DIAMOND COACH GUIDE

A HEALTHYFY INSTITUTE SERIES



The LUPUS

Coach Guide

DR. DT. SHEENU SANJEEV

HEALTHYFY® HEALTH AND EDUCATION INSTITUTE & RESEARCH COUNCIL

"We Build Health And Create Healthpreneurs"™

HEALTHYFY® HEALTH AND EDUCATION INSTITUTE & RESEARCH COUNCIL
"We Build Health And Create Healthpreneurs"™

Diamond Coach Guide

The Lupus 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 Autoimmune (Lupus) protocol card (Diamond Council session of 4 December 2025), Dt. Shweta's lupus case-study deck and sessions of 11 and 18 December 2025, the HFS case studies, HFS client files and trackers, the Healthyfy Overlay System and Indian Food Swap Guide, and the Healthyfy Sales Kit made on 3 October 2026. Teaching use only. Not medical advice and not a treatment claim to clients.

Index: what is on which page

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

Section 1 · Before the client comes: the 1-2-1 Clarity Call 5

1.1 The name 5

1.2 The offer: what the client gets 6

1.3 Say it in lupus words (optional) 6

1.4 The Blueprint (Disease Reversal coach version), sent at the end of the call 6

1.5 The follow-up after the call 9

Section 2 · The consultation form, from start to end 10

2.1 The blank consultation form (as the client sees it) 10

2.2 The call at a glance, and the Trust stage 22

2.3 Registration: record and move on 23

2.4 Section A · Goal 24

2.5 Section B · Problems, symptoms and their impact 25

2.6 Ready reckoner for Section B: the disease 27

2.6.1 What lupus is 29

2.6.2 The types of lupus 30

2.6.3 Reading the symptoms 31

2.6.4 Why it happened: the causes, and who gets it 33

2.6.5 Hormones, estrogen and pregnancy 34

2.6.6 Tests and readings to ask for 36

2.6.7 Which system is affected, and what is possible 37

2.6.8 The medicines you will see (knowledge only) 38

2.6.9 Food and medicine: what works with and what works against 40

2.6.10 Herbs: what is safe, and what you never give 43

2.6.11 Your scope, and where to refer 44

2.7 Section C · Present lifestyle and habits 48

2.8 Section D · Root causes: MESS 49

2.9 Section E · Making health a priority 49

2.10 Section F · Real-life challenges 50

2.11 Reflection before the Bridge 50

2.12 Section G · Turn the record into a recommendation, and what is possible from A to D 50

Section 3 · The Transformation Journey 54

3.1 Explaining the programmes: Bridge, offer, price, close 54

3.1.1 Stage 3 · Bridge 54

3.1.2 Stage 4 · Offer 56

3.1.3 The ten features, presented for lupus 56

3.1.4 The pseudo price: value first, never price first 60

3.1.5 Bonuses 61

3.1.6 Stage 5 · Close: urgency, packages, objections 61

3.2 The client journey with us: 3, 6 and 12 months, and how it is delivered 63

3.2.1 The journey on one page 64

3.2.2 Month by month 66

3.2.3 How delivery runs 68

3.2.4 The first four weeks 69

3.2.5 Feature by feature 70

3.2.6 The food kit: meal options for every slot 76

3.2.7 A seven-day plan, put together from the options 80

3.2.8 The swap guide for lupus 82

3.2.9 What leads the first month, by picture 84

3.3 Tracking in Mealie (* = held in Mealie) 86

3.3.1 Layer 1 · Seven physical metrics 87

3.3.2 Layer 2 · Clinical panel for lupus 88

3.3.3 Layer 3 · Lupus fields and the client's own words 89

3.3.4 Who tracks what, and what you watch for 90

3.3.5 The eleven milestones 91

Section 4 · Real cases and quick reference 92

4.1 Diamond Council lupus case studies (taught by Dt. Shweta) 92

4.2 HFS client files (2018 to 2023) 97

4.3 What clients ask, and what you say 99

4.4 Stop and check: the moments you do not decide alone 101

4.5 Reading a report: a worked example 102

4.6 When the client stalls 103

4.7 Before every lupus call 105

4.8 Always say, never say 105

Section 5 · Audience, pain points and content ideas 107

5.1 Who has this problem 108

5.2 Lead magnets and ad angles, for each problem 110

5.3 Post topics, for each problem 116

5.4 VSL script (video sales letter) 121

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 lupus use **Lupus Clarity Call** (the niche version of the Root Cause Clarity Call). The word "lupus" is the client's own word, so use it. Sheenu says there is no permanent cure, so avoid "cure", "treatment" and "reversal" and say "management" and "remission". Never call it a "sales call" or a "free consultation".

Item	Detail
Name	Lupus Clarity Call (or Root Cause Clarity Call)
Length and price	45 minutes. Free. Say it twice: in the booking message and again in the first minute of the call
Who it is for	People who have been told they have lupus, or who live with joint pain, tiredness, a rash that comes with the sun, flares around their periods, brain fog or foamy urine and are waiting for answers, and who are on medicine from their doctor. They want to know the real reason behind how they feel, and the way to live well with it. Lupus is most common in women aged 15 to 45 (Sheenu), but the call is for anyone who has it

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 lupus words (optional)

The five benefits above are fixed. If you want a lupus line for the booking message, use only this one: "On this call you will see what is really behind your flares, your tiredness and your joint pain, and the first steps to live well alongside your doctor's treatment."

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

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

1. Your present problem, symptoms and side effects

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

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

2. Your present lifestyle

Follow these every day:

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

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

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

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

3. Your root cause

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

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

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

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

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

4. Your priority

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

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

5. Your action plan and daily tracker

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

Coach's note

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

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

The Blueprint is general, and the approved wording is kept as it is. Three of its lines need the client's doctor and Sheenu's card behind them. **The walk, run, jog or gym line:** Sheenu says **no high-intensity workouts**. Her exercise list is walking, swimming, low-impact cardio, resistance bands, stretching and tai chi. Tell the client the "1 hour" means gentle movement, and that any doctor-set limit leads. **The water line (3 to 5 litres):** where the kidney is involved Dt. Shweta kept water moderate, not heavy flushing, so the doctor's limit leads. **The "fill half your plate with vegetables" line:** the vegetables are cooked or steamed, not raw, and tomato and other nightshades are left out (Section 2.6.9).

Tell the client to keep taking every medicine exactly as the doctor said, and never to stop or reduce one because they feel better. The Blueprint says nothing about medicine and must never sound as if it does.

The Blueprint contains no herbs, no seeds, no supplements, no detox and no cleanses. Those are never part of it. Most herbs in the common "immunity" lists (giloy, ashwagandha, neem, aloe vera, Chyawanprash) are on Sheenu's do-not-give list (Sections 2.6.9 and 2.6.10).

If the client reports chest pain, trouble breathing, a seizure, a sudden severe headache, foamy urine with swelling, or a fever while on immune-suppressing medicine, they need a doctor now, not a Blueprint (Section 2.6.11).

1.5 The follow-up after the call

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

02

SECTION 2

The consultation form, from start to end

Source: Sales Kit: Sales Call Guide, Client Registration and Consultation Form (sections A to G), Coach Guide. Lupus listening cues come from Sheenu's Autoimmune (Lupus) protocol card (session of 4 December 2025) and, where marked, Dt. Shweta's case-study sessions. Questions marked "lupus prompt" are built only from those sources.

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

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

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

REGISTRATION · PERSONAL DETAILS

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

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

HEALTH CONCERN AT A GLANCE

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

Your answer: .....

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

☐ No ☐ Yes, please specify: _____

Registration date: _____

A. GOAL · WHAT YOU WANT TO ACHIEVE

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

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

Your answer: .....

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

Your answer: .....

3. Why is reaching this goal important to you?

Your answer: .....

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

B. PROBLEMS, SYMPTOMS AND THEIR IMPACT · CURRENT REALITY

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

Your answer: .....

5. What symptoms are you facing right now?

Your answer: .....

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

Your answer: .....

Symptoms and problems: tick all that apply to you

☐ Bloating / gas / acidity

☐ Constipation / loose motions

☐ Hair fall / dull skin / acne

☐ Fatigue / low energy / low stamina

☐ Joint pain / body pain

☐ Headache

☐ Breathlessness

☐ Poor sleep

☐ Irregular periods / diagnosed PCOS

☐ Sugar cravings

☐ Weight stuck / fluctuating

☐ Mood swings / irritability

☐ Diagnosed nutritional deficiencies

☐ Others: _____

Health information

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

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

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

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

C. PRESENT LIFESTYLE AND HABITS

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

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

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

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

7. Briefly describe your usual daily routine.

Your answer: .....

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

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

Your answer: .....

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

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

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

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

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

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

Your answer: .....

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

☐ I struggle to stay motivated.

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

☐ I often have negative thoughts about myself.

☐ I lose patience when results are slow.

☐ I overthink even small things.

☐ My mind keeps racing at night before sleep.

☐ I wake up with negative thoughts or worries.

☐ Other: _____

☐ None of these.

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

Your answer: .....

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

Your answer: .....

Is there anything else you would like to add? _____

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

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

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

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

☐ I often feel anxious or worried.

☐ My mood affects my eating or daily routine.

☐ I feel guilty after eating.

☐ Other: _____

☐ None of these.

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

Your answer: .....

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

Your answer: .....

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

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

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

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

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

E. MAKING HEALTH A PRIORITY

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

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

Your answer: .....

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

F. REAL-LIFE CHALLENGES

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

G. TRANSFORMATION JOURNEY AND RECOMMENDED PROGRAMME

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

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

Recommended programme: _____ Programme duration: _____

Reason for this recommendation: _____

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

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

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

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

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

Programme value and fee	Amount
Offer valid until, if applicable	

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

Your answer: .....

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

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

2.2 The call at a glance, and the Trust stage

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

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

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

How to ask: RECORD facts (names, 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. A lupus client is often tired, in pain, afraid and tired of explaining. Keep the call gentle, and let them stop whenever they need.

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 lupus:

- **Which result to share.** The kit gives five Dr. Sheenu clients; none is labelled as a lupus client, and the lupus case studies in the Council deck have no outcomes written. So there is **no lupus result to quote**. Share a result of another condition only with its context ("with their doctor, and theirs is not a promise"), or share none. Never quote or invent a lupus outcome.
- **Ask what the doctor has said, not what it is called.** "What have your doctors told you about it?" Never name lupus for someone who has not been told, and never say "you may have lupus". If they have skin or joint symptoms and no diagnosis, Sheenu's line is to suggest they get tested (Section 2.6.11).
- **Ask whether it is on medicine.** Almost every lupus client is. Their medicines change what you can say and plan (Section 2.6.9). Say on the call that you will never change a medicine, and that the doctor leads.
- **Decision maker.** Ask it plainly. If someone at home cooks, pays or decides, invite that person to the call or fix a second call. Sheenu asks coaches to counsel the family from time to time, because a family that does not understand is a stress trigger.
- **Say before the call ends that you will look at their reports and medicines.** Ask them to keep ready the ANA and anti-dsDNA reports if done, C3 and C4, ESR and CRP, the urine protein and creatinine, the blood count, vitamin D, and the full list of medicines and supplements, with doses.

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?"

Lupus prompt: note now the type of lupus if the client knows it (skin only, whole body, kidney involved, drug-induced); the current medicines and whether a flare is

happening now; whether the kidney, heart, lungs or brain are involved; whether they are pregnant or planning a pregnancy; and any thyroid, diabetes, BP or bone condition. The plan and the doctor's role change (Section 2.6.11). Note if they have chest pain, trouble breathing, a seizure, foamy urine with swelling, a fever, or low mood that will not lift: they go to the doctor now, before anything else.

2.4 Section A · Goal

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

They say	Your finding (confirm it with them)
"I want fewer flares. I never know when the next one comes."	Goal: fewer and milder flares. Ask what the last flare was like and what came before it. Never promise they will stop
"I want to be less tired. I cannot get through the day."	Goal: energy. Ask about sleep, pain, anaemia and medicines. Tiredness is extreme in lupus (Sheenu)
"I want my joints to stop hurting."	Goal: movement and comfort. Ask which joints and when. Sheenu: gentle movement, no hard workouts
"I want to reduce my tablets."	Goal: less need for medicine, only if the doctor agrees. Say: "We never change your medicine. Your doctor does. We work on everything around it"
"I want my skin to be clear and to go in the sun."	Goal: skin comfort. UV is the biggest trigger (Sheenu). Do not promise sun tolerance
"I want to plan a baby."	Goal: a safe pregnancy. Sheenu: stable for at least 6 months, reports first, the doctor leads. Do not advise beyond that
"I want to stop being afraid of my own body."	Goal: calm and trust. Use their words. It touches the mental and emotional pillars
"I want to feel like myself again."	Goal: energy, clarity, confidence. Ask what that would look like on an ordinary day

Confirm: "So [their goal in their words] matters more than a number alone. Have I understood correctly?" Never promise a symptom will go, a flare will stop, or a medicine will be reduced.

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	Lupus prompt (only if unclear)	What it may point to
A butterfly rash, a red face in the sun, ring-shaped patches, hair thinning	"Where on the body? Does the sun make it worse? Is it better or worse than last year?"	Skin lupus; UV is the trigger (Sheenu). Ask what the doctor has said
Joint pain, morning stiffness, swollen small joints	"Which joints? How long does the stiffness last in the morning?"	Lupus in the joints: swelling and stiffness without change of shape (Sheenu)
Foamy urine, swollen feet or face, a rising BP	"Have you noticed foam in the urine or swelling? Has the doctor checked your urine and kidney?"	Kidney involvement. Tell the client to inform their doctor today (Section 2.6.11)
Extreme tiredness	"Is it the pain, the broken sleep, a low blood count, or a tiredness that rest does not fix?"	Lupus fatigue, anaemia, medicine effects. Ask for the blood count
Brain fog, headaches, anxiety, low mood	"Is it worse after a stressful week, or before the period?"	Brain involvement and stress (Sheenu). Low mood that does not lift: doctor
Chest pain, breathlessness, cough	"Does it hurt when you breathe in? Have you told your doctor?"	Heart or lung involvement. Doctor now
Frequent infections, easy bruising	"Are you getting more colds and infections than before?"	Low white cells or platelets; the medicine lowering immunity. Doctor
Bloating, stomach pain, acidity, alternating bowels	"How are your bowels? Any bloating after meals?"	Gut involvement and leaky gut (Sheenu)
Flares around the periods, breast tenderness, heavy periods	"Do flares come before the period? How regular are your periods?"	Estrogen high and progesterone low (Sheenu)
Cold, numb or colour-changing fingers	"Do your fingers change colour or go numb?"	Blood vessel inflammation (Sheenu). Doctor

Listen for	Lupus prompt (only if unclear)	What it may point to
Dry, blurred or painful eyes	"Have your eyes changed? Has an eye doctor seen them?"	Eye involvement; also HCQ needs eye checks. The doctor
Sleep and screen time	"What time do you sleep and wake? When does the screen go off?"	Sheenu: sleep is the key to liver detox and to clearing estrogen

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

Health information to record

Record	Lupus detail to capture
The diagnosis	What the doctor called it and when; the type if known; which organs are involved; any flare in the last year and what came before it
Current medicines	Name, dose and time of day for each: steroid, HCQ, methotrexate (and the folic acid), azathioprine, mycophenolate, cyclophosphamide, a biologic, painkillers. Anything started or stopped lately. **This list decides the food plan (Section 2.6.9)**
Supportive medicines and supplements	Vitamin D3, calcium with vitamin K2, folic acid, low-dose aspirin, B12, omega-3, anything bought online or taken on a friend's advice, and for how long
Herbs and remedies on their own	Turmeric or curcumin capsules, giloy, ashwagandha, neem, aloe vera, amla, Chyawanprash, green tea, mulethi, "immunity" mixes, papaya leaf juice. Note them without judgement; they are for the doctor and Sheenu's list (Section 2.6.10)
Other diagnosed conditions	Thyroid (and whether it is Hashimoto's), diabetes, high BP, kidney problems, bone problems, anaemia, fatty liver, PCOS
Reports	ANA, anti-dsDNA and anti-Smith, C3 and C4, ESR and CRP, urine protein and creatinine, the blood count, vitamin D (Section 2.6.6). Note the date. Note "not done" without judgement
Hormones and pregnancy	Cycle, PMS, flares with the periods, hormone medicines or the pill, pregnancies and losses, and whether a pregnancy is planned

Record	Lupus detail to capture
Sun, smoking, infections	Daily sun exposure, whether the skin burns or flares, smoking, recent viral infection or fever
Family history	Lupus or any autoimmune condition in the family. In their words

Offline assessment: with consent, record BCA and body measurements on the Offline Assessment sheet. Use the same device each time. Do not turn a device estimate into a diagnosis, and do not use body age to frighten them. In lupus, steroids can add water and weight, so energy, joint comfort and inches are better measures than the scale (Section 3.3).

2.6 Ready reckoner for Section B: the disease

Source: Dr. Sheenu, Autoimmune (Lupus) protocol card, built from her Diamond Council session of 4 December 2025 (Autoimmune Disease, Lupus). Dr. Sheenu gave no reference ranges, doses or kidney numbers in the session, so none are written here.

Lupus is a long-term condition in which the body's own defence system attacks the body. It is different from most other autoimmune conditions because it can reach many organs at once. Read this part once before your first lupus client, and keep it open while you listen to Section B of the consultation form.

Sheenu's picture to hold on to. You keep guards outside your house to stop outsiders. In lupus the guards begin to think the people inside the house are the enemy, and they attack them.

Why this matters on the call. A client with lupus has usually been told only a name and given tablets. Your first job is to help the client feel that what happens in their body has a reason, and that there is a way to live well with it. Sheenu is clear on two things: **there is no permanent cure**, so never say "cure"; and with proper clinical, holistic and MPESS-based management the client can live a good life. We speak of **management and remission**. Flares will still come, but the condition does not have to keep getting worse.

Source: Dr. Sheenu, Autoimmune (Lupus) protocol card, Steps 8 and 10 and "Where you stop" (session of 4 December 2025); Dt. Shweta's lupus case-study sessions of 11 and 18 December 2025 (labelled as hers

wherever used); HFS Overlay System (priority rule and conflict table). No doses are given anywhere in Sheenu's session, so none are written.

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

What you listen for in Section B	Where to find it
1. What lupus is, and the simple story of the defence system	Section 2.6.1
2. The types of lupus: skin, whole body, drug-induced, newborn, mixed	Section 2.6.2
3. Reading the symptoms, organ by organ	Section 2.6.3
4. Why it happened: the causes, and who gets it	Section 2.6.4
5. Hormones, estrogen and pregnancy	Section 2.6.5
6. Tests and readings you can ask for	Section 2.6.6
7. Which system is affected, and what is possible with the doctor	Section 2.6.7
8. Medicines you will see (knowledge only)	Section 2.6.8
9. Food and medicine: what works with and what works against	Section 2.6.9
10. Herbs: what is safe, and what you never give	Section 2.6.10
11. Where your line is, and when to refer	Section 2.6.11
12. What is possible, from point A to point D	Section 2.12

2.6.1 What lupus is

Autoimmune means the body's own immune system (its defence army) attacks the body. Lupus is a chronic autoimmune disease. It is **systemic**, which means it can affect many organs at once: skin, muscles, joints, kidneys, heart, lungs, blood vessels and brain. It causes long-lasting **inflammation** (swelling, heat and damage in a tissue), and it gets worse, which is called a **flare**, when something triggers it. Sheenu sees many more lupus clients now than she did ten or twelve years ago, and many students are now bringing lupus cases to her.

The simple story to remember (Sheenu)

The body mistakes its own good cells (their DNA and proteins) for outsiders. It makes too many soldiers, called **autoantibodies**. The soldiers grab the "outsiders" and tie them into garbage bags, called **immune complexes**. The garbage bags travel in the blood. Wherever a bag gets stuck (kidney, joint, skin, brain) that place becomes inflamed and damaged. Most other autoimmune diseases stay in one place. Lupus travels through the blood, and that is why so many organs get involved. Sheenu's way of teaching this is to ask the class to close their eyes and see the bags travelling and getting stuck.

