick a time, and take the first step. Bring your latest reports and your medicine list." |

**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. Never use a weight-loss story for a client with cirrhosis, hepatitis, cancer or Wilson's disease.

DIAMOND COACH GUIDE

# The Liver Coach Guide

BY DR. DT. SHEENU SANJEEV

*Built from Dr. Sheenu's Diamond Council Liver protocol, 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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