- **Why the soldiers keep being made (Sheenu):** the body is in a constant fight-or-flight, survival mode. It is afraid, so it keeps producing soldiers, and they turn on the body's own cells. This is why fear and stress matter so much in lupus.
- **The chain as Sheenu states it:** the body's ability to tell self from outsider breaks (genes, hormones and surroundings together, with sunlight the biggest outside trigger). B cells overreact and make autoantibodies (ANA, anti-dsDNA, anti-Smith). T cells become overactive. Autoantibody plus its target forms immune complexes. These settle in tissues, use up a protein group called complement (so C3 and C4 fall), release messengers called cytokines, and the result is long-lasting inflammation and flares.

The cells of the immune system (Sheenu)

Many coaches come from outside health, so Sheenu teaches these in plain words.

Cell	Role
T cells	Commandos. Kill infected cells and control the immune response

Cell	Role
B cells	Weapon factories. They make antibodies (the weapons) against antigens, which is anything foreign that can harm the body, such as a virus or a bacterium
Macrophages	Cleaners. They swallow germs and toxins and remove dead cells
Neutrophils	The fire brigade. First responders to an infection
NK (natural killer) cells	Kill virus-infected cells and cancer cells
Dendritic cells	Teachers. They teach the T cells
Complement system	Bursts germs and amplifies inflammation

Cytokines are chemical messengers that fight infection and inflammation. **In a flare the client has low immunity and high inflammation at the same time.** That is why Sheenu says food and herbs that "boost immunity" are not the answer here (Section 2.6.9).

2.6.2 The types of lupus

Sheenu names four main types and one overlap form. The severity column is hers.

Type	Where it acts	Key features	Severity
SLE (systemic lupus erythematosus)	The whole body, the internal organs	The most common and the most serious form. Butterfly rash across the cheeks, joint pain and swelling, chronic tiredness, kidney involvement (lupus nephritis), a positive ANA and anti-dsDNA, low complement	High
Cutaneous lupus (cutaneous means skin)	Skin	**Acute:** butterfly rash, triggered by UV rays, usually linked with SLE. **Subacute:** ring-shaped patches, very sensitive to sunlight. **Chronic (discoid):** coin-shaped scaly patches with scarring and dark marks, also on the scalp with hair loss. UV light makes skin and hair cells (keratinocytes) die; the protein they release looks new to the immune system, which attacks it	Medium

Type	Where it acts	Key features	Severity
Drug-induced lupus	Joints and skin	Caused by certain medicines: hydralazine (for high BP, also used in pregnancy), procainamide (for an irregular heartbeat), isoniazid (for TB) and anti-TNF drugs (for rheumatoid arthritis). Anti-histone antibodies are present. Kidney and brain are rarely involved. Symptoms go within weeks or months after the drug is stopped	Low to medium
Neonatal lupus	The baby's skin and heart	The mother's antibodies cross the placenta. The baby may have rashes, low platelets, liver trouble and, sometimes, a heart block present from birth	Variable
Overlap forms (MCTD)	Mixed	Lupus features together with scleroderma or polymyositis (a muscle condition)	Not stated

- **Skin lupus is not psoriasis.** The two are often confused. Sheenu told a student plainly that they are different, and a different test is needed. Never name either for the client; ask what the doctor has said.
- **Lupus joints are not rheumatoid joints.** In lupus the small joints swell and are stiff in the morning, but unlike rheumatoid arthritis the joints do not change shape.
- **Drug-induced lupus:** the doctor decides whether to stop the drug and what replaces it. The coach never stops or changes a medicine (Section 2.6.11).

2.6.3 Reading the symptoms

These are Sheenu's organ-by-organ groups. The "why" and "what the client notices" columns are hers. The "listen for" column: the client's own words to expect.

Organ	What happens (Sheenu)	What the client notices (Sheenu)	Listen for
Skin	Immune complexes settle near the skin's blood vessels; sunlight triggers it	Butterfly rash, sun sensitivity, discolouration, dark patches, hair thinning	"My face goes red in the sun." "My hair is thinning." "Marks that do not go"

Organ	What happens (Sheenu)	What the client notices (Sheenu)	Listen for
Joints	Immune complexes enter the joint lining (synovial membrane)	Joint pain, morning stiffness, swelling of small joints. The joints do not change shape	"My fingers are stiff when I wake." "Swollen wrists"
Kidneys (lupus nephritis)	Immune complexes clog the kidney's filters (glomeruli)	Protein in the urine, foamy urine, high creatinine, swollen legs and face, rising BP	"Foam in the urine." "Puffy face in the morning." "Swollen feet"
Heart	Pericarditis (the outer layer inflamed), myocarditis (the muscle inflamed), higher risk of heart disease	Sharp chest pain, a racing or irregular heartbeat, breathlessness	"Sharp pain in the chest when I breathe in"
Lungs	Pleuritis and pneumonitis; in long-standing cases, high pressure in the lung vessels	Pain while breathing, cough, breathlessness	"I get breathless on stairs"
Brain and nerves	Autoantibodies cross the blood-brain barrier; the pathways of serotonin and dopamine change	Headaches, anxiety, low mood, brain fog, mood changes; rarely seizures	"I cannot think clearly." "I feel anxious for no reason"
Blood	Antibodies destroy red cells, white cells and platelets	Anaemia, low platelets, low white cells, more infections, clotting, a high ESR	"Always tired." "I catch every infection." "Bruises easily"
Gut	Inflammation of the gut lining; leaky gut	Bloating, IBS-like symptoms, abdominal pain	"My stomach is never settled"
Blood vessels (vasculitis)	Immune complexes attack the vessel walls and blood flow falls	Purplish spots, numbness; in severe cases organ damage	"Fingers go white or blue." "Numb patches"
Eyes (retinal vasculitis)	Inflammation of the blood vessels of the retina	Blurred vision, dryness, pain	"My eyes are dry and blurry"

Other key features (Sheenu): extreme tiredness; flares set off by stress, sun and infection; low immunity but high inflammation at the same time.

Words to know (Sheenu): "itis" means inflammation; "cardiac" means heart; "myo" means muscle; "peri" means outer; "pulmo" means lungs; "hem" means blood.

For your knowledge only. Chest pain with breathlessness, blood in the urine, a sudden severe headache, a seizure, fainting or sudden vision loss are for the doctor or emergency care at once (Section 4.4). Never use any of these to frighten a client on a sales call.

2.6.4 Why it happened: the causes, and who gets it

Cause (Sheenu)	What it means	What the coach does
Genetics	A family history of autoimmune disease	Ask about it in Section D. It is a cause the client cannot change, so say so kindly and focus on what can be changed
Hormones	The body's immune cells react to estrogen (Section 2.6.5)	Ask about periods, PMS, pregnancy and hormone medicines
An overactive immune response	Immune dysregulation; a "cytokine storm"	The doctor's medicines calm this. Your work is the lifestyle and the roots around it
Triggers in the surroundings	UV rays and sunlight, a viral infection (such as EBV), smoking, stress, certain medicines	Ask about sun, smoking, recent infection and every medicine. Never ask the client to stop one
Gut imbalance and leaky gut	The gut lining is semi-permeable and lets through only what the body needs. When it becomes permeable, toxins enter the blood, the immune system becomes overactive and autoimmune disease follows	Ask about bloating, bowels and acidity. Sheenu: if you work on MPESS together with the gut and immune link you can guide any autoimmune client

Who gets lupus (Sheenu)

- **Women aged 15 to 45.** About 90 percent of clients are women, and the risk in women is about nine times higher. This is the age when estrogen is dominant. Sheenu's reason: the X chromosome carries genes that help control immunity; women have two X chromosomes and estrogen switches these genes on.
- People with a family history of autoimmune disease, low vitamin D, long-term stress, gut imbalance or leaky gut, or certain viral infections such as EBV.

- **Remember as a health coach: vitamin D is a hormone, not just a vitamin** (Sheenu). Do not confuse vitamin D with vitamin A. The doctor decides any vitamin D dose (Section 2.6.8).

2.6.5 Hormones, estrogen and pregnancy

This is the part of Sheenu's teaching that explains why most clients are women, why flares can come with the periods, and why the plan is not food alone.

Estrogen: not just a hormone, an immune modulator (Sheenu)

- Estrogen binds to receptors on B cells, T cells and macrophages and increases their activity and the inflammatory messengers.
- It makes B cells more active and longer-living, and more likely to turn into the cells that make antibodies. That means more autoantibodies (ANA, anti-dsDNA) and more flares. **In lupus the immune system is already overactive, so estrogen adds fuel to a fire that is already burning.**

Progesterone: the immune-calming hormone (Sheenu)

Progesterone promotes immune tolerance, supports the regulatory T cells, is anti-inflammatory and balances estrogen dominance. In the days before a period (PMS) progesterone is low and estrogen is relatively high, so **lupus can flare around PMS**. In mid-pregnancy progesterone is high, and women often feel better.

Signs of estrogen dominance that overlap with lupus (Sheenu): PMS, mood swings, breast tenderness, bloating, headache, tiredness, heavy periods, anxiety, irritability, joint stiffness. They do not always mean lupus. If they come with a butterfly rash or the client is getting worse, ask whether the doctor has tested for lupus.

Balancing estrogen naturally (Sheenu)

	What Sheenu says
Food that helps	Flaxseed (omega-3 and lignans balance estrogen), cruciferous vegetables, green leafy vegetables, pomegranate, turmeric (a small amount, in food)

	What Sheenu says
Lifestyle that helps	Less stress, keep plastics away from food, manage weight, support the liver. **Sleep is the key to liver detox:** beetroot, green juices, organ cleansing and Epsom salt do not work if the client does not sleep on time, following the body's day and night rhythm
What to avoid	Too much soya (its plant estrogens mimic estrogen), hormone-containing beauty products, high-fat food, junk food

What Dt. Shweta added in her case-study session of 18 December 2025 (labelled as hers, not Sheenu's). For a client whose lupus flares with the periods she said: start with **progesterone-supporting food** (pumpkin seeds, sunflower seeds, almonds, banana, magnesium foods); **hold flax back for the first few days**, because it acts on estrogen, and add it later; include **cruciferous vegetables** to help the body clear estrogen (cook broccoli with olive oil; cook cabbage and cauliflower with hing and the lid open); no soya, coffee, excess tea or refined carbohydrates; soft yoga only.

Where Sheenu's card says flax from the start, the two differ. Sheenu's card leads.

Pregnancy (Sheenu)

- **The risk:** the chance of a flare is higher in the first trimester, and so is the chance of lupus nephritis. High estrogen means more autoantibodies; the larger blood volume means more immune complexes settle in tissues. Risks for the mother: high BP, preeclampsia, a kidney flare and anaemia. Risks for the baby: early birth, low birth weight, neonatal lupus.
- **Sheenu's advice:** plan a pregnancy only when lupus has been **stable for at least 6 months**; avoid medicines that harm in pregnancy (the doctor decides which); continue the safe ones; watch the kidney, BP and complement; and do the anti-Ro/SSA blood test before pregnancy.
- **A client with lupus can have a pregnancy, but they must be assessed first.** In the session a coach asked about a client in their late thirties, with lupus, a miscarriage and an IVF cycle planned. Sheenu would not advise without the reports; she said it depends on the person and on how stable the lupus is. Do the same: ask for the reports and send the questions to the doctor.

2.6.6 Tests and readings to ask for

You never order a test and never read a result as a diagnosis. You ask the client for the reports the doctor has already asked for, and you tell the client which ones are missing. **Sheenu gave no reference ranges for these tests**, so read every number against the range printed on that report. **Diagnosis comes from the symptoms and the blood reports together** (Sheenu).

Test	What it shows (Sheenu)
ANA (anti-nuclear antibody)	The first screening test. If it is positive, go further
Anti-dsDNA (anti-double-stranded DNA) and anti-Smith	The two tests specific to lupus
Complement C3 and C4	If low, lupus is active: the immune complexes are using up the complement
ESR and CRP	Inflammation. ESR is high in any autoimmune disease
Urine protein and creatinine (kidney function)	Protein in the urine and a high creatinine mean an organ, the kidney, is involved
CBC (complete blood count)	Low haemoglobin, low platelets, low white cells
Anti-Ro/SSA	Done before a pregnancy (Sheenu)

- **The order Sheenu teaches:** ANA first; if positive, anti-dsDNA and anti-Smith; then C3 and C4 to see whether it is active; then the blood count; then the urine protein and creatinine to see whether the kidney is involved.
- **A deck example, so you can see what a report can look like (the case-study deck, case 1):** ANA positive at 1:320, anti-dsDNA high, C3 and C4 low, urine protein 1.2 g a day. These are that case's values, not ranges.
- **Note the vitamin D, calcium and B12 reports too if the client has them.** Sheenu stresses vitamin D, and the doctor may add vitamin D3, calcium with vitamin K2, and folic acid as supportive medicines.

Is lupus curable? (Sheenu) There is no permanent cure. With proper clinical, holistic and MPESS-based management, the client can live a good life: flares will come, but the condition will not keep getting worse. The client has to work every day on food, lifestyle, stress, gut health, sunlight exposure and anti-inflammatory routines. We talk about **management and remission**, never cure.

2.6.7 Which system is affected, and what is possible

Use this table to turn what the client says into the system behind it. The system column and the "what it can look like in the reports" column are built from Sheenu's organ table and her test list above.

What the client reports	System behind it	What it can look like in the reports
Butterfly rash, red face in the sun, ring-shaped patches, hair loss	Skin	ANA positive; anti-dsDNA may be normal in a skin-only picture (the deck's case 2)
Stiff, swollen small joints in the morning	Joints	ANA, ESR, CRP; the joints do not change shape
Foamy urine, swollen feet or face, rising BP	Kidney	Urine protein, creatinine, C3 and C4; the doctor and kidney team lead (Section 2.6.11)
Chest pain on breathing, palpitations, breathlessness	Heart or lungs	The doctor now (Section 4.4)
Brain fog, anxiety, headaches, low mood	Brain, stress, hormones	ANA, ESR; sleep and stress history
Tiredness, infections, bruising	Blood	CBC: haemoglobin, platelets, white cells; ESR
Bloating, stomach pain, acidity	Gut	Usually no lupus-specific test; ask what the doctor has found
Flares with the periods, breast tenderness, heavy periods	Hormones: estrogen high, progesterone low	Cycle history and what the doctor has tested; flares noted against the cycle day
Joint pain and rash that began a few months after a new medicine	Possible drug-induced lupus	Anti-histone antibodies; the doctor decides on the drug

Say it as possible, never as promised. Sheenu gives no timeline for any symptom to settle. Her combined plan (the five MPESS pillars together with the medicine the doctor prescribes) aims at fewer autoantibodies, fewer flares, better kidney and joint function, less need for medicine, and a better quality of life. Her final picture is a body that is stable, low in inflammation and emotionally balanced, where lupus becomes manageable and flares reduce dramatically. **Only the doctor changes a medicine.**

Area	What a plan aims for (Sheenu)	What you can say
Flares	Fewer triggers: stress, sun, infection, hormone swings; calm, sleep, and the gut looked after	"We work on what sets your flares off, and we write down what happens each week"
Tiredness and joints	Gentle movement (walking, swimming, tai chi, stretching), light food, sleep	"Slow and gentle, no hard workouts"
Kidney	The doctor leads; light, kidney-safe food; no heavy salt; no herbs that act on immunity	"We keep your food kind to your kidneys and we tell your doctor what we are doing"
Skin	Keep out of strong sun, calm food, calm mind	"We protect your skin from the sun and calm what makes it flare"
Mood and fog	Chandra Nadi breathing, breathwork, journaling, grounding, family support	"A calmer mind makes the body calmer"
Hormone link	Sleep, stress, liver and gut support; estrogen balanced naturally with food and lifestyle	"We work on the hormone side through food, sleep and stress"
Medicine	The medicine is needed while the lupus is flaring, and MPESS works beside it. Less medicine may become possible only on the doctor's word	"We never change your medicine. Your doctor does"

2.6.8 The medicines you will see (knowledge only)

Sheenu lists these as the medicines a lupus client may be on, and says the drug table is in her resources. She gives no doses, so none are written here. What the card says about each is what you need for food and herbs; what each drug does in the body is for the doctor to explain.

Medicine	What the card says you need to know	Section 2.6.9 has
Prednisolone (a steroid)	The body holds water and swells, acidity and sleeplessness can come, and the bones need protection. The doctor may add calcium with vitamin K2	The foods and herbs to avoid alongside it
Hydroxychloroquine (HCQ)	Alcohol and smoking add to the liver load and raise the risk of damage to the retina of the eye	The foods and herbs to avoid
Methotrexate	Needs folic acid, given by the doctor. It has the most food and herb interactions of all these drugs	The longest avoid list
Azathioprine	Lowers immunity, so infection risk is higher. Allopurinol sharply raises its toxicity (the bone marrow). High-protein supplements load the kidney and uric acid	The foods and herbs to avoid
Mycophenolate mofetil	Milk, curd and paneer reduce how much of the drug is absorbed	Timing with dairy and fibre
Cyclophosphamide	A strong immune suppressant	The foods and herbs to avoid
Biologics	Infection risk is higher, so food safety matters most	Raw and unpasteurised food to avoid
NSAIDs (painkillers such as ibuprofen)	Common for joint pain. Bleeding tendency goes up with garlic supplements, turmeric capsules and alcohol	The foods and herbs to avoid
Supportive medicines the doctor may give	Vitamin D3 (immune modulation), folic acid with methotrexate, calcium with vitamin K2 (bone protection on steroids), low-dose aspirin	Never set or change these yourself

Drugs that can cause lupus (Sheenu)

Hydralazine (for high BP), procainamide (for an irregular heartbeat), isoniazid (for TB) and anti-TNF drugs (for rheumatoid arthritis). If a client's joint pain, tiredness and rash began a few months after one of these, tell the client to ask the doctor. **The doctor decides whether to stop the drug and what replaces it.** Dt. Shweta's case 3 adds: ask the client to note their BP morning and evening, and to ask the doctor about another BP medicine.

Supplements. Sheenu names vitamin D3, folic acid, calcium with vitamin K2 and low-dose aspirin as doctor-given. No doses are given and no medicine is advised by a coach. So: record what the client takes, write the dose and time as given on the doctor's slip, and take any new supplement to the doctor.

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

This is Sheenu's table, kept whole. "High dose" does not mean "give none": the turmeric in food is fine. It means do not start turmeric or curcumin capsules for inflammation.

Medicine	Avoid alongside, and why (Sheenu)
Prednisolone (steroid)	**High-dose vitamin C** (amla or guava in large amounts): raises steroid absorption, acidity, sleeplessness and stomach irritation. **Mulethi:** holds sodium, raises swelling and BP; not if the kidney is affected. **Salty and heavy food:** steroids already cause water retention. **Caffeine:** adds to the anxiety and sleeplessness steroids cause. **Grapefruit:** raises steroid levels
Hydroxychloroquine (HCQ)	**Bitter Ayurvedic herbs in high dose** (karela, neem): over-stimulate immunity and lower blood sugar. **Alcohol:** liver load and retinopathy risk. **High-dose fish oil:** bleeding tendency. **Turmeric capsules:** stomach irritation (a pinch of turmeric in food is safe)
Methotrexate (the drug with the most food and herb interactions)	Needs folic acid. Avoid **green tea** (liver toxicity), **alcohol**, **garlic supplements** (bleeding), **high-dose aloe vera juice** and **guggul** (both raise toxicity), **high-dose ashwagandha** (can worsen autoimmunity) and **milk thistle** (alters liver enzymes)
Azathioprine	**High-dose turmeric capsules** (raise immune suppression, more infection), **echinacea** (an immune stimulant that worsens lupus), **grapefruit**, **allopurinol** (sharply raises toxicity, the bone marrow), **high-protein supplements** (uric acid, kidney overload)
Mycophenolate mofetil	**Milk, curd and paneer** (reduce absorption: avoid or keep small), **high-fibre food at the same time**, **fenugreek seeds**, **grapefruit**, **neem** and **giloy** (immune stimulants)
Cyclophosphamide	**Alcohol, turmeric capsules, soy supplements, green tea extract, grapefruit**

Medicine	Avoid alongside, and why (Sheenu)
Biologics	**High-potency probiotic supplements** (curd is fine except during a flare or an infection), **raw sprouts**, **unpasteurised food**, **undercooked and raw non-veg**, **raw cheese** (infection risk), and Ayurvedic immunity boosters such as **giloy**
NSAIDs	**Turmeric capsules, garlic supplements, alcohol, high-dose amla**
Steroids and immune suppressants in general	**Papaya leaf juice, giloy, high-dose Ayurvedic rasayanas** such as Chyawanprash and shilajit, **bitter gourd**

General food rules for every lupus client (Sheenu)

- **No heavy meals with the medicines.** Keep meals light.
- **Keep dairy and high-fibre meals away from HCQ and from mycophenolate.** (Sheenu's words on dairy: "avoid"; on fermented food and curd: avoid when inflammation is high, and in lupus take extra care.)
- **Citrus fruits** with certain immune suppressants: avoid.
- **No thermal detox teas, fat burners or gym supplements.**
- **No raw sprouts and no raw non-veg.** In autoimmune conditions, leaky gut and lupus, **avoid raw food as the base of the diet.**
- **Alcohol and smoking:** avoid in any autoimmune condition.

Where Sheenu is stricter or looser than you may expect

- **Curd:** her diet section says avoid; her biologics line says curd is fine unless there is a flare or infection. Use the stricter ruling for the food plan.
- **Green tea:** it is in her evening snack, yet green tea in high dose or as an extract is avoided with methotrexate and cyclophosphamide. Use a cup of tulsi green tea only when the doctor has not named these two drugs.
- **Mulethi (licorice):** on the avoid list with steroids and in kidney involvement; her herb table also lists yashtimadhu in very low dose, never with steroids. Do not use it in the first months.
- **High-dose vitamin C:** avoid with steroids and NSAIDs; small amounts of amla are allowed.

What Dt. Shweta added in her case-study sessions (labelled as hers, not Sheenu's).

For a client **with the kidney involved** (case 1): vitamin C-rich foods, citrus and immune-boosting herbs are not given, because the immune system is already overactive; the aim is to calm it first and strengthen later. Protein is kept lower (because the figure in the recording is unclear). Nightshades (tomato, potato, brinjal, bell pepper) and spicy food are out. Water is moderate, not heavy flushing. Tofu and milk products are limited or not cleared.

For a client on **hydralazine** (case 3): no added salt, including sendha namak; **potassium balanced, not high**; gluten-free; no raw vegetables, raw citrus or raw sprouts; the doctor decides on the drug.

Where she and Sheenu differ (gluten, nightshades, protein, flax), Sheenu's card leads.

Timing cross-checks from HFS

If the client also takes	What to do	From
A thyroid tablet (Hashimoto's is an autoimmune thyroid problem and often comes with lupus)	Empty stomach, plain water, early. Keep calcium and iron away from it. The HFS thyroid overlay also removes goitrogenic vegetables, soya and tofu	HFS thyroid overlay
Iron or calcium supplements	Iron with a vitamin C food and away from tea; calcium away from iron and from the thyroid tablet. If the client is on a steroid or an NSAID, the doctor decides the vitamin C and the iron plan	HFS anaemia overlay; Sheenu
Diabetes tablets or insulin	Steroids can raise sugar, so the doctor is told early. HFS diabetes overlay: portion the rice, fibre at each meal, a walk after meals; hypo risk if on insulin	HFS diabetes overlay
A BP tablet	Use the Blood Pressure guide's cross-checks. For hydralazine see above	HFS hypertension overlay; Dt. Shweta

Four rules across all of them

1. **Medicine list first.** Before any herb, seed, oil or supplement, write every medicine, its dose and the time it is taken. The drug name decides everything in this part.
2. **Keep the gaps.** Dairy and high-fibre food away from the medicine hour; the thyroid tablet alone on an empty stomach.
3. **One new thing at a time,** so you know what caused any change.
4. **Tell the doctor.** The client writes "I am on a clinical and therapeutic diet" in their own hand on the prescription, so the doctor knows what food and herbs are being used (the line the Blood Pressure protocol gives, applied here).

2.6.10 Herbs: what is safe, and what you never give

Sheenu's herb rule for lupus is short, because the immune system is already overactive. Herbs that stimulate immunity are not given. Herbs that interact with the drugs are not given.

Safe, in small or moderate amounts (Sheenu)	Do not give (Sheenu)
Amla (small quantity), **turmeric** (small quantity, in food), **moringa leaf powder** (moderate), **Brahmi**, **yashtimadhu** in very low dose (never with steroids; see above)	**Giloy, ashwagandha, aloe vera, guggul, neem, green tea extract, high-dose turmeric capsules, Chyawanprash**

- **Ashwagandha** is also a nightshade (Dt. Shweta). Aloe vera appeared in a student's skin plan and was not corrected on the recording, but Sheenu's list says do not give it; her list leads.
- **Turmeric:** a pinch in food or in warm water. Do not stack several "anti-inflammatory" drinks in one morning (Dt. Shweta). No curcumin capsules.
- **Seed cycling is not in Sheenu's lupus card.** In her Menopause teaching she lists an autoimmune condition as a caution for seed cycling ("consult first"). Dt. Shweta's case 4 allowed it only with progesterone-supporting seeds (pumpkin and sunflower) first. So it is not part of the default plan. It goes to Sheenu first.
- **Skin oil:** coconut oil on the skin was accepted by Dt. Shweta as nourishing, if it suits the client. Do a patch test first.

- **Herbs are not started in the first month** and only one at a time (borrowed from the Blood Pressure card).
- **Kidney "cleanses", joint cleanses, Epsom salt baths, castor oil packs, kunjal kriya and green juices** were suggested by students. Dt. Shweta did not set any of them for lupus; she said liver detox support is the focus where hormones are the issue, and the kidney is not a place for cleansing. The guide writes no protocol for them.

2.6.11 Your scope, and where to refer

⚠ **You never prescribe medicine, not even over WhatsApp.** Sheenu: these drugs are prescribed only by certified medical doctors. If you are not a medical doctor you will never prescribe them. You learn them so that you know what they do, what their side effects are, and which foods and herbs to use or avoid alongside them. This holds even for the "supportive" medicines the doctor may give (vitamin D3, folic acid, calcium with vitamin K2, low-dose aspirin).

Rule	What it means in your work
Medicine is needed when lupus is flaring (Sheenu)	The drugs suppress the symptoms while you work through MPESS towards management and remission. Never tell a client that food or MPESS can replace them, and never ask a client to cut down because they "feel better"
Never say cure (Sheenu)	There is no permanent cure. Say: "With proper clinical, holistic and MPESS-based management you can live a good life. Flares may come, but the condition does not have to keep getting worse"
While the client is on medicine (Sheenu)	Food and physical changes are limited. The mental, emotional, social and spiritual work carries on, and becomes even more important during a flare. Be careful in how you speak during a flare
Do not advise without reports (Sheenu)	In the session a coach asked about a case and Sheenu said: share the full reports, then I will guide. Do the same. Ask for the reports and the medicine list first
Do not guess a diagnosis	Never name lupus, psoriasis or any other condition for the client. Ask what the doctor has said. Sheenu's rule to teach: if the client has skin changes like a butterfly rash, suggest the client gets tested

Rule	What it means in your work
Counsel the family (Sheenu)	From time to time, counsel (not just consult) the family. A family that does not understand is a stress trigger. Mindset work for the client alone is not enough
No supplement without the doctor (Dt. Shweta, Case 3)	Not even a gym supplement. The coach does not add one on their own
How to introduce yourself (said in the same session by Sanjlv Kr Mishra)	Say "holistic health coach" or "wellness coach", not "doctor" or "dietitian". The base is MPESS
Be loving and firm	If a client does not follow, the plan stays the same. You do not rewrite a plan the client has not tried

The first column is what you see. The doctor, not you, decides what it means. Medical care that is needed must never be delayed or made conditional on enrolling.

If you see this	What you do	From
Chest pain, trouble breathing, a sudden severe headache, a seizure, fainting, a sudden change in vision, or weakness on one side	The doctor or emergency care now. Do not plan around it	Safety line
Foamy urine, swelling of the feet or face, or a rising BP	Tell the client to inform their doctor today. The kidney is involved or may be; the doctor and kidney team lead. Dt. Shweta's kidney-case food rules apply	Sheenu (kidney signs)
A fever or an infection while on immune-suppressing medicine	The doctor today. Infection is a flare trigger and the medicine lowers the body's defence	Sheenu (infection as a trigger; biologics)
The client wants to stop or reduce a tablet, or has stopped one	Never agree. Tell them to speak to their doctor first. "The drugs are necessary when lupus is worse"	Sheenu
A new rash or joint pain a few months after a new medicine	Ask the client to tell their doctor. Never suggest stopping the drug	Sheenu (drug-induced lupus)

If you see this	What you do	From
Pregnancy is planned or has happened	The doctor leads. Sheenu: plan only when lupus has been stable for at least 6 months, with kidney, BP and complement watched and anti-Ro/SSA done first	Sheenu; HFS pregnancy overlay
Low mood that does not lift, a loss of interest in everything, or any talk of not wanting to live	Say you are glad they told you. Ask them to speak to their doctor or a mental health professional today. Stay with them on the call and offer to help them find that support. Do not carry on with the plan as if nothing was said	Connecting wording
A herb, seed, powder or supplement is wanted	Medicine list first. Anything on the "do not give" list is a no. Anything else goes to the doctor, one at a time	Sheenu
A detox, fast, kidney cleanse, castor oil pack or kunjal kriya is wanted	No protocol is written for lupus. The doctor first; then Sheenu	Dt. Shweta did not set these
A client with skin changes who has not been tested	Suggest the client sees their doctor about a lupus test; do not name the condition	Sheenu
A heart, lung or kidney condition	The cardiologist, lung doctor or kidney doctor leads (HFS level 1). Food plan only with their agreement	HFS ladder
A client who wants a gym or fat-burner supplement	No. Not without the doctor	Sheenu; Dt. Shweta

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

The HFS ladder is: 1 organ failure or surgical; 2 pregnancy and lactation; 3 insulin-dependent diabetes and uncontrolled BP; 4 chronic metabolic (thyroid, PCOD, cholesterol, fatty liver, uric acid); 5 symptomatic (gut, headache, joint pain); 6 the goal (weight). **The HFS file set has no lupus or autoimmune overlay.** The Overlay System puts "autoimmune and skin" among the Group B conditions that wait for Sheenu, and says students must not improvise them. So the content here is Sheenu's card, and the placement is the guide's reading: **lupus with the kidney involved is placed at level 1, and lupus on immune-suppressing medicine is placed at level 3**. The weight goal is always last.

Conflict	Who leads	What you do
Lupus with the kidney involved, and the HFS habit of protein at every meal	The kidney (level 1)	Protein kept lower, on the doctor's number. Dt. Shweta's kidney-case rules apply
Lupus with a thyroid problem (cruciferous vegetables, soya, seeds)	Thyroid (HFS conflict table) when both are present. The thyroid overlay removes goitrogens and soya, while Sheenu uses cruciferous vegetables to clear estrogen	Use permitted greens, cooked. Do not use soya at all. Take the cruciferous question to the doctor
Lupus with diabetes or steroid-raised sugar	Diabetes (level 3 on insulin)	Portioned rice, fibre, a walk after meals. The doctor leads on sugar
Lupus with high BP	BP if uncontrolled (level 3)	Use the Blood Pressure guide. Potassium balanced, not high (Dt. Shweta), where the HFS overlay says potassium-rich
Lupus with anaemia (HFS: iron with vitamin C in the same meal)	The doctor, with Sheenu's steroid and kidney cautions	Vitamin C food in small amounts only; no high-dose vitamin C
Lupus with PCOD or irregular periods	PCOD overlay (level 4), with lupus rules over it	Dairy, soya, oats and sugar out matches Sheenu. The seed days are not set for lupus
Lupus and the HFS "big bowl of salad before meals"	Sheenu: no raw food as the base	Cooked or steamed vegetables; a small salad only if the gut is calm
Lupus and the HFS detox week	Sheenu: no detox teas or protocols	Do not use the detox week
Lupus and the weight goal	Lupus, always	Weight comes last. Steroids can add weight, so lead with energy, joint comfort and inches

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 (lupus prompt, only if missing)	Why it matters (Sheenu, unless marked)
Sun exposure, time outdoors, sunscreen	UV is the biggest outside trigger. Sheenu's lifestyle list says protect from sunlight. Dt. Shweta's skin case: about 10 minutes of morning light, none between 11 am and 4 pm, sunscreen and cover
Tea, coffee, alcohol, smoking	Caffeine adds to the anxiety and sleeplessness of steroids; alcohol and smoking are to be avoided in any autoimmune condition
Heavy, spicy, fried or sour food; tomato; pickles and papad	Heavy meals with medicines, high spice and tomato are on the avoid list; sour or fermented food can worsen it
Milk, curd, paneer, fermented food	Avoid or keep small, especially with mycophenolate; fermented food and curd are avoided when inflammation is high
Raw salad, sprouts, juices, detox teas, fat burners, gym supplements	Raw sprouts and raw food as a base are avoided; no thermal detox teas, fat burners or gym supplements
Herbs and capsules taken for "immunity" or "inflammation"	Many are on the do-not-give list (Section 2.6.10). Ask, note, do not correct on the call
Late nights, broken sleep	Sleep is the key to liver detox and to clearing estrogen
Movement	Walking, swimming, low-impact cardio, resistance bands, stretching, tai chi. **No high-intensity workouts.** Ask what they do; do not give the plan
Stress, overthinking, time for themselves	Lupus is highly sensitive to stress, fear, overthinking and mental fatigue
When they take each tablet, and with what	Dairy and high-fibre food away from some medicines (Section 2.6.9)

Example finding: "Two cups of coffee, tomato curry and curd most days, no sun protection, sleeps at 1 am, herbal capsules for immunity, no movement because of pain." 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 lupus, which is on the causes table in Section 2.6.4.

MESS	Form questions to use	Lupus prompts and what to listen for
Mental	Have you tried anything before? What stopped you? What do you say to yourself about staying consistent? What do you believe about your health problem?	Fear, overthinking, mental tiredness, "my body is attacking me", fear of the next flare. Sheenu's reframe is the affirmation "My body is my friend. It helps me live healthy". Confirm: "Is restarting after a flare 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 pillar: childhood emotional blockages, guilt, people-pleasing, fear of rejection. Listen for "I never say no", "I carry everyone". Do not investigate or begin release work on the sales call
Social	Who supports you and who makes it harder? Pressure at functions? Time for yourself? Someone to share feelings with?	Loneliness (it raises cortisol, Sheenu); no boundaries; a family that does not understand the illness; pressure to keep up at work. Confirm: "Is the difficulty pressure on you, or no suitable food option?"
Spiritual	Do you stop and notice how you really feel? What gives your life meaning? Where do you put yourself in your priorities?	Sheenu: healing is hard without purpose; the "why me" identity crisis. Is five minutes of breathing a day possible for them?

2.9 Section E · Making health a priority

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

> ⓘ What lupus can do to the kidney, heart, lungs and brain (Section 2.6.3) is for **your** knowledge. On the call use only the fear they name themselves. Never predict kidney failure, a heart attack or a stroke, and never imply that enrolling is the only safe choice. Their doctor gives the diagnosis and the outlook.

2.10 Section F · Real-life challenges

- Which practical difficulties should the plan allow for? How much time, and at what hours? Any budget limit? Who shops, cooks or orders the food? Who needs to help put the plan into practice?
- **Lupus prompts:** do they cook for a family that eats differently (curd, tomato, spice, raw salad)? Is their energy better in the morning or evening? Do they have to go out in the sun for work or the school run? Do they have days when they cannot cook at all? Is someone at home willing to learn about lupus?
- **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. A flare can be one of them.
- **HFS prompt (Case 17):** if they travel, say on the call that the travel version of the plan is built before they need it.
- Do not label real lack of time, energy or money as an excuse.

2.11 Reflection before the Bridge

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

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

Sort what they told you into the programme's ten features. Group related statements into broad features; do not create a separate paid solution for every

symptom. Every feature you present must answer something they said or agreed to.

What they told you (examples)	Programme feature (Disease Reversal)
Heavy, spicy, sour food; curd and tomato daily; herbs and capsules for "immunity"; eats raw salad and sprouts	Functional Nutrition Plan
No sun protection, late nights, no gentle movement, tablets with the wrong food	Your Daily Routine Plan
"Nothing will change, it is my body." "I will always be on tablets."	Habit and Mindset Coaching
Fear of the next flare, guilt, people-pleasing, anger, a mood that swings	Emotional Release and Stress Regulation
"I never get time to breathe or sleep."	Daily Stillness Practice
Weddings, parties, travel, eating out, a family that eats differently	Travel, Festival and Eating-out Guides
"I follow for two weeks, then a flare comes and it falls apart."	Accountability
Has reports, does not understand ANA, anti-dsDNA, C3 and C4, ESR; tests every few months	Reports and Marker Review
The immune system, hormones, gut and kidney as found; chakra work only after the emotional work, bottom up (Sheenu)	Life System and Chakra Healing

What they told you (examples)	Programme feature (Disease Reversal)
Takes a steroid, HCQ, methotrexate or another immune medicine, plus supplements or herbs of their own	Medicine and Food Guide

Which programme? Lupus is a diagnosed condition with medicines and reports, so the honest fit is the **Disease Reversal programme** (10 features). Do not use the word "reversal" with the client: Sheenu says there is no permanent cure and speaks of management and remission. Sheenu's card says "MPESS-based management", so ask Sheenu which programme is the default for lupus.

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

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

Point A: what the client reports	System behind it	Point D: what is possible
Flares that come without warning, tiredness after every flare	The immune system attacking the body; triggers such as stress, sun, infection and hormone swings	Fewer and milder flares as the triggers are found and the sleep, food and stress are corrected. The doctor decides on any medicine
Stiff, aching joints in the morning, low energy	Joints and muscles; inflammation	More comfort with gentle movement, light food and sleep; no hard workouts. The doctor leads
Rash, red face in the sun, hair loss	Skin; sun sensitivity	Fewer skin flares as the sun is managed (morning light only, cover, sunscreen) and the food is calm
Foamy urine, swollen feet, high BP	Kidney	The kidney protected: the doctor leads, the food is kind to the kidney, and the doctor is told what the coach is doing
Brain fog, low mood, anxiety, poor sleep	The brain, stress hormones and sleep	A calmer mind and better sleep as breathing, grounding, journaling and family support take hold. Low mood that does not lift goes to the doctor

Point A: what the client reports	System behind it	Point D: what is possible
Flares before periods, breast tenderness, bloating	Hormones: estrogen high, progesterone low (Dt. Shweta's case 4)	Flares understood against the cycle day, with food, sleep and stress support. The doctor decides on any hormone matter
Weight gain, round face, high appetite on steroids	The side effects of the medicine	The body kept as well as it can be with gentle food and movement. Weight is not the measure; the doctor decides on the medicine
Tablets, herbs and supplements of their own	Foods and herbs working against the medicine or the immune system	The food and supplements stop fighting the medicine. The do-not-give herbs are out. The doctor decides the medicine

Say it as possible, never as promised. Sheenu: you do not prescribe; you know the medicine, plan the food that goes with it, and tell the client to inform their doctor that they are on a clinical and therapeutic diet. There is no permanent cure for lupus; the work is management and remission. 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). Lupus wording is from Sheenu's Autoimmune (Lupus) protocol card.

3.1.1 Stage 3 · Bridge

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

1. Say it back, in their words. Example (illustration only): "You were told you have lupus two years ago. Your joints are stiff every morning, your face goes red in the sun, you are tired all day, and your flares seem to come before your period. You take tablets from your doctor, you have curd and tomato most days, and you have started a herbal capsule for immunity. You are afraid of the next flare. Did I understand you correctly?" Wait for "yes, exactly".

Picture	What you say, filled from their words
Tree A: today	Where they are now. "Stiff joints every morning, flares you cannot predict, tired all day, afraid of the next one."
The falling tree	Their own fear from Section E, in their exact words. "You told me that if nothing changes, [their fear]. That is where it falls if nobody works on the roots."

Picture	What you say, filled from their words
Tree D: what is possible	Where they can be in twelve months, in their words, from Section A. "Fewer and milder flares, more energy, a calmer mind, and trusting your body again, with your doctor's treatment beside you."

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

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

Reason	In lupus words
Treating the fruit, not the roots	"A flare, a steroid. Pain, a painkiller. Rash, a cream. The stress, the sleep, the gut, the hormones and the habits underneath are never worked on." (Sheenu: lupus involves the immune system, hormones, emotions, stress and lifestyle. Medicine suppresses it, and diet alone will not give the results. All of MPESS is needed.)
Fixing only one part	"Only a diet. Only a herbal capsule for immunity. Only tablets. Sheenu: the doctor's medicine, the food, the sleep, the stress work and the support of the family work together. Some herbs sold for immunity can make lupus worse."
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. Never tell a client that food, herbs or MPESS can replace a medicine, or that they can reduce a tablet because they feel better. For a lupus client, never say cure, never promise that flares will stop, and never promise that a medicine will stop. Sheenu: there is no permanent cure; we speak of management and remission.

3.1.2 Stage 4 · Offer

Their journey, in the approved promise lines

Point	Approved line	What you may add in lupus words
Relief · 3 months	Energy, sleep and cravings settle, and the first visible change comes	The first change to look for: more energy, less joint stiffness, a calmer mind and better sleep, tracked in a weekly flare and symptom diary. No result is promised by any date
Correction · 6 months	Markers move, and the first medicine conversation with the doctor	The diary and the reports the doctor has asked for (ESR, CRP, C3 and C4, urine protein, blood count, vitamin D) are reviewed with the medicine list beside them, and the plan adjusted. The conversation about medicine is the doctor's
Freedom · 12 months	Markers held, medicines reduced or stopped by the doctor, and it holds on its own	Improvement that holds. **For lupus say only "reduced if your doctor decides".** Never say "stopped". The medicine decision is always the doctor's, and the drugs are needed when lupus flares (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 lupus

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 curd and tomato most days, the heavy meals, the raw salad and the capsules for immunity.

The problem: A generic diet or an "immunity" diet does not fit lupus. Some foods and herbs work against the medicines, and some stir an overactive immune system (Sheenu).

The solution and how it reaches them: Light, cooked, anti-inflammatory food chosen for their reports, their medicines, their taste and their kitchen, in our weekly session and written plan.

The benefit: Food that is kind to the immune system, the gut and the kidneys, and safe with the medicines.

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

Remind: Late nights, no sun protection, no gentle movement.

The problem: A late, irregular day and strong sun bring on flares. Sleep is the key to clearing estrogen and to liver detox (Sheenu).

The solution and how it reaches them: Sleep, sun protection, meal, movement, breathing and rest times, written for their day and reviewed weekly. Sheenu: no high-intensity workouts; walking, swimming, stretching and tai chi.

The benefit: The body gets a steady rhythm, and the flares have fewer triggers.

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

Remind: You said it is your body and nothing will change.

The problem: The belief stops the plan before the body has a chance.

The solution and how it reaches them: One habit at a time, the flare diary first, and the belief under it, inside the weekly session. Sheenu's affirmation: "My body is my friend. It helps me live healthy."

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

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

Remind: You told me about the fear of the next flare, the guilt and always putting everyone first.

The problem: Lupus is highly sensitive to stress, fear, overthinking and the lack of emotional safety (Sheenu). The body stays in survival mode and keeps making soldiers.

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

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

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

Remind: You said you never get time to breathe.

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

The solution and how it reaches them: A daily stillness and breathing practice. Sheenu: Chandra Nadi breathing, diaphragmatic and box breathing, 4-7-8, Ujjayi and Om chanting raise vagal tone, the calm setting of the body.

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

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

Remind: Weddings, family meals, eating out, travel.

The problem: Plans break on exactly these days, and spicy, fried, sour and tomato-heavy food on a party plate is what can bring on a flare.

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 ANA, anti-dsDNA, C3 and C4 and ESR tell you.

The problem: Without reading them, nobody sees what is moving, and nobody sees whether the kidney is involved.

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

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

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

Remind: Your flares, your sleep and your mood all point to the immune system working under strain.

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

The solution and how it reaches them: Support for the system that is affected (the immune system, hormones and gut), and chakra work only together with the emotional work, bottom up: Muladhara first, then Manipura, Anahata, Vishuddha, and Sahasrara last (Sheenu).

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

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

Remind: You take a steroid and other tablets, and herbs and capsules of your own.

The problem: Some foods, herbs and supplements work against the medicine, or against each other: grapefruit and high-dose vitamin C with a steroid, dairy with mycophenolate, turmeric capsules, giloy and ashwagandha with an overactive immune system.

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

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

What holds it together (say it once, after the features): the weekly one-to-one session, one consolidated written plan after each session, tracking, check-ins

between sessions, and reviews. These are not separate weekly appointments. Explain actual services only. Community, AI check-ins and specialist consultations are not automatic inclusions.

3.1.4 The pseudo price: value first, never price first

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

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

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

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

3.1.5 Bonuses

Bonus	What it does	Value
1. Customised recipe library for the client's condition	Recipes built for their plan, so the plan can be cooked at home (MPESS version: customised MPESS recipe library)	₹2,999
2. Root cause access for 4 family members	Four family members can see the root cause, so the home supports the plan	₹9,999
3. Eating-out guide	What to order at a restaurant, the office canteen, a wedding or a party	₹2,999
Total bonus value		**₹15,997**

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

3.1.6 Stage 5 · Close: urgency, packages, objections

Urgency: two real reasons, both true

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

The close: one package at a time

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

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

Package	Retail	Today's price	Per month	Promise
Kickstart · 1 month	₹19,999	**₹14,999**		The body starts responding, and the routine begins to hold

Membership (the last door, never the opening offer): sessions once a month instead of every week, everything else the same. 3 months: total value ₹52,500, retail ₹23,999, today ₹17,999. 6 months: value ₹1,05,000, retail ₹38,999, today ₹29,999. 12 months: value ₹2,10,000, retail ₹64,999, today ₹49,999.

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

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

What they say	What you say	Then you ask
"It is too expensive."	What they already spend each year on medicines, doctor visits, tests and supplements, for ever, against this, once	"If it were spread over three months, would that work?" Then the milestone route
"I do not have the time."	It is built around the week they already have. Then their own fear, in their words	"How much time can you give in a day, honestly?"
"I need to ask my family."	Offer to be in that conversation so they do not carry your answers alone	"What will their first question be?" Answer it now
"I have tried before." / "Nothing works for lupus."	Why each past attempt stopped: one thing only, a symptom only, or nobody keeping it going. Sheenu: with proper clinical, holistic and MPESS-based management you can live a good life; flares may come, but the condition does not have to keep getting worse. Never promise a cure, or that flares will stop	"Of those three, which one was yours?"
"Let me think about it."	"Just so I know I explained it well, what is the part you want to think about?"	Almost always it is one of the four above. Then fix the date

What they say	What you say	Then you ask
"I am already on steroids and other tablets."	The medicine stays with the doctor, and it is needed when lupus flares (Sheenu). Continue it as the doctor says. We plan the food and lifestyle around it, and the Medicine and Food Guide keeps food, herbs and supplements from fighting the medicine	"Would it help if we worked with your doctor's plan, not against it?"
"My lupus is mild, I will wait."	Flares can come with stress, sun, infection and the hormone swings of the periods, and the plan works best when it starts before a bad flare (Sheenu). Never use fear; use their own worry from Section E. Ask: "Would you like to know what is behind your flares?"	"What has changed in the last year?" Then show the gap

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

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

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

Source: Promise lines: Sales Kit programme documents. Lupus teaching: Dr. Sheenu's Autoimmune (Lupus) card and 4 Dec 2025 session; Dt. Shweta's case-study sessions of 11 and 18 Dec 2025. Readings with medicine status: HFS Overlay and Case Study Pack. Weekly weight and inch ranges: HFS Journey Tracker and Case Study Pack. Sheenu gave no 3, 6 and 12 month map and no time for any lupus symptom to settle; placing the work on a map, and the "what the client should notice" column, are the guide's. Treat the map as a guide to set honest expectations, never as a guarantee.

Say this in week zero. For a lupus client the first measure is not the scale. Weight is unreliable here: steroid medicine adds water and appetite, and swelling can hide fat loss. Sheenu says no high-intensity workouts and go gentle. The first measures are the flare diary (joint pain, rash, tiredness, mouth sores, fever), the energy, the sleep and how the client feels, then inches. Ask for a weekly flare and symptom diary.

Promise no date, no number and no end to the flares. Never say "cure". Sheenu says there is no permanent cure for lupus; the aim is fewer and milder flares and a calmer body. What you promise is the work, the tracking and the support.

Source: Dr. Sheenu, Autoimmune (Lupus) protocol card, Steps 7 to 10 (session of 4 December 2025: the one-day plan, foods that help and foods to avoid, the five MPESS pillars, vagal tone, chakras, yoga, pranayama and exercise); Dt. Shweta's lupus case-study sessions (labelled as hers); HFS Overlay System and HFS Indian Food Swap Guide; Sales Kit (delivery system, onboarding form). The week-by-week order in 3.2.4: Sheenu's lupus card gives no order, so the "two weeks to befriend the body" idea from her Blood Pressure card is borrowed as a cautious default.

3.2.1 The journey on one page

	Relief · 3 months	Correction · 6 months	Freedom · 12 months
Approved promise	Energy, sleep and cravings settle, and the first visible change comes	Markers move, and the first medicine conversation with the doctor	Markers held, medicines reduced or stopped by the doctor, and it holds on its own. **For lupus say only "reduced, if your doctor decides". Never say "stopped"**

	Relief · 3 months	Correction · 6 months	Freedom · 12 months
What the client should notice (lupus)	Energy a little steadier; sleep deeper; joint stiffness and mouth sores no worse, and a diary that begins to show what sets off a flare. Meals cooked, regular and anti-inflammatory; the sun habit in place. Medicines taken exactly as the doctor said	The diary holds through a normal month. Flares fewer or milder, or at least understood. Markers the doctor asks for (kidney and urine tests, blood count, vitamin D, B12, the lupus markers) read with the doctor. The first conversation with the doctor about any change in medicine, led by the doctor	Steady through travel, festivals and a period of stress. The client knows their own triggers and what to do at the first sign of a flare. Any change in medicine is the doctor's decision. "Calmer" and "fewer flares" are the honest words, not "gone"
What you do	Befriend the body (two weeks, Section 3.2.4): learn the diary, the medicine times and the meals. Remove the foods Sheenu lists as flare triggers, cook the vegetables, drop nightshades, fix sleep, gentle breathing, ten minutes of morning light. Medicine and supplement list checked against Sheenu's food and medicine table. Baseline reports	Deepen the food plan from the diary. Gentle strength and tai chi build. Stress, sleep and emotional work as found. Doctor conversation prepared: they carry your records and the diary, the doctor decides. No herb or supplement is added without the medicine check and the doctor's agreement	They run their own plan. Travel and festival routines proven. Write the final list of what to take and not take alongside their medicines now. Then maintenance diet and membership
What you track	The weekly flare and symptom diary *; the seven physical metrics monthly; sleep and energy in their words; the medicine and supplement list *	The diary *; the reports the doctor ordered, with the medicine list beside each; sun and trigger log; cycle day for those who are cycling	Total result with time taken; promise met yes, partly or no; assets captured
Realistic numbers (HFS)	3 months: weight 3.2 to 7.5 kg; 10 to 23 inches	4 to 6 months: weight 4.7 to 14.25 kg; 6 to 33 inches	9 months to 1 year: weight 11.4 to 16.85 kg; 33 to 51 inches

The weight and inch ranges are from the HFS tracker across clients in general, not lupus clients. They are given so you know the usual spread, not as a promise. For a

lupus client the aim is slower and weight is the last thing you lead with: steroids add water and weight, and the kidney and the doctor's limits decide the pace. HFS has no lupus client file, so there is no lupus before-and-after to quote. Where a client file is useful for pattern, Section 4.2 lists which HFS files teach what.

> **What Sheenu says about the end point.** Her card says there is no permanent cure for lupus. It speaks of keeping the immune system calm, reducing the flares and protecting the organs, and the doctor's medicine stays. Say what is true: the flares can become fewer and milder with food, sleep, sun care, stress work and the doctor's support; the doctor decides about every medicine; and you track the diary.

3.2.2 Month by month

When	Coach	Client	Check
Before day 1	Blueprint sent. Onboarding form. Latest reports, the full medicine and supplement list with dose and time, and the lab name collected. Which organs are involved (kidney, skin, joints, brain), the date of diagnosis and the name of the treating doctor asked. Promise written: one feeling, one number, a date. Red flags checked (Section 2.6.11): if present, the doctor is involved first	Starts the Blueprint's first steps	Baseline captured: flare diary start, 7 metrics, reports, their words, MPESS baseline
Week 1	Befriend the body: no change to any medicine, ever. Meal pictures asked for. Warm water on waking. Cooked vegetables; no nightshades; no packaged food. Dinner early, sleep time fixed. Medicine and food timings checked against Sheenu's table. Slow breathing begins. Tracker on	Keeps the diary; follows the first plan; sends pictures	Medicine and supplement check. Any red flag to the doctor
Week 2	First practices: Anulom Vilom, Bhramari, a short gentle walk, ten minutes of morning light with cover and sunscreen at midday. No herbs, no seeds, no cleanses. Slow eating	Practises daily	Are they following? If not, be loving and firm: the plan stays unchanged

When	Coach	Client	Check
Week 3 to 4	Review the diary and the pattern: which food, sleep loss, stress or sun came before each flare? Add tai chi or gentle stretching. Specific compliance review	Continues; asks questions	First checkpoint: diary, 7 metrics, photos, words. Lead with energy, joint comfort and flares, then inches
Month 2	Plan adjusted from the diary. Stress and sleep work deepen. Chakra and emotional work as found. If a cycling client flares before periods, record the cycle day (Section 2.6.5). Review travel and events ahead	Continues	Any new food or practice stopped at the first sign of a flare. Sleep and energy tracked
Month 3 (Relief ends)	Month 3 checkpoint. Capture assets while they are happy: photos, video, review, testimonial, reference. Offer next package or membership	Decides on continuing	Repeat the reports the doctor wants, same lab; medicine list beside each
Month 4 to 6 (Correction)	Work on any condition that sits beside lupus (kidney, BP, thyroid, bones, sugar from steroids) with its overlay and the doctor. Doctor conversation prepared with the diary and the reports	Takes the diary and reports to their doctor	Markers for those conditions; a bone scan if the doctor asks
Month 7 to 12 (Freedom)	Reduce your own involvement. They run the plan. Proof it holds through festivals, travel and a stressful month. **Write the final food and herb list for the medicines they are on now**	Independent practice	Monthly 7-metric report; promise met?
After month 12	"The flares are calmer. Keeping them calm is what you do next." Keep the diary. Maintenance diet. Membership: monthly meeting, everything else the same	Keeps the habits; does not slip back to packaged food, late nights and skipped sun care	The dates, and the diary month by month

If the kidney is involved

The nephrologist and the lupus doctor lead, always. Dt. Shweta's kidney case (the deck's case 1: nephritis, urine protein 1.2 g a day) kept water moderate, balanced

potassium, avoided vitamin C foods and citrus, and used no raw vegetables. Sheenu gives no kidney numbers (no protein, salt or potassium limits), so never quote one. Use the Renal overlay as structure only and wait for Sheenu's teaching (Section 2.6.11).

If they are on immune-suppressing medicine or steroids

Never ask the client to stop or change a medicine: the doctor decides. Write each into the plan with the dose and time. Check every food and supplement against Sheenu's food and medicine table (Section 2.6.9). Steroids add water, weight and appetite, so do not read weight as failure. A fever on immune-suppressing medicine is a doctor-now sign (Section 2.6.11).

If they flare around their periods, or plan a pregnancy

Record the cycle day beside every diary entry. Dt. Shweta's case 4 (estrogen-dominance flares) held flax back for a few days and put progesterone support first; the doctor leads. For pregnancy Sheenu says lupus should be stable for at least 6 months first, and the doctor tests for anti-Ro/SSA. No calorie deficit if pregnancy is possible (HFS). IVF depends on the reports and the doctor.

The ladder: why packages are stacked

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

3.2.3 How delivery runs

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

Element	How it runs
Written weekly plan	One consolidated plan after each session: the actions and practices for the coming week
Tracking	A simple record of selected habits, symptoms and progress parameters, with the weekly flare and symptom diary as the main one (Section 3.3)
Between sessions	Proactive calls, audio notes or messages at the agreed frequency. Ask for the flare diary and for meal pictures. Be careful in how you speak during a flare (Sheenu)
Review	Progress and difficulties reviewed in the weekly session; plan adjusted. Reports reviewed at every test

Teach only a small number of relevant practices at a time, and review how each one works for them. Tools support routine and awareness; they do not replace medical or mental-health treatment. Sheenu's picture of the end of the journey: fewer autoantibodies, fewer flares, better kidney and joint function, less need for medicine (the doctor's decision) and a better quality of life.

> **If the client does not share meal pictures and does not follow:** be politely firm. Tell them the plan will stay unchanged and that you do not want to waste their week or yours. Be loving and firm at the same time.

3.2.4 The first four weeks

The steps are from Sheenu's card and the HFS overlays; the order is the guide's. The caution that herbs are not for the first month is borrowed from Sheenu's Blood Pressure card.

When	What you deliver
Before the plan	Read the reports, the medicine list and the supplements the client takes. Ask whether the kidney, heart, lungs or brain are involved, whether a flare is happening now, whether a pregnancy is planned, and about every herb, capsule and "immunity" product they use. Check each against Sections 2.6.8 to 2.6.10 before any change. If there is any red flag (Section 2.6.11), the doctor is involved first

When	What you deliver
Days 1 to 14 (befriend the body)	Say it to the client: "Give me two weeks to see how your body acts and reacts. There is no magic." Start the **weekly flare and symptom diary**: joint stiffness, rash, energy, sleep hours, mood in a word, and what came before any flare (sun, stress, infection, the period). Warm water with a pinch of turmeric on waking. Light, cooked food at fixed times, with no heavy meals near the medicines. Tomato, high spice, pickles, papad, fried food, raw salad, raw sprouts, caffeine, alcohol and smoking stop; dairy and curd are cut or kept small. Medicine at the same time every day, with the food rules in Section 2.6.9. Sun protection from the first day. Chandra Nadi or slow breathing every day, and a short, gentle walk. Early sleep, screens off. The first family conversation. No herbs, capsules or supplements on your own
Days 15 to 28	Review the diary with the client. Add the practices for their picture (Section 3.2.5): vagal tone methods, diaphragmatic breathing, a few gentle asanas (Bhujangasana, Setu Bandhasana, Balasana, Viparita Karani, Marjariasana, Shavasana). Roasted flaxseed powder in the roti or at lunch, if the doctor and Sheenu allow. Emotional journaling and grounding begin. First month checkpoint with the diary and their own words
Month 2 and after	Chakra work only together with the emotional work, bottom up (Section 3.2.5). If the doctor agrees and no drug on the avoid list applies, one gentle herb from Sheenu's safe list (small amla, small turmeric in food, moringa leaf powder in moderation, brahmi), one at a time, the next in brackets. Tai chi, swimming or resistance bands if energy allows. Pregnancy planning only through the doctor. Reports repeated
Month 3 and the end of the journey	No detox, cleanse or fasting protocol is written. At the end of the 3, 6 or 12 months, write the final list of what to take and not to take alongside the medicines they are on then

3.2.5 Feature by feature

1. Functional Nutrition Plan

What you build: an anti-inflammatory, kidney-safe, hormone-balancing food plan that is safe with the medicines and fits MPESS (Sheenu). First decide which picture leads (the by-picture table, Section 3.2.9). Medicine suppresses the immune system, and diet alone will not give the results (Sheenu).

Sheenu's one-day vegetarian Indian plan

Time	What (Sheenu)
Early morning	Warm water with a pinch of turmeric. 5 soaked almonds with the skin peeled off, and 1 walnut (soaked is better), for hormonal balance
Breakfast	Moong dal chilla, vegetable poha, or idli with coconut chutney. Fruit can be added. Avoid milk and curd as far as possible
Mid-morning	Lemon water (a few drops of lemon, not a whole lemon) or coconut water
Lunch	Moong dal khichdi, lauki sabzi, beetroot-carrot salad. Roasted flaxseed powder sprinkled on, or mixed into the roti
Evening	Tulsi green tea, roasted chana, fruit
Dinner	Vegetable dalia or oats khichdi
Bedtime	Warm turmeric. If turmeric was already given in the morning, a pinch is fine, or skip the morning one

When inflammation is high, avoid fermented food and curd. In lupus take extra care (Sheenu). The same plan has no milk, no curd and no fermented food.

Foods that help the medicines work, and foods to avoid (Sheenu)

Foods that help the medicines work better	Foods to avoid
Moong dal, rice, dalia, steamed vegetables, lauki, spinach, beetroot, coconut water, pomegranate, flaxseed, walnuts, turmeric, ginger, papaya, pear, apple	Grapefruit, licorice, neem, giloy, aloe vera, guggul, high-dose turmeric capsules, raw sprouts, milk and curd with the drug, alcohol, high spice, tomato (sour and fermented foods can worsen the condition)

- **For hormone balance (Sheenu):** flaxseed, cruciferous vegetables, green leafy vegetables, pomegranate, turmeric. Keep plastics away from food, sleep on time to support liver detox, and avoid too much soya.
- **Medicine timing (Sheenu):** no heavy meals with the medicines; dairy and high-fibre meals away from HCQ and mycophenolate; citrus fruits with certain immune suppressants are avoided.

- **When the client is on medicine,** food and physical changes are limited; the mental, emotional, social and spiritual work continues and matters even more in a flare (Sheenu).

Variants Dt. Shweta added in her case-study sessions (hers, not Sheenu's):

Kidney involved (case 1): calm the immune system first; no vitamin C-rich foods or citrus; no immune-boosting herbs; protein lower on the doctor's number; no nightshades; water moderate; milk products limited; tofu not cleared. **Skin only (case 2):** protein allowed because the kidney is normal; sun about 10 minutes in the morning, none between 11 am and 4 pm, sunscreen and cover; add pomegranate, green leafy vegetables and flax. **Hydralazine (case 3):** no added salt, including sendha namak; potassium balanced, not high; gluten-free; steamed vegetables, no raw vegetables, citrus or sprouts. **Flares with the periods (case 4):** progesterone foods first (pumpkin and sunflower seeds, almonds, banana, magnesium foods), flax held back for a few days, cruciferous vegetables cooked as she described, no soya, coffee, excess tea or refined carbohydrates.

The day around lupus (HFS, adapted). There is no HFS lupus or autoimmune overlay; the Overlay System keeps it for Sheenu. The guide uses the HFS nine-slot day and the swap guide (Sections 3.2.6 to 3.2.8) with Sheenu's rules above and any overlay for a stacked condition (thyroid, diabetes, BP, anaemia, vitamin D and B12).

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

2. Your Daily Routine Plan

Fixed wake, meal, medicine, movement, breathing and sleep times, written for their day. Sheenu: sleep on time, since sleep is the key to liver detox and to clearing estrogen; protect from sunlight (UV is the biggest outside trigger); keep plastics away from food. Dt. Shweta's skin case: about 10 minutes of morning light, none between 11 am and 4 pm, sunscreen, a scarf or cover. HFS: dinner at least 90 minutes before sleep. **The HFS "sun exposure protocol" in the vitamin D overlay is changed for lupus:** vitamin D is checked and the doctor sets the dose; the client is not sent into the sun.

3. Habit and Mindset Coaching

One habit at a time, the flare diary first, and the belief under it ("my body is attacking me", "I will always be on tablets"). Teach restart-after-a-flare. Say in week zero: the diary, energy and inches are how we judge this, not the scale, because steroids can add water and weight. Sheenu's reframe, said daily: "My body is my friend. It helps me live healthy." Cognitive reframing, grounding routines, and not forcing meditation on a mind that cannot sit still: give breathwork or an active meditation such as a walk or dance.

4. Emotional Release and Stress Regulation

Lupus is not just an autoimmune disease; it involves the immune system, hormones, emotions, stress and lifestyle. Medicine suppresses it, and all of MPESS is needed (Sheenu). Work only with what the client has shared.

Pillar	What to do (Sheenu)
Mental	Lupus is highly sensitive to stress, fear, overthinking, mental fatigue and lack of emotional safety. Chandra Nadi breathing (breathe in through the left nostril). If the client cannot sit still to meditate, do not force it: give breathwork or active meditation (dance, walk). Cognitive reframing with the affirmation "My body is my friend. It helps me live healthy". Grounding routines
Physical	Diet plus movement. Improve vagal tone (see 3.2.5): yoga, hot and cold fomentation, tapping or rotating the tip of the little finger, gargling with lukewarm water, Om chanting
Emotional	Childhood emotional blockages, guilt, people-pleasing, fear of rejection. Tools: inner child healing, grounding, emotional journaling, emotional release methods, forgiveness exercises, relationship healing
Social	Loneliness raises cortisol. Teach boundaries and saying no, educate and counsel the family (counselling, not consultation), build community and healthy relationships, meet like-minded people
Spiritual	Healing is impossible without purpose. Work on the "why me" identity crisis, the mind-body connection, chanting, mirror work, self-love, nature therapy, Panch Tattva (five elements) therapy, gratitude rituals

Combined effect (Sheenu): fewer autoantibodies, fewer flares, better kidney and joint function, less medicine needed, a better quality of life. Lupus becomes

manageable and flares reduce dramatically. Dt. Shweta's case plans add: 5 to 10 minutes of grounding, journaling, gratitude, a family that keeps the home calm, and affirmations that say the flare or rash is reversible and manageable.

5. Daily Stillness Practice

Begin with five to ten minutes. The Blueprint's breathing, 4 counts in and 6 out, is the simplest start. Then Sheenu's list:

Practice	What Sheenu gives	Care
Chandra Nadi / Chandra Bhedana	Breathe in through the left nostril (the calming side)	Gentle; no breath holding in the first month. Dt. Shweta's case 1 uses 10 minutes daily
Diaphragmatic breathing	Raises vagal tone	The easiest start for a tired client
Box breathing and 4-7-8 breathing	On Sheenu's pranayama list	Start with short counts; stop if dizzy
Ujjayi	Raises vagal tone	Gentle, with no strain on the throat
Om chanting	The vibration reaches the vagus nerve; Dt. Shweta's cases use 3 to 5 minutes at night	Safe for almost everyone
Bhramari	Used in Dt. Shweta's neuro case to calm the brain	Gentle

Vagal tone: the body's calm setting (Sheenu)

The vagus nerve puts the body into relaxation. **High vagal tone means calm; low vagal tone means stressed and inflamed.** Sheenu's ways to raise it: yoga, hot and cold fomentation, tapping or rotating the tip of the little finger, gargling with lukewarm water, throat activation, humming and Om chanting, and Ujjayi. Teach one or two at a time.

6. Travel, Festival and Eating-out Guides

Built before the client needs them. For lupus clients: how to handle the party plate (tomato gravies, high spice, fried food, pickle, papad, sweets and any alcohol are the usual flare-makers; salads and sprouts are raw food), what to carry (soaked almonds, a fruit, a flask of warm water, the medicines on time), how to keep sun protection on a trip, and how to keep sleep. HFS Case 17 (Sarvesh K.) 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: the flare diary, the sleep time, the sun protection, the medicine times and the meal pictures. During a flare the call is gentler and the plan is lighter; the mental, emotional, social and spiritual work goes on (Sheenu).

8. Reports and Marker Review

Read the flare diary beside the reports the doctor has asked for: ANA, anti-dsDNA, anti-Smith, C3 and C4, ESR and CRP, urine protein and creatinine, the blood count, and vitamin D (Section 2.6.6). Never diagnose from a number. A falling C3 and C4 means activity; protein in the urine and a high creatinine mean the kidney is involved, and the doctor is told at once. Sheenu gave no ranges, so read each number against the range printed on the report.

9. Life System and Chakra Healing

Sheenu: chakra work does not work alone, and emotional work must go with it. **The order is from the bottom up: Muladhara first, then Manipura, then Anahata, then Vishuddha, and Sahasrara last.** Her card gives no tools for each chakra in lupus beyond Om chanting and the pillar work above, so the guide adds none.

> **How to give it:** one chakra at a time, starting at the base, only after the client has begun the emotional work in Section 3.2.5. Breath, affirmation and a short visualisation together, five to seven minutes.

Yoga, movement and exercise (Sheenu)

Practice	What Sheenu gives	Care
Asanas	Bhujangasana, Setu Bandhasana, Balasana, Viparita Karani (legs up the wall), Marjariasana, Sukhasana with a forward bend, Shavasana	Only within comfort. Soft yoga only during PMS and flares (Dt. Shweta). A swollen, hot joint: rest and the doctor

Practice	What Sheenu gives	Care
Walking	On Sheenu's list	Gentle and short at first; morning or evening away from strong sun
Swimming and low-impact cardio	On Sheenu's list	Cover the skin and use sunscreen outdoors; indoor pool if sun-sensitive
Strength training with resistance bands	On Sheenu's list	Light; learn the form; stop with pain or a flare
Stretching and mobility	On Sheenu's list	Daily, gentle
Tai chi	One of the best exercises for any autoimmune disease (Sheenu)	A good first choice; an instructor if possible
High-intensity workouts	**Not allowed** (Sheenu)	Say it clearly. This also overrides the Blueprint's "1 hour" line (Section 1.4)

10. Medicine and Food Guide, and the herb plan

The Medicine and Food Guide is the tables in Sections 2.6.8 and 2.6.9 applied to this client. The herb plan follows Section 2.6.10: only Sheenu's safe list, small amounts, one at a time, the next written in brackets, tracked in the diary, and nothing on the do-not-give list. At the end of the 3, 6 or 12 month journey, write the final list of what to take and not to take alongside the medicines they are on then.

> ⚠ **Not written in this guide:** a fasting, detox, kidney cleanse, castor oil pack or green-juice cleanse. Students suggested some of these in the case sessions, and Dt. Shweta did not set any of them for lupus; Sheenu's card says no thermal detox teas, fat burners or gym supplements, and no raw food as the base. Until she gives a rule, the guide writes none.

3.2.6 The food kit: meal options for every slot

Source: Dr. Sheenu's Autoimmune (Lupus) card and 4 Dec 2025 session (the one-day plan, the foods that help the medicines, the foods to avoid, the food and medicine table); Dt. Shweta's case-study sessions of 11 and 18 Dec 2025 (labelled as hers); HFS Overlay System (the 9-slot day and the thyroid, diabetes, anaemia,

vitamin D and B12 overlays); HFS Indian Food Swap Guide (50 swaps). The Healthyfy Meal Kit has no autoimmune section and there is no HFS lupus overlay, so the food kit below is built from Sheenu's one-day plan and food lists placed into the HFS day. Where HFS and Sheenu differ, Sheenu leads and the row says "changed".

The HFS day has nine slots. The client picks one option per slot, so the plan fits their kitchen. Use these after enrolment, not on the Clarity Call. This is the **base for the first month**: cooked, light, anti-inflammatory meals at fixed times, little spice, no herbs, no supplements and no cleanses (Section 3.2.4). **Respect what the client likes**, and what the medicines, the kidney and any other condition allow. Every option is a vegetarian or cooked food, taken from Sheenu's lists.

Tags: (E) egg, **(F)** fish, **(C)** chicken: only when the kidney is normal, fully cooked and never raw (Sheenu: no raw non-veg; Dt. Shweta: not objected to when the kidney is normal; for high BP she asked for vegetarian first). **(G)** contains gluten: leave out where the gluten-free rule applies (Dt. Shweta, cases 3 and 4). **(K)** check with the doctor if the kidney is involved. **(W)** warm and cooked. Mealie rules (HMRE): one non-veg item a day, at most four in ten days; no two grains in one meal. **Milk, curd and paneer are not in the options:** Sheenu says avoid them as far as possible, and keep them away from HCQ and mycophenolate. Quantities are in bowls: small, half, medium, large.

Slot	Options	Rule that goes with it
1 · Early morning	Warm water with a pinch of turmeric (Sheenu) Warm water, plain 5 soaked almonds with the skin peeled, and 1 soaked walnut (Sheenu)	Turmeric: a pinch only, once a day; if it was given in the morning, skip it at bedtime (Sheenu). Medicine timing as the doctor said. Then ten minutes of morning light, with cover (Dt. Shweta)

Slot	Options	Rule that goes with it
2 · Breakfast	Moong dal chilla (2) with mint chutney Vegetable poha with a little fruit **(W)** Ragi porridge with a banana **(W)** Idli with coconut chutney (Sheenu's plan; fermented, so only when there is no flare) Boiled eggs (2) with cooked vegetables, no milk or curd **(E)(K)**	Breakfast within two hours of waking (HFS swap 14). No tomato in the chutney. Not on an empty stomach if the medicine upsets the stomach (the doctor decides the timing)
3 · Mid-morning	A few drops of lemon in water, not a whole lemon (Sheenu) Coconut water, 100 ml **(K)** One fruit: papaya, pear, apple or pomegranate	Whole fruit, never packaged juice (HFS swap 16). No grapefruit, ever. No citrus or high-vitamin-C fruit where the kidney is involved (Dt. Shweta). Coconut water: check potassium and swelling with the doctor first
4 · Before lunch	One glass of water, 30 minutes before Cucumber or mint water	Water before meals, not during (HFS swap 21). The total water is the doctor's limit if the kidney is involved; Dt. Shweta kept it moderate
5 · Lunch	Moong dal khichdi, lauki sabzi and a cooked beetroot-carrot salad (Sheenu) One jowar or ragi roti, cooked moong or masoor dal, a cooked green and a vegetable Vegetable and rice with cooked dal Steamed fish (80 g) with cooked vegetables **(F)(K)** Chicken (80 g, home spices, well cooked) with vegetables **(C)(K)**	Roasted flaxseed powder on the roti or khichdi only if the doctor and Sheenu allow. Do not double grains. Spinach, lauki, beetroot, pomegranate and papaya are on Sheenu's help list. Lunch is light; no heavy meal with the medicine

Slot	Options	Rule that goes with it
6 · Evening	Tulsi tea (Sheenu's plan says tulsi green tea) Roasted chana, a small handful A pear or an apple Roasted makhana	Green tea only when the doctor has not named methotrexate or cyclophosphamide. A planned snack stops an oversized dinner (HFS swap 41). Never packaged namkeen, chips or biscuits
7 · Before dinner	One glass of water, 30 minutes before Clear, warm homemade lauki or spinach soup, no cream, no tomato	HFS swap 30: clear soup before dinner. Mild spice; cooked, never raw
8 · Dinner (light and early)	Vegetable dalia (Sheenu) **(G)** Oats khichdi (Sheenu) **(G)** Moong dal khichdi with vegetables **(W)** One ragi or jowar roti with a cooked green vegetable and dal Vegetable soup with a small bowl of rice and stir-fried vegetables	Dinner by 7:30 to 8 pm (HFS swaps 35 and 45; Sheenu's day). Where the gluten-free rule applies, use khichdi, ragi, jowar or bajra instead of dalia and oats (Dt. Shweta). Not heavy
9 · After dinner and night	100 to 200 steps (HFS swap 42) Warm water with a pinch of turmeric, only if none was taken in the morning (Sheenu) Slow belly breathing, 5 minutes No screen; a dark, cool room	No milk at night: Sheenu says avoid milk. Sleep at a fixed time. Yoga Nidra or Shavasana (Section 3.2.5)

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

Every day, the same: warm water first; a pinch of turmeric once; fixed meal times; water 30 minutes before every meal and not during (within the doctor's limit); 100 to 200 steps after every meal; ten minutes of morning light with cover, and none from 11 am to 4 pm; a short gentle walk; slow breathing; dinner early; sleep at a fixed time in a dark room; and the flare and symptom diary.

This is a sample, put together from the options above and arranged to the HMRE rules (one non-veg item a day). The real plan is written after the diary, the medicines, the reports and the picture (skin only, joints, kidney involved, on steroids, flares with periods) are known, and after the medicine check (Sections 2.6.8 to 2.6.10). No tomato, potato, brinjal or bell pepper on any day. Fish on day 3 and chicken on day 5 are for a client whose kidney is normal; vegetarian clients take the vegetarian choice.

Day	Breakfast	Lunch	Evening	Dinner
1	Moong dal chilla (2), mint chutney	Moong dal khichdi, lauki sabzi, beetroot-carrot salad (cooked)	Roasted chana	Vegetable soup, rice, stir-fried vegetables
2	Vegetable poha, a pear	One jowar roti, moong dal, cooked spinach, a vegetable	Roasted makhana	Moong dal khichdi, vegetables
3	Ragi porridge, a banana	Steamed fish **(F)**, cooked vegetables. Vegetarian: moong dal khichdi	An apple	One ragi roti, cooked greens, dal
4	Idli, coconut chutney (no flare)	Rice, masoor dal, cooked methi, a vegetable	Tulsi tea, roasted chana	Lauki soup, one jowar roti, a vegetable
5	Moong dal chilla (2)	Chicken **(C)** with vegetables. Vegetarian: vegetable and rice with dal	A pear	Moong dal khichdi
6	Boiled eggs (2), cooked vegetables **(E)**. Vegetarian: chilla	One ragi roti, moong dal, lauki sabzi	Roasted makhana	Spinach soup, vegetable dalia **(G)** or khichdi
7	Ragi porridge, walnuts	Moong dal khichdi, beetroot-carrot salad (cooked)	Papaya or pomegranate	Oats khichdi **(G)** or moong khichdi

Mid-morning on every day is a few drops of lemon in water or a small amount of coconut water (where the kidney allows). Seeds, herbs and supplements are not part of this base. They wait for the doctor and the medicine check.

Where HFS and Sheenu differ: the "changed" rows

HFS says	Sheenu (or Dt. Shweta) says	What the guide does
"Big bowl of salad before meals" (HFS weight-loss base, swap 22); green juice or detox week (HFS Base 4)	No raw food as the base; no thermal detox teas, fat burners or gym supplements. Dt. Shweta: no raw vegetables or raw sprouts in the drug-induced case; small salads of cucumber, carrot or beetroot were accepted elsewhere	**Changed.** Cooked or steamed vegetables first; a small salad only when the gut is calm. No juice cleanse and no detox week
Milk, curd and chaach in the HFS day; "full-cream milk out"	Avoid milk and curd as far as possible; keep dairy away from HCQ and mycophenolate. Her own talk also says curd is fine except in a flare or infection	**Changed.** No milk, curd or paneer in the options. The stricter ruling is used
Oats, dalia and wheat roti are normal grains in the HFS day	Sheenu's own day has vegetable dalia and oats khichdi. Dt. Shweta used a gluten-free plan in cases 3 and 4, because gluten raises inflammation	**Changed where the gluten-free rule applies:** jowar, ragi, bajra, rice and khichdi instead. Sheenu and Dt. Shweta to settle the default
Tomato in soup, chutney and sabzi; potato and brinjal in the swap guide	Tomato is on Sheenu's avoid list; Dt. Shweta's nightshade list adds potato, brinjal, bell pepper and ashwagandha	**Changed.** No nightshades. Sweet potato and ginger are not nightshades (Dt. Shweta)
Water 3 to 4 litres (HFS swap 46)	Dt. Shweta kept water moderate where the kidney is involved; the doctor's limit leads	**Changed.** The doctor's limit leads for any kidney client; otherwise ask the doctor
Soya and tofu out for thyroid or PCOD (HFS)	Soy is out in the hormone case; tofu was questioned in the kidney case and allowed in the drug-induced case	**Changed.** No tofu or soya in the options; the doctor and Sheenu to confirm
Seed cycling: flax and pumpkin days 1 to 15; sesame and sunflower days 15 to 30 (HFS PCOD overlay)	Not in Sheenu's lupus card. Dt. Shweta held flax back first in case 4 and put pumpkin, sunflower and almonds first	**Changed.** Seeds are not in the base plan; only if the doctor and Sheenu allow, with Dt. Shweta's order

HFS says	Sheenu (or Dt. Shweta) says	What the guide does
Weight-loss base: calorie target minus 500; ghee and starch removed (HFS Base 1)	No high-intensity workouts; steroids add water and weight. Dt. Shweta: ghee in moderation is acceptable	**Changed.** A gentle plan, no pushed deficit; flares and energy lead
Coffee: a cup or two; green tea (HFS swaps 2 and 19)	Sheenu: caffeine adds to steroid sleeplessness; green tea extract is avoided with methotrexate and cyclophosphamide. Dt. Shweta: coffee and excess tea out in the hormone case	**Combined.** One cup of coffee before noon at most, none after; tulsi tea in the evening
Sun exposure protocol in the vitamin D overlay (HFS)	Dt. Shweta: about 10 minutes of morning light only, none from 11 am to 4 pm, sunscreen and cover	**Changed.** The client is not sent into the sun. The doctor checks and sets vitamin D

3.2.8 The swap guide for lupus

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

Instead of	Swap to	Why
Strong coffee or three cups of tea with sugar	One cup before noon at most; tulsi tea in the evening (HFS swap 2) **(changed)**	Caffeine adds to the sleeplessness and anxiety of steroids (Sheenu)
Cold water straight from the fridge on waking	Lukewarm water first (HFS swap 1)	Gentle on the gut
Skipping breakfast, or tea only	Something within two hours of waking (HFS swap 14)	Steadier energy; some medicines are taken with food, as the doctor says
Packaged namkeen, biscuits, chips	Roasted makhana or bhuna chana (HFS swaps 3 and 37); a planned evening snack (swap 41)	Packed food is on the avoid list (Dt. Shweta)

Instead of	Swap to	Why
A cold, raw salad with every meal	Steamed or cooked vegetables; a small salad only if the gut is calm **(changed from HFS swap 22)**	No raw food as the base (Sheenu)
Plain white-flour roti or wheat dalia	Jowar, ragi or bajra roti, or rice and khichdi **(changed)**	Gluten-free where Dt. Shweta's rule applies
Aloo paratha, parathas with butter	Roasted jowar or ragi roti with a cooked green vegetable **(changed from HFS swap 7)**	Potato is a nightshade; less saturated fat
Sabzi in a lot of oil	One teaspoon of oil (HFS swap 27)	Fried and high-fat food are out (Dt. Shweta)
Two large bowls of rice	One small bowl of rice with a medium bowl of dal (HFS swap 24)	Steroids raise sugar and appetite
Aloo, tomato or brinjal sabzi	Lauki, tori, tinda, parwal, kaddu, beans, spinach (HFS swap 26) **(changed)**	Nightshades are out (Dt. Shweta)
Milk at night, curd with lunch	Warm water with a pinch of turmeric (once a day); moong or lauki soup **(changed from HFS swaps 47 and 48)**	Sheenu: avoid milk and curd as far as possible
Cola and soft drinks	Coconut water if the kidney allows, or plain water (HFS swaps 49 and 17)	Sugar; checks with potassium in kidney cases
Sweets after dinner	A pear, an apple or a papaya (HFS swap 16)	Sugar crashes; steroid appetite
Tomato soup, tomato chutney	Lauki or spinach soup; coconut chutney with no tomato **(new)**	Tomato is on Sheenu's avoid list
Pickles, papad, chips, spicy chutney	Mild jeera or hing seasoning **(new)**	Dt. Shweta: pickles, papad, packed food and very spicy food are out
Immunity boosters: giloy, ashwagandha, neem, aloe vera, Chyawanprash, high-dose amla or vitamin C	Nothing. A cooked meal and the medicines the doctor gave **(new)**	Sheenu's do-not-give list; the immune system is already overactive

Instead of	Swap to	Why
Detox teas, juice cleanses, fat burners, gym supplements	Nothing **(new)**	Sheenu and Dt. Shweta: no supplement without the doctor
Sitting down straight to eat	One glass of water, 30 minutes before (HFS swap 21)	Fewer sips with meals; slower eating
Dinner at 10 pm, straight to sleep	Dinner by 8 pm and a gap before sleep (HFS swaps 35 and 45)	Better sleep; Sheenu: sleep on time
Screens in bed	Screens off, a dark, cool room **(new)**	Sleep is part of calming the immune system
Walking outside at noon, or sun for "vitamin D"	Ten minutes in early morning; cover, an umbrella and sunscreen at other times **(new)**	Sun triggers flares in skin lupus (Dt. Shweta)
Heavy gym, or a long run	Walking, stretching, tai chi (HFS swap 6 changed)	Sheenu: no high-intensity workouts
Nothing after dinner	A short walk and warm water; ajwain or jeera water if there is gas (HFS swap 43)	Digestion
Weighing every day	Once a week at most, and the diary first (HFS swap 50) **(changed)**	Steroids add water and weight; the diary and how the client feels are the better guide

3.2.9 What leads the first month, by picture

Every lupus client gets the same base: two weeks to befriend the body, cooked light food at fixed times, no tomato, no raw sprouts, no cleanse, a flare diary, slow breathing, a gentle walk, ten minutes of morning light, sleep in a dark room and the medicine check before any herb or supplement. The picture decides what you lead with. This table is the guide's arrangement of Sheenu's card, Dt. Shweta's cases and the HFS overlays. A client can have two pictures: lead with the one that can do harm first (Section 2.6.11).

Picture	Lead with	Food and practice (Sheenu; Dt. Shweta marked)	Watch
Skin only (rash, sun reaction)	Sun care and trigger control	Ten minutes of morning light, none from 11 am to 4 pm, sunscreen, cover, umbrella; pomegranate, leafy greens and berries; no nightshades or spicy food; protein allowed if the kidney is normal (Dt. Shweta)	A new rash with fever; a flare after sun
Joints and tiredness	Sleep, gentle movement and the flare diary	Cooked anti-inflammatory food from Sheenu's list; walking, stretching, tai chi; no high-intensity workouts; pace on bad days	Swollen hot joint; fever; weakness
Kidney involved	The kidney leads (HFS level 1)	Dt. Shweta's variants: calm the immune system first; no vitamin C foods or citrus; moderate water; protein per the doctor; no nightshades; milk products limited. Renal overlay is structure only; wait for Sheenu	Foamy urine, swelling, BP, creatinine and urine protein as the doctor reads them
On steroids	Medicine side effects	Salt and heavy food down; caffeine down; no grapefruit or high-dose vitamin C or mulethi; the doctor on sugar and bones; weight is not the measure	Sugar, BP, mood, sleep, infection
On immune-suppressing medicine	Medicine check and infection care	Sheenu's food and medicine table by drug; no raw sprouts or undercooked food; no immune-boosting herbs	Fever, a new infection, mouth sores, a blood count the doctor reads
Flares around periods	Cycle record and progesterone foods first	Dt. Shweta's case 4: pumpkin and sunflower seeds, almonds, banana; flax held back at first; cooked cruciferous vegetables for estrogen clearance; no soy, coffee or refined carbohydrates; soft yoga only	Heavy bleeding; pregnancy possible; doctor on hormones
Drug-induced (a medicine started before the symptoms)	The doctor, who decides about the drug	Dt. Shweta's case 3: BP charted morning and evening; no added salt; potassium balanced; gluten-free; steamed vegetables; no supplement on your own	The drug is never stopped by the coach; BP; the doctor's reply

Picture	Lead with	Food and practice (Sheenu; Dt. Shweta marked)	Watch
Planning a pregnancy or pregnant	The doctor leads (HFS level 2)	Sheenu: stable for at least 6 months first; anti-Ro/SSA tested; no calorie deficit; IVF depends on the reports	Any flare; the doctor's reports
With a thyroid problem	Thyroid leads (HFS level 4)	Thyroid tablet timing; goitrogens out; no soya; seed advice held back; lupus rules over it	TSH, T3, T4 at baseline and month 3 (HFS)
Brain fog, low mood or headaches	Sleep, B12 and emotional work; the doctor first	B12 and iron foods from the allowed list; Yoga Nidra; journaling; grounding; family support	A mood that does not lift; a sudden severe headache or seizure: the doctor now

3.3 Tracking in Mealie (* = held in Mealie)

*Source: HFS Journey Tracker and Case Study Pack (seven metrics, clinical layer, client words, eleven milestones, drop-off sequence). The HFS PCOD overlay (record the cycle day beside every weigh-in). Dr. Sheenu's Autoimmune (Lupus) card and 4 Dec 2025 session (tests, symptoms, organs, medicines). Dt. Shweta's case-study sessions of 11 and 18 Dec 2025. The HFS file set has no lupus overlay and no lupus MONITOR line (the Autoimmune/Skin overlay is structure only), so the lupus fields and the * marking are built from Sheenu's card.*

How to read the star. A field marked * is held in Mealie. With no HFS lupus MONITOR line, the starred fields are the guide's proposal: **the weekly flare and symptom diary** (joint pain and stiffness, rash, mouth sores, fever, tiredness, brain fog, sleep, mood), **the medicine and supplement list with dose and time**, because a symptom means nothing without it, and **the sun and trigger log** (what happened in the three days before each flare). For a client who is still cycling, the **cycle day beside every diary entry** is starred, as the HFS file of Himani T. teaches. Where the kidney is involved, the **dates and results of the kidney and urine reports the doctor ordered** are starred.

Weight is not starred for a lupus client. Steroid medicine adds water and weight, so it can mislead. It stays in the tracker sheet and the coach's record, as do all the other fields below. Fields marked * (when stacked) go on the record only when that other overlay is also on the client: for example TSH, T3 and T4 for a thyroid client, or sugar and HbA1c for a client whose steroids raised the sugar. Nothing in this section has been removed.

3.3.1 Layer 1 · Seven physical metrics

Metric	Unit	Why
Weight loss or gain	kg	The headline number; least informative alone. For lupus it is unreliable: steroids add water and appetite, and kidney swelling adds weight. A gain on steroids is not a failure of the plan
Total inch loss	inches	What they see in the mirror; moves when weight stalls. The HFS 49-year-old client: 25 inches in three months (a general HFS example, not lupus)
Abs inch loss	inches	Visceral change. Steroids often add belly fat; this tells whether food and movement are working
Total fat loss	kg	The real outcome
Visceral fat reduced	%	Fat around the organs
Body age reduced	years	The best testimonial line. Mamta S. (39, hypothyroid, low vitamin D and calcium): about 1 kg on the scale, 2.4 points of body fat, three years of body age

Metric	Unit	Why
Muscle gain	kg	Gentle strength work protects muscle and bones, which steroids weaken. Tells whether the loss was fat or tissue. Preeti S.: 2.6 kg lost, 7.5 kg of fat, muscle up 4.9

Why seven: Preeti S. lost 2.6 kg on the scale but 7.5 kg of fat because muscle rose 4.9. Himani lost 5.7 kg in month one and still left in month three. Results alone do not retain. **Record the cycle day next to the entry for every client who is still cycling** (Himani T.'s file: two upward moves fell on period days).

3.3.2 Layer 2 · Clinical panel for lupus

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

Group	What to record
Lupus markers *	ANA (the antinuclear antibody test), anti-dsDNA, anti-Sm, the complement levels C3 and C4, and anti-Ro/SSA and anti-La/SSB if the client plans a pregnancy (Sheenu). The date and the lab. The doctor reads the pattern; you only record it
Inflammation	ESR and CRP. The date, and whether the client had a flare or an infection that week
Kidney and urine *	Urine protein (a urine protein test or the protein-to-creatinine ratio), urine routine (foam, blood, protein), serum creatinine and eGFR, BP at every visit. Written exactly as the doctor's report gives them. Never quote a protein, salt or potassium limit: Sheenu gave none
Blood count	Haemoglobin, white cells, platelets. A low count is common in lupus and in some medicines; the doctor decides
Vitamins and minerals	Vitamin D3, B12, calcium, iron and ferritin. Sheenu treats vitamin D as a hormone and checks it. Steroids weaken bones, so ask whether a bone scan is planned
Liver	SGOT, SGPT, bilirubin: the doctor monitors these with methotrexate, azathioprine and some other medicines
Sugar and lipids	Fasting sugar and HbA1c * (when stacked) if the client is on steroids; lipids when the doctor asks

Group	What to record
BP	At every visit, with the medicine status beside it ("with medi" or "without medi"): HFS hypertension overlay. Raised BP can mean the kidney is involved
Others the doctor asked for	Thyroid tests, hormones if the flares follow the cycle (Dt. Shweta's case 4), imaging. Referral only; the doctor reads them

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

Track	How
Weekly flare and symptom diary *	Joint pain and stiffness out of ten (and how long the morning stiffness lasts), rash or sun reaction, mouth sores, fever (with the reading), tiredness out of ten, brain fog, hair fall, sleep hours, mood in a word. Same scale every week. Their words beside the numbers
Sun and trigger log *	For every flare: what happened in the three days before. Time in the sun, a poor night's sleep, a stressful event, an infection, a new medicine or supplement, a skipped dose, a food that was new. Over weeks this is the client's own map
Medicine and supplement list * with dose and time	Name, dose, time of day, and what they eat at that time. Steroid, hydroxychloroquine, methotrexate, azathioprine, mycophenolate, cyclophosphamide, biologics, painkillers, BP medicine, calcium, vitamin D, B12. Any change the doctor made, with the date. Never ask the client to stop; the doctor decides
Period record *	For a client who is still cycling: the first day of every period, and the cycle day at every diary entry. Dt. Shweta's case 4 showed flares that follow the cycle. Ask the doctor; do not interpret
Kidney and doctor reports *	Date of each report, the doctor's name, and what the doctor said, in the client's words. Then your plan changes only if the doctor's advice does
Foods and herbs	What was removed (the triggers Sheenu lists), what was added, the date, and any reaction in the next three days. No herb or supplement is started without the medicine check
Interaction check	The date you checked each medicine against Sections 2.6.8 to 2.6.10, before any food change, herb or supplement
Practice log	Breathing, gentle walk, tai chi or stretching, morning light, the evening wind-down, affirmation

Track	How
Sleep and screen	Sleep and wake times; the time the screen goes off; a dark room
Daily habit tracker	The Blueprint's Yes or No sheet: followed only if done fully
Compliance, specifically	What exactly was skipped and on how many days (Megha J.'s file: three days mid-morning skipped, four days no dinner soup, five days only 30 minutes' walking). Not "good" or "bad"
Their own words	Write what they said. "I climbed the stairs without stopping, and my hands did not ache in the morning." Clients renew on how they feel

3.3.4 Who tracks what, and what you watch for

Who	Tracks
The client	The weekly flare and symptom diary in their own hand or app; the sun and trigger log; the daily Yes or No habit sheet; meal pictures; symptoms in their words
You, the coach	Weekly check-in; the diary with the medicine list; compliance specifically; monthly 7 metrics; reports with the lab name; the interaction check date; the promise; assets; the next action and date after every contact
Their doctor	The medicine decision, the doses, any test, any change. You give them the diary and the records, never medicine advice

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

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

- **A pending payment is a retention alarm** (Cases 9, 16, 18). Tie instalments to attended reviews.
- **Read their intake as a retention document.** A long work day, constant travel, "low motivation" written on the form: the client tells you their risk on day one.
- **Life events are the competition** (house move, Diwali, a wedding, a child leaving home). Deepshikha G. almost left because of a house move. Ask every month what is coming.

- **For a lupus client, a missing diary is the first sign.** It often means a flare, a hospital visit or low mood. When the diary stops, call the same day, and ask first how they are.

3.3.5 The eleven milestones

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

- **The promise names one number and one feeling and a date.** For lupus, for example: "morning stiffness from an hour down to twenty minutes, and getting through the day without a rest, by day 90". Not "lupus cured", and not "weight loss and clinicals".
- **Capture assets at the month 3 checkpoint,** not the last day: photos, video, Google review, written testimonial with picture, a reference. Get consent before any case is used externally.
- **Result and time together.** Never a number alone. A result with a medicine always carries the medicine status.
- **Add a twelfth, lupus-only, marker:** the date the final food and herb list was written for the medicines they are on now.

04

SECTION 4

Real cases and quick reference

4.1 Diamond Council lupus case studies (taught by Dt. Shweta)

Source: Dt. Shweta's case-study deck (five lupus cases) and her two case-study sessions of 11 and 18 Dec 2025, where students wrote plans and she corrected them; the HFS Case Study Pack of 24 client files (the ones that carry a lesson a lupus client needs). There is no HFS lupus client file and no HFS lupus plan sheet. The "where Sheenu and HFS differ" column: it checks each case against Dr. Sheenu's Autoimmune (Lupus) card and the HFS overlays. The 11 Dec recording has no speaker labels and is partly garbled, so readings from it are marked "unclear" where they are not certain. Cases are for teaching. Names are anonymised. Get client consent before any external use. These are not treatment claims.

The deck gives five profiles. Cases 1 and 2 were worked in the 11 Dec session and cases 3 and 4 in the 18 Dec session. **Case 5 is in the deck but was not discussed in either session, so no teaching on it is used.** The deck gives no medicines and no plan, so each plan below is what students proposed and what Dt. Shweta corrected. Where her correction differs from Sheenu's card, the card leads and the row says "changed". Use these to practise before a real client: read the profile first, write what you would do, then check.

Case	Profile	What Dt. Shweta taught	Where Sheenu and HFS differ, and what it teaches
1 · SLE with lupus nephritis, 28, female	Deck: ANA 1:320, anti-dsDNA high, C3 and C4 low, urine protein 1.2 g a day. Kidney filter leaking protein. No medicines or likes and dislikes were listed in the session, so the students planned from general knowledge	Kidney involved, so protein stays low to moderate (she corrected a "1.2" to "0.6", probably grams per kg; unclear, so quote no number). No vitamin C foods, no citrus, no grapefruit, and no immune-boosting herbs: the immune system is already overactive, so calm first and strengthen later. No high-dose "anti-inflammatory" herbs. No nightshades (tomato, potato, brinjal, bell pepper) and no spicy food. Water moderate, not heavy flushing. Milk products limited. Tofu and coconut water checked against the kidney and potassium. Ghee moderate. No kidney or joint cleanse	**Changed:** Sheenu's card allows general anti-inflammatory foods; here the kidney and the active immune picture make Dt. Shweta stricter, and she leads for a kidney client. **HFS:** the Renal overlay is structure only, so no numbers. Teaches: one client, one organ that sets the plan; the urine protein of 1.2 g a day in the deck is a lab value and must not be confused with the protein intake figure
2 · Subacute cutaneous lupus (skin only), 32, female	Chest pain and back pain, ring-shaped rashes, high sensitivity to sun. ANA positive, anti-dsDNA normal, kidney normal. No other organ involved	The sun is the main trigger: about 10 minutes of morning light, none between 11 am and 4 pm, sunscreen, full cover, an umbrella. Protein is allowed because the kidney is normal. Add pomegranate, green leafy vegetables and berries; flaxseed is fine. Avoid tomato and nightshades, very spicy food, deep-fried food, pickles, papad, packed food and alcohol. Ginger and turmeric only a small pinch, and not stacked in one morning drink. A reassuring script: this is manageable and driven by UV light	**Changed:** a student plan used aloe vera juice and the recording shows no correction; Sheenu's list says do not give aloe vera, so it stays out. Citrus and lemon were also used in student plans and not corrected on record; leave them out. Teaches: with no kidney involvement, protein limits do not apply; sun rules are the core of a skin plan

Case	Profile	What Dt. Shweta taught	Where Sheenu and HFS differ, and what it teaches
3 · Drug-induced lupus, 45, male, on hydralazine	On hydralazine for high BP. About 3 months after starting: joint pain, tiredness and a skin rash. Anti-histone antibody positive, anti-dsDNA negative, no kidney involvement. Reversible once the drug is stopped	The drug must be stopped or replaced, **but only the doctor decides**; the client asks the doctor and charts BP morning and evening. No supplement on your own, not even a gym supplement. Anulom Vilom, and tell the client it lowers BP. For high BP start with a vegetarian diet. Potassium **balanced, not high**. No added salt, including sendha namak. Gluten-free. No raw vegetables, raw sprouts or raw citrus: steam them. Papaya, apple and pear are fine; coconut water is fine; tulsi-ginger tea is fine; cooked moong and masoor only. Avoid grapefruit, processed food and high-fat meals. Kunjal kriya is not banned: explain first and do it only with the client's comfort	**Differs:** Sheenu's card says the Blood Pressure guide leads for BP, and that guide marks some herbs "changed"; use it. HFS: the BP overlay applies and BP is always written "with medi". Teaches: do not treat the case as only a BP case and ignore the drug; the coach never stops a medicine

Case	Profile	What Dt. Shweta taught	Where Sheenu and HFS differ, and what it teaches
4 · Lupus flares with estrogen dominance, 40 or so, female	ANA positive, flares around PMS, irregular hormones, stress. Hair fall, breast tenderness, bloating, joint stiffness and pain, mood swings, cravings. Kidney not involved	Her mechanism: estrogen high and progesterone low, so more antibodies and more flares; progesterone calms the immune system. Support progesterone first with healthy fats, pumpkin and sunflower seeds, almonds and banana. **Hold flax back for a few days**, then start it. Seed cycling is fine with progesterone first. Cruciferous vegetables help estrogen leave: cook broccoli in olive oil; cook cabbage and cauliflower with hing, lid open. Fibre, magnesium (banana, gluten-free grains), pomegranate and liver support. Avoid soy, packed and sugary food, refined carbs, coffee, excess tea and fat burners. Pure cocoa is allowed in place of coffee. Soft yoga only, no heavy exercise. A kidney or organ cleanse is not the focus because the kidney is fine	**Aligned:** Sheenu's card also says no high-intensity exercise. **Differs:** Sheenu's seed-cycle days start with flax in days 1 to 14; here Dt. Shweta holds flax back first, so her order leads. HFS PCOD overlay: record the cycle day. Teaches: the cycle can drive flares; do not start every estrogen tool on day one
5 · Neuro-lupus with brain fog, 30, female	In the deck only	Not discussed in either session. Nothing is taught here	Do not improvise. Brain involvement is a doctor-and-neurologist matter (Section 2.6.11). Wait for Sheenu's teaching

The mistakes students made, as Dt. Shweta corrected them

- **Case 1:** guava, orange and other vitamin C foods; immune-boosting herbs and high-dose turmeric, amla or moringa; protein too high; tomato and spicy food; tofu and heavy milk products; kidney or joint cleansing.
- **Case 2:** the 11 am to 4 pm sun ban not stressed enough; ginger and turmeric stacked in one drink.

- **Case 3:** "high potassium" with a salt-restricted plan; salt added back as sendha namak; raw vegetables, sprouts and citrus; wheat; supplements or herbs without asking the doctor; treating it as a BP case and ignoring that the drug has to change.
- **Case 4:** flax started at once; soy and tofu; wheat dalia at dinner; heavy exercise; coffee and sugary juice; not knowing which seeds support progesterone; a kidney cleanse when the kidney was fine.
- **All cases:** long plans that skip the one key point (the kidney, the BP, the drug, the hormone); extras that the case did not ask for (cleanses, castor oil packs, hip baths) with no check of suitability. Read the case first.

Questions asked in the sessions (not part of the five cases)

Question	What was said
A child of 3 and a half with seborrheic dermatitis on the scalp since about 6 months of age, getting worse, CRP 47	Dt. Shweta asked for the reports and pictures and said she would take it up in the group. The only line given was "CRP is high, so an anti-inflammatory diet". No plan was agreed. It is not a lupus case. Do not build a plan for a child from this
A kidney or organ cleanse in the estrogen case, with the water limited to 1.5 litres	A 1.5 litre limit points to a kidney problem. In that case the kidney is not affected, so the focus is liver support, not a kidney cleanse. Corn-silk water was mentioned for kidney support but the kidney reports come first. Coriander water is the mild detox drink
A menopausal client who feels something coming down and has not seen a doctor	Get a diagnosis and reports first. Kegels only after that. Weight reduction helps
Kunjal kriya for a client with high BP	Students disagreed. Dt. Shweta did not ban it: explain it clearly, and do it only if the client is comfortable

What these cases add, and what to take care of. The deck's five profiles and the two sessions are all that is available. The deck gives no medicines and the sessions gave no lab ranges, so no number here is a limit. Sheenu's card leads where anything differs. Dt. Shweta's correction leads for the kidney case, the drug-induced case and the hormone case.

4.2 HFS client files (2018 to 2023)

There is no HFS lupus client file in the Case Study Pack. The files below carry a lesson a lupus client needs: a skin or autoimmune-type condition, a hormonal picture, medicines the coach must not touch, scope, and the retention lessons. The result column is as in the pack.

Case	Presented with	Result and lesson
Amber J. (Case 19)	High cholesterol, psoriasis (a skin condition of the immune system), low motivation	Went one month, three months, a fourth month, six months, then a one-year membership. **The closest HFS file to an autoimmune skin client.** Clients renew on how they feel. Match the length of the plan to the problem
Dilpreet K. (Case 12)	Hypothyroid, high uric acid, low BP, tiredness, joint pain	Two conditions pull the plan apart: decide which leads and write it down. First weigh-in taken on day 2 of the period, and the file says so. For lupus: the kidney or the medicine leads, then the rest
Preeti S. (Case 3)	Hypertension, hypothyroid, 122.6 kg. Fatigue, headache, ankle pain, low haemoglobin. On BP medicine	Month 1: 2.6 kg, 7.3 inches, muscle +4.9, fat loss 7.5 kg. **Teach the five metrics on day one.** BP readings each marked "with medi"
Mamta S., 39 (Case 11)	Hypothyroid, acidity, occasional constipation, vitamin D, haemoglobin and calcium low. 70.7 kg	Body composition measured four times: weight moved about 1 kg, body fat dropped 2.4 points, body age dropped three years. **The scale is not the outcome.** For a lupus client on steroids, body age and inches are the better headline
Vineet K. (Case 6)	High BP, high cholesterol, constipation, acidity; chemotherapy for seminoma the year before. 72 kg	Scope: post-oncology nutrition is not weight loss; the oncologist is in the loop. The same rule for a lupus client on chemotherapy-type medicine such as cyclophosphamide: the specialist leads
Sarita R., 38 (Case 9)	Migraine, PCOD, fibroid and ovarian cyst under a gynaecologist; BP 120/88 to 116/82. 60.3 kg	Went quiet at about five weeks with two instalments pending. **Know your line:** nutrition supports; the specialist treats. A pending balance is a retention alarm

Case	Presented with	Result and lesson
Sabiha A., 26 (Case 16)	BMI 44.6, low BP, headaches, vitamin and calcium deficient, on hormonal medicine, no period for four months	Month 1: 3.2 kg, 7.4 inches, muscle 5.6. Then the drop-off: compliance first, then appointments, then calls. **Two postponements trigger a real conversation.** A client on hormonal medicine: the doctor leads
Ankit (Case 1)	Several conditions at once, and a psychiatric medicine	The coach does not touch a psychiatric or any other medicine. Write the list into the plan; the doctor decides
Rajshree S. (Case 4)	On insulin, high cholesterol, intermittent high BP, knee pain, tiredness; travelled abroad 12 days after joining	Fasting sugar tracked weekly in the call log. Weight is secondary for a client on insulin; likewise for a client on steroids with raised sugar. The follow-up call structure carried them through travel
Samita (Case 5)	A case where the coach went past scope	Know your scope: the file teaches where a coach must refer
Deepshikha G. (Case 23)	Gas, acidity, bloating, joint pain. 71.1 kg	Flat weight, real inch and visceral change. A house move nearly ended the plan. Ask what is coming in the next 90 days. Joint pain is the closest HFS match to a lupus joint complaint
Daisy (Case 13)	Raised ESR (an inflammation marker); renewals	A raised inflammation marker in a file; the lesson is in the renewals: how the plan was extended step by step
Megha J., 35 (Case 10)	Hypothyroid, low BP, headache, acidity. 77.4 kg	A near-flat curve with a verbatim list of skipped items. **Before you change a plan, check whether it was followed.** Log compliance specifically
Sumedha (Case 21)	A returning client	A client who left and came back: keep the door open, record why they left, and welcome them back with their old records

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

4.3 What clients ask, and what you say

Source: Dr. Sheenu, Autoimmune (Lupus) protocol card and 4 Dec 2025 session; Dt. Shweta's case-study deck and sessions of 11 and 18 Dec 2025 (labelled as hers); HFS Overlay System, client files and case studies. Every fact in the answers and scripts comes from those sources.

The client asks	You say (and stay inside this)
"Can lupus be cured?"	There is no permanent cure for lupus. What we work on is fewer and milder flares, a calmer body and protecting your organs, together with your doctor. Many people live well with it
"Can I stop my steroid or my other tablet now that I feel better?"	No. Only your doctor changes a medicine, and stopping suddenly can make things worse. Keep taking every medicine exactly as your doctor said. If your doctor decides, your medicines may be reduced over time
"Will food reverse my lupus?"	Food does not replace your medicine. It can calm the inflammation, support the body against the side effects of the medicine and help you flare less. Your medicine does its own work
"Which foods set off a flare?"	It is different for each person, so we keep a diary of what you ate and how you felt. Some foods are commonly avoided: tomato and other nightshades, very spicy and fried food, packed food, alcohol and raw sprouts. We confirm against your medicines
"Can I take giloy, ashwagandha or an immunity booster?"	Not in lupus. Your immune system is already overactive, and these herbs push it further. We calm it first. Strengthening comes later
"Can I take turmeric capsules or amla juice for inflammation?"	A pinch of turmeric in food is fine. Not capsules, and not in high dose: it can irritate the stomach and clash with some medicines. A small amount of amla is allowed. Please ask your doctor before any capsule
"Should I get more sun for vitamin D?"	Not in lupus. The sun can bring on a flare and a rash. Ten minutes of gentle morning light is the most, none between 11 am and 4 pm, with cover and sunscreen. Your doctor checks your vitamin D and decides about any tablet
"Can I go to the gym or do hard exercise?"	Not hard exercise. Gentle movement is better: walking, stretching, tai chi. Rest on bad days, and your doctor's advice comes first

The client asks	You say (and stay inside this)
"Why am I gaining weight? Should I starve?"	Some medicines, especially steroids, hold water and raise your appetite, so weight can rise without any fault of yours. No crash diet. We watch your energy, your joints and your inches, and we are gentle
"Can I drink 4 to 5 litres of water a day?"	Ask your doctor first. If your kidney is involved, the doctor sets a limit and heavy flushing is not right. We follow your doctor's number
"I have foamy urine and my feet are swelling."	Please see your doctor today. This can mean your kidney needs attention. We do not plan anything until your doctor has seen you
"Can I take milk, curd or paneer?"	Our expert says to avoid them as far as possible, and to keep dairy away from some medicines such as hydroxychloroquine and mycophenolate. We check your medicines and decide with your doctor
"Do I have to give up tomato and potato?"	For now, yes. Tomato, potato, brinjal and bell pepper are called nightshades and are commonly avoided in autoimmune conditions. We watch your diary and bring back nothing without checking
"Should I do a kidney cleanse or a detox?"	No. We do not do cleanses in lupus, and your kidney is not a place for one. Please ask your doctor before trying anything like it
"I flare before my periods. Is it hormones?"	It can be. Our expert's teaching is that too much estrogen and too little progesterone can set off flares. Keep a note of the cycle day in your diary, and take the pattern to your doctor. We support the food, sleep and stress side
"I want to get pregnant."	Please speak to your doctor first. The lupus should be stable for at least six months before pregnancy, and your doctor tests for an antibody called anti-Ro/SSA. We plan the food and lifestyle around the doctor's plan
"My hair is falling and my joints ache and I am tired all the time."	These are common with lupus and with some medicines. We write them in your diary, check what comes before the bad days, and work on sleep, food and gentle movement. Anything new or sudden goes to your doctor
"I feel low and foggy."	I hear you. Lupus, steroids, poor sleep and stress can all do this. We work on sleep, food and calm. If it does not lift, or you feel hopeless, please speak to your doctor or a counsellor today

The client asks	You say (and stay inside this)
"Is lupus caused by my stress or my diet?"	Lupus has more than one cause: the immune system, the genes, hormones, the sun, some medicines and infections, and stress can add to it. It is not your fault

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

If you see this	What you do	From
Chest pain, trouble breathing, a seizure, a sudden severe headache, a sudden change in vision, fainting, or sudden weakness on one side	The doctor or emergency care now. Do not plan around it	Safety line
Foamy urine with swelling of the feet or face, or a sharp rise in BP	The doctor today: the kidney may be involved	Sheenu (kidney involvement)
A fever, or a new infection, while on steroids or immune-suppressing medicine	The doctor now. Do not wait for the next call	Sheenu (these medicines lower defence)
A new rash, mouth sores, swollen and hot joints, or sudden weight gain with swelling	Write it in the diary and tell the doctor the same day	Sheenu (organ-by-organ table)
The client wants to stop, skip or reduce a medicine	Never agree. Say: only your doctor changes a medicine. Tell the doctor what the client said	Sheenu; Dt. Shweta (case 3)
A drug-induced picture: symptoms began a few months after a new medicine	The doctor decides about the drug. The coach charts BP and symptoms and never stops the drug	Dt. Shweta, case 3
Low mood that does not lift, hopelessness, any talk of not wanting to live	Stay calm, thank them for telling you, ask them to speak to their doctor or a mental health professional today and offer to help them find that support. Do not carry on with the plan as if nothing was said	Connecting wording

If you see this	What you do	From
Pregnancy is planned, possible, or the client has just delivered	The doctor leads (HFS level 2). No calorie deficit. Stable for at least 6 months first; anti-Ro/SSA tested	Sheenu; HFS ladder
Kidney involved	The nephrologist and lupus doctor lead (HFS level 1). No numbers for protein, salt or potassium: Sheenu gave none. Dt. Shweta's variants only as variants	HFS ladder; Dt. Shweta
The client is on a thyroid tablet, BP medicine or diabetes medicine too	The tablet alone and early where it is a thyroid tablet; use the Blood Pressure guide for BP; steroids can raise sugar, so the doctor is told	HFS overlays
Any herb, supplement or powder is wanted	Medicine check first, against Sheenu's food and medicine table. The do-not-give list stays out. One new thing at a time, and only with the doctor	Sheenu
A cleanse, kunjal kriya, castor oil pack, Epsom bath or detox is asked for	No protocol is written. Doctor first. Dt. Shweta: kunjal kriya only after a clear explanation and with the client's comfort	Dt. Shweta
The client wants a gym plan or a heavy workout	Gentle movement only: walking, stretching, tai chi. Doctor's limit leads	Sheenu
Two conditions pull the plan apart	Decide which condition leads; write it down; tell the client	HFS (priority ladder)
A child with a skin condition and a high CRP is brought	No plan from this guide. Ask for the reports and photographs and take it to Dt. Shweta or Sheenu	Dt. Shweta's session

4.5 Reading a report: a worked example

Take the deck's first case (Dt. Shweta's case 1): SLE with lupus nephritis, 28, female. **ANA 1:320, anti-dsDNA high, C3 and C4 low, urine protein 1.2 g a day.** These numbers are from the deck only and no medicines were listed. Sheenu gave no reference ranges for lupus tests, and ranges differ by lab, so always read each number against the range printed on the report. You never diagnose or say what a number means for treatment.

1. **Which tests are they?** An antibody screen (ANA), an antibody to DNA (anti-dsDNA), two complement proteins (C3 and C4) and a urine protein. There is no

creatinine, eGFR, blood count, vitamin D or B12 on the list. Say so, and ask whether the doctor wants them.

2. **Medicine first.** The deck lists none. Ask the client for every medicine, dose and time, and write it beside the numbers. The drug names decide the food rules (Section 2.6.9).
3. **Read them one by one.** A positive ANA is common in lupus; a titre of 1:320 is a number the doctor reads with the rest. A high anti-dsDNA and low C3 and C4 are the pattern a doctor looks for when the disease is active, and urine protein of 1.2 g a day means the kidney filter is leaking. You note the pattern; the doctor says what it is.
4. **See what travels together.** Protein in the urine with swelling, high BP or foamy urine points to the kidney. Raised or lowered numbers with joint pain, rash or fever point to a flare. Write what the client says beside the date.
5. **Say it plainly.** "Your reports show that your immune system is active and that your kidney needs your doctor's attention. That is why your doctor is the first person we follow. We plan food, sleep, stress and gentle movement around your doctor's plan."
6. **Choose what leads.** The kidney leads (HFS level 1). Protein, water and potassium follow the doctor's numbers. No nightshades, no citrus or vitamin C foods, no immune-boosting herbs (Dt. Shweta). Weight comes last.

What should change (Sheenu and HFS): the flare diary, energy and sleep first, then the reports the doctor repeats at the same lab. No timeline is given for the markers to move and none is promised. 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?" With lupus, ask first how they are, because a flare may be the reason	HFS rule

The moment	What you do	From
The diary stops, or "I feel a bit better, I stopped writing"	Call the same day. Ask how they are, then for one week's numbers and the meal picture. Be loving and firm; the plan stays unchanged	HFS
No meal pictures and no following	Be politely firm: the plan will stay unchanged and you do not want to waste their week or yours. If they are unwell, wait and keep in touch	Sheenu's rule from the BP card, used here
Pending payment	Treat it as a retention alarm. Tie instalments to attended reviews	HFS cases 9, 16, 18
"Low motivation", a long work day, a family to look after or constant travel on the form	It was your warning on day one. Build the plan around that day; ask every month what is coming	HFS
A life event (move, Diwali, wedding, illness, a child leaving)	Plan for it before it arrives. Deepshikha G.: a house move nearly ended the plan	HFS
Weight not moving, or rising on steroids	Show the diary, inches, fat, muscle and body age. Steroids hold water and raise appetite, so the scale can mislead. Check compliance specifically before changing the plan	Sheenu; HFS (Megha J., Mamta S.)
The flares are fewer, and they want to go back to packed food, spice and late nights	Name it kindly: the plan is why the diary looks like this. Bring one item back and watch the diary	HFS
A herb, supplement or immunity booster is wanted, or several at once	Say no to anything on the do-not-give list. For the rest: one at a time, medicine check first, and the doctor	Sheenu
A client skips the sun care, or goes out at noon	Ask what happened in the three days before the last flare. Restate the morning-only rule, cover and sunscreen	Dt. Shweta
A client on a medicine you do not know	Do not guess. Write it down, ask the doctor or Sheenu	Sheenu

4.7 Before every lupus call

- The date and name of the diagnosis; which organs are involved (kidney, skin, joints, brain); the full medicine and supplement list asked for, with dose and time; the latest reports with the lab name. Registration verified.
- Section 2.6.3 (the symptoms by organ), 2.6.4 (the causes) and 2.6.11 (red flags and where to refer) fresh in your head.
- Form open at section A. Findings in their words only.
- Remember: find gaps, do not deliver the plan. No herbs, no supplements, no cleanses, no medicine advice, no meal plan, no yoga or breath practice on the sales call.
- Listen for the picture: skin only, joints, kidney involved, on steroids or immune-suppressing medicine, flares around the period, planning a pregnancy. They are not the same plan.
- Do not name or change a diagnosis yourself. Use the client's words; the doctor decides.
- Chest pain, trouble breathing, a seizure, a sudden severe headache, foamy urine with swelling, or a fever on immune-suppressing medicine: the doctor now, before anything else.
- Decision maker and commitment asked in Trust.

4.8 Always say, never say

Always say	Never say
"Your doctor decides every medicine. We plan the food and lifestyle around it."	"Stop the tablet", "reduce the steroid", "you do not need the medicine now", any advice on a medicine or its dose
"There is no permanent cure for lupus. We work on fewer and milder flares, a calmer body and protecting your organs, alongside your doctor."	"Lupus can be reversed", "cured", "your flares will stop in 30 days", "medicines stopped"
"If your doctor decides, your medicines may be reduced over time."	"You will be off your medicines by the end of the plan"

Always say	Never say
"Let me check your medicines first. Some foods, herbs and supplements work against a tablet."	Any herb, supplement, powder or dose before that
"Your immune system is overactive. We calm it first. Strengthening comes later."	"Boost your immunity", giloy, ashwagandha, neem, aloe vera, Chyawanprash, high-dose vitamin C or any immunity booster
"Gentle movement only: walking, stretching, tai chi. Keep out of strong midday sun."	"Push through the pain", a heavy workout, a gym plan from day one, "get some sun for vitamin D"
"Foamy urine with swelling, chest pain, a seizure or a fever on your medicine needs your doctor now."	Any diagnosis, or "it is only stress" or "it is only age"
"We track your flare diary and how you feel. Weight is not the measure, because some medicines add water."	"Lose 10 kg in a month", "lupus weight gone in 3 months"
"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 Autoimmune (Lupus) protocol card and her 4 December 2025 session (what lupus is, the organ-by-organ table, causes, hormones, foods and herbs, MPESS); Dt. Shweta's lupus case-study deck and her sessions of 11 and 18 December 2025 (cases 1 to 4, labelled as hers); the HFS Case Study Pack lessons (there is no HFS lupus client file); 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 lupus. **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 · Women in their 20s and 30s whose lupus shows on the skin and in the sun

Who they are: Younger women, mostly in their 20s and 30s, who have a rash or red patches that come with the sun, thinning hair and sore joints. Sheenu says lupus is most common in women aged 15 to 45.

Where this comes from: Sheenu's card (the skin row of the organ table, UV light as the biggest outside trigger, who gets lupus); Dt. Shweta's skin-only case (case 2) and her sun rules. There is no HFS lupus client file.

Rank	Problem	In the client's own words (pattern only)
1	Rash, sun sensitivity and thinning hair	"My face goes red in the sun, my hair is thinning and the marks do not go."
2	Joint pain and morning stiffness	"My fingers are stiff when I wake and my wrists swell."
3	Not knowing what sets off a flare	"One week I am fine and the next week everything flares, and I do not know why."
4	Extreme tiredness	"I am tired all the time and rest does not fix it."
5	Brain fog, low mood and fear	"I cannot think clearly, I feel anxious for no reason and I keep asking why me."

Type 2 · Women in their 30s and 40s whose flares come around the periods

Who they are: Women in their 30s and 40s who notice that flares, bloating, breast tenderness, mood swings and joint stiffness gather before the period, and who are still managing a home or a job.

Where this comes from: Sheenu's teaching that too much estrogen and too little progesterone can set off flares; Dt. Shweta's hormone case (case 4); the HFS lesson to record the cycle day in the diary.

Rank	Problem	In the client's own words (pattern only)
1	Flares around the periods	"My flares come just before my period, with bloating and sore breasts."
2	Joint pain and morning stiffness	"My fingers are stiff when I wake and my wrists swell."
3	Brain fog, low mood and fear	"I cannot think clearly, I feel anxious for no reason and I keep asking why me."
4	Extreme tiredness	"I am tired all the time and rest does not fix it."
5	Confusion about food, herbs and immunity boosters	"Everyone gives me a different list. Can I take immunity boosters, turmeric capsules, tomato, curd?"

Type 3 · Adults of any age on steroids or other immune-calming medicines

Who they are: People who have lived with lupus for some time, take medicines from their doctor, and now find that weight, puffiness, tiredness, low mood and confusion about what is safe to eat or take weigh on them.

Where this comes from: Sheenu's card (food and medicine table, the do-not-give list of herbs, "calm first, strengthen later"); the guide's steroid notes (water, weight and appetite); the HFS lessons on the scale not being the outcome and on checking whether the plan was followed.

Rank	Problem	In the client's own words (pattern only)
1	Weight gain and puffiness on steroids	"I eat the same food, my face is round and my weight keeps going up."
2	Extreme tiredness	"I am tired all the time and rest does not fix it."
3	Brain fog, low mood and fear	"I cannot think clearly, I feel anxious for no reason and I keep asking why me."
4	Confusion about food, herbs and immunity boosters	"Everyone gives me a different list. Can I take immunity boosters, turmeric capsules, tomato, curd?"
5	Not knowing what sets off a flare	"One week I am fine and the next week everything flares, and I do not know why."

Type 4 · Adults whose doctor has said the kidney is involved

Who they are: People who have been told lupus has reached the kidney, or who notice foamy urine and swelling of the feet or face. The doctor leads. The coach plans food and daily routine around the doctor's plan.

Where this comes from: Sheenu's card (the kidney row of the organ table); Dt. Shweta's kidney case (case 1); the HFS priority ladder, where the kidney and the specialist lead. The guide gives no kidney numbers because Sheenu gave none.

Rank	Problem	In the client's own words (pattern only)
1	Foamy urine and swollen feet: worry about the kidney	"There is foam in my urine, my feet are swollen and my face is puffy in the morning."
2	Extreme tiredness	"I am tired all the time and rest does not fix it."
3	Confusion about food, herbs and immunity boosters	"Everyone gives me a different list. Can I take immunity boosters, turmeric capsules, tomato, curd?"
4	Joint pain and morning stiffness	"My fingers are stiff when I wake and my wrists swell."
5	Brain fog, low mood and fear	"I cannot think clearly, I feel anxious for no reason and I keep asking why me."

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 · Rash, sun sensitivity and thinning hair

Source for this problem: Dr. Sheenu's card (skin row of the organ table; UV light as the biggest outside trigger; sun protection in her lifestyle list) and Dt. Shweta's skin-only case (case 2) with her sun rules. Reasonable material. There is no HFS lupus client file; one HFS file with a skin condition is the nearest.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page sun care checklist: gentle morning light only, none in the strong midday sun, sunscreen, a scarf or an umbrella (from Dt. Shweta's skin case).	Red face after a short time in the sun? There is a reason, and there are small daily habits that help.
2	A skin and sun diary for one week: where the rash is, how long the client was outside, and whether it was better or worse than the week before.	Sun is the biggest outside trigger for lupus skin. See how to protect yourself without hiding at home.
3	A short guide in plain words: "Why sunlight can bring on a rash in lupus" from Dr. Sheenu's teaching on UV light and skin cells.	Do not go to the sun "for vitamin D" before you speak to your doctor. Find out why.
4	A list of questions to take to the doctor about the rash, the hair and the sun, including vitamin D (the doctor decides, not the coach).	Hair thinning and marks that stay? A free 45-minute call to see the whole picture, alongside your doctor.
5	A short guide to foods commonly left out when the skin is flaring (tomato and other nightshades, very spicy and fried food, packed food), to be checked against the client's medicines.	A simple morning-only light rule that many lupus clients are taught. Get the free checklist.

Problem 2 · Joint pain and morning stiffness

Source for this problem: Dr. Sheenu's card (joint row of the organ table: small joints swell and are stiff in the morning, but do not change shape) and her list of gentle movement. Little case material: no lupus case is built on joints alone. One HFS file with joint pain is the nearest. Keep the doctor in the lead.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A morning stiffness note for one week: which joints, and how long the stiffness lasts after waking.	Stiff fingers every morning? See what may be behind it and what to tell your doctor.
2	A gentle movement sheet: walking, stretching and tai chi (slow, flowing movement), with "rest on bad days and follow your doctor's limit".	Joint pain that comes and goes with flares: a diary can show the pattern.
3	A short guide: "Lupus joints and other joint conditions are not the same", in plain words from Dr. Sheenu's teaching.	Hard exercise is not the answer in lupus. Gentle movement is. Get the free guide.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
4	A list of questions to take to the doctor about joint pain, swelling and the medicines.	Swollen wrists, tired hands? You are not imagining it. Free 45-minute call, alongside your doctor.
5	A simple warm morning routine: warm water, light cooked breakfast at a fixed time, a few slow stretches.	Lupus joints are different from other joint pain. Learn why it matters.

Problem 3 · Extreme tiredness

Source for this problem: Dr. Sheenu's card (extreme tiredness as a key feature of lupus; flares set off by stress, sun and infection) and the guide's Section B prompts (pain, broken sleep, low blood count, medicine effects). Some material only: no case is built around tiredness alone. Say so honestly.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	An energy and sleep log for one week: wake time, bedtime, energy in the morning and evening, and what came before the worst days.	Tired though you rested? Tiredness in lupus has reasons, and some of them can be looked at.
2	A list of questions to take to the doctor about tiredness, including the blood count.	You are not lazy. Extreme tiredness is a known part of lupus.
3	A short guide: "Why lupus tiredness is not laziness", in plain words.	Is it pain, broken sleep, a low blood count or the medicine? A diary helps find out.
4	A gentle daily rhythm sheet: fixed wake time, fixed meal times, short rests, gentle movement.	Rest days are part of the plan. Get a gentle rhythm you can keep.
5	A short slow-breathing audio (in for four counts, out for six) for a mid-day reset.	Free 45-minute call: see what may be behind your tiredness, alongside your doctor.

Problem 4 · Not knowing what sets off a flare

Source for this problem: Dr. Sheenu's card (flares set off by stress, sun and infection; the "guards attacking the house" picture; the flare and symptom diary used in the guide) and Dt. Shweta's cases, where the diary and the trigger list are used. Plenty of material on the idea; no single case is built on triggers alone.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A weekly flare and symptom diary: joint stiffness, rash, energy, sleep hours, mood in a word, and what came before any flare.	Flare out of the blue? A simple diary may show what came before it.
2	A one-page trigger checklist: sun, stress, infection, the period, and foods or drinks the client wants to watch.	Sun, stress, infection: three known triggers. Which one is yours?
3	A short guide: "Why a flare comes", using Dr. Sheenu's picture of the body's guards attacking the house.	You are not to blame for a flare. Learn what sets it off.
4	A "three days before the flare" sheet: what happened in the three days before the last bad week.	Planning a trip or a wedding? Plan for your body first. Get the free sheet.
5	A planning sheet for events and travel: what to arrange early so a flare is less likely to catch the client off guard.	Free 45-minute call: find the pattern behind your flares, alongside your doctor.

Problem 5 · Flares around the periods

Source for this problem: Dr. Sheenu's teaching that too much estrogen and too little progesterone can set off flares, and Dt. Shweta's hormone case (case 4). One case only. The order of flax and seeds is still undecided, so no seed advice is used in these ideas. Few cases: do not stretch it.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A cycle and flare calendar: the client marks the period and the bad days for three months to show the doctor.	Flares before every period? Track it for three months and walk into the clinic prepared.
2	A short guide: "Why hormones can matter in lupus" in plain words from Dr. Sheenu's teaching.	Hormones can play a part in lupus. See what Dr. Sheenu teaches.
3	A list of questions to take to the doctor about flares before the period and about any hormone medicine.	Bloating, sore breasts and joint stiffness together? A calendar can show the pattern.
4	A gentle routine for the week before the period: fixed sleep, light cooked food, soft yoga only, no heavy exercise.	Soft yoga, not hard workouts, in the week before your period. Get the free routine.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
5	A short guide for the family on what the week before the period can feel like.	Free 45-minute call, with your doctor leading on every medicine.

Problem 6 · Weight gain and puffiness on steroids

Source for this problem: Sheenu's card (no high-intensity exercise, no fat burners) and the guide's steroid notes (some medicines hold water and raise appetite); HFS tracker lessons (the scale is not the outcome, check compliance before changing a plan). Few cases: there is no HFS lupus client file, and the HFS weight files are for other conditions.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page guide: "Why weight and puffiness can rise on some medicines", in plain words, with a note to ask the doctor.	Same food, weight going up, face rounder? It may not be your willpower.
2	A measures sheet: inches, energy and joint comfort next to the scale, and why the scale alone misleads (Section 3.3).	The scale is not your report card. See what else to track.
3	A simple day check: meal gaps, packed food, sugary drinks, tea and coffee, gentle steps. The client fills it in.	Crash diets and heavy workouts do not suit lupus. Here is what to do instead.
4	A short guide on gentle movement in lupus: walking, stretching, tai chi, with no heavy workouts.	Puffiness and hunger on medicine are common. You are not alone.
5	A list of questions to take to the doctor about weight, puffiness and appetite on medicine.	Free 45-minute call: a gentle plan for your body now, alongside your doctor.

Problem 7 · Brain fog, low mood and fear

Source for this problem: Dr. Sheenu's card (brain and nerves row of the organ table; fight-or-flight as the reason the body keeps making antibodies; the five MPESS pillars, the "why me" question and the family counselling). Plenty of material on the emotional side. Case 5 in the deck (neuro-lupus) was never taught, so nothing is used from it. Any low mood that does not lift goes to the doctor or a counsellor.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A short audio of slow breathing (in for four counts, out for six) for stressful moments.	Foggy and anxious? Lupus, medicine, poor sleep and stress can all play a part.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
2	An evening journaling sheet with six simple prompts (from the emotional work in the guide).	Why me? A question many people with lupus carry. You do not have to carry it alone.
3	A short guide in plain words: "Why stress matters so much in lupus", from Dr. Sheenu's teaching on fight-or-flight.	Stress and flares are linked. A calmer day can start with five minutes.
4	A short guide for the family on how to be a calm support at home.	Your family can help. Get the free guide to share with them.
5	A one-page note on the affirmation "My body is my friend. It helps me live healthy" and how to use it each morning.	Free 45-minute call. If your mood does not lift, please also speak to your doctor or a counsellor.

Problem 8 · Confusion about food, herbs and immunity boosters

Source for this problem: Dr. Sheenu's food and medicine table, her do-not-give list of herbs and her one-day vegetarian plan; Dt. Shweta's case corrections; the Sales Kit rule to check medicines first. Plenty of material, with some open rulings where Sheenu's talk differs. No dose is used, and nothing here replaces the doctor.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A "check your medicine first" sheet: the client lists every tablet, capsule, herb and powder with the time taken, to bring to the call and to the doctor.	Thinking of an immunity booster for lupus? Ask your doctor first. Here is why.
2	A short guide: "Why boosting immunity is not the aim in lupus" (calm first, strengthen later), from Dr. Sheenu's teaching.	Your immune system is already overactive. We calm it first. Strengthening comes later.
3	A list of questions to ask the doctor before any herb, capsule or powder.	Some foods and herbs work against your tablet. Check before you add anything.
4	A short guide to foods commonly left out in autoimmune conditions (nightshades such as tomato and potato, very spicy and fried food, packed food, alcohol), to be confirmed against the client's medicines.	Tomato, curd, turmeric capsules: the questions to ask your doctor.
5	A food and feeling diary for one week: what was eaten, when, and how the body felt after.	Free 45-minute call: a clear picture of what to eat and what to ask, alongside your doctor.

Problem 9 · Foamy urine and swollen feet: worry about the kidney

Source for this problem: Dr. Sheenu's card (kidney row of the organ table) and Dt. Shweta's kidney case (case 1). The doctor leads and the guide gives no kidney numbers, so these ideas make no food claims. Thin by design: do not stretch it into food promises, and always send the client to the doctor first.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A short guide in plain words: "How lupus can reach the kidney", from Dr. Sheenu's organ table.	Foamy urine or swollen feet? Please see your doctor today.
2	A note to take to the doctor: when foam, swelling or puffiness was first noticed and what the reports said.	Your kidney is for your doctor first. Here is how we help around the doctor's plan.
3	A list of questions to ask the kidney doctor about water, salt and protein (the doctor gives the numbers).	Get your questions ready for the kidney doctor. Free checklist.
4	A short guide for the family: why the doctor leads and how to support the client at home.	Worried and waiting for reports? Free 45-minute call for calm and clarity, never instead of your doctor.
5	A calm breathing audio for the waiting days before reports (in for four counts, out for six).	The family can help. Share this guide.

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 · Rash, sun sensitivity and thinning hair

The problem the client names: "My face goes red in the sun, my hair is thinning and the marks do not go."

The pain behind it: Feeling ashamed of how the face looks, fear of going out, and a sense that the body is turning against them. Many stop meeting people and photographs.

#	Post topic	The one point the post makes
1	"I plan my day around the sun"	Arranging life around sunlight shows how much the rash controls the day. The point: sunlight is a known trigger, so gentle morning light, cover and sunscreen are the starting habits.
2	Why the skin reacts	The sun can make skin cells die, and the body then attacks what they release. The point: the rash has a reason in the immune system, it is not vanity.
3	The vitamin D question	Clients hear "get more sun". The point: in lupus the doctor checks vitamin D and decides about any tablet, and the client is not sent into the sun.
4	Marks and hair	Thin hair and dark marks hurt confidence. The point: they are part of lupus, and the client can ask the doctor what is expected.
5	Not psoriasis, not just eczema	Skin lupus is often confused with other skin conditions. The point: ask what the doctor has said and do not guess a name.

Problem 2 · Joint pain and morning stiffness

The problem the client names: "My fingers are stiff when I wake and my wrists swell."

The pain behind it: Fear of losing independence, of being unable to hold a pen, a pan or a child, and the quiet worry that the pain will spread. Mornings become something to dread.

#	Post topic	The one point the post makes
1	"I cannot open the jar"	Small daily tasks become hard. The point: lupus can swell the small joints, and a diary helps the doctor see the pattern.
2	Morning stiffness	The first hour of the day sets the mood. The point: note how long the stiffness lasts and tell the doctor.
3	No heavy workouts	Pushing through pain can feel like the right thing. The point: Dr. Sheenu says no high-intensity exercise, only gentle movement.
4	A flare and a rest day	Guilt on rest days is common. The point: rest on bad days is part of the plan, not a failure.
5	It is not "just joints"	Joint pain can be one part of a wider picture. The point: the doctor looks at the whole body, and so do we.

Problem 3 · Extreme tiredness

The problem the client names: "I am tired all the time and rest does not fix it."

The pain behind it: Feeling lazy or a burden, fear of letting the family and work down, and the worry that nobody can see how bad it is.

#	Post topic	The one point the post makes
1	"I used to do so much"	Missing the old energy is a real loss. The point: extreme tiredness is a key feature of lupus, so it is not a lack of will.
2	Four things that can look the same	Pain, broken sleep, a low blood count and medicine effects can all feel like tiredness. The point: a diary and the doctor's reports help tell them apart.
3	Sleep on time	Late nights add to the load. The point: Dr. Sheenu says sleep on time matters, and small fixed times are enough to begin.
4	A day built for low energy	Big plans fail on tired days. The point: one small routine, repeated, is better than a perfect plan.
5	Telling the family	Family may not see the tiredness. The point: a short, kind explanation helps the home understand.

Problem 4 · Not knowing what sets off a flare

The problem the client names: "One week I am fine and the next week everything flares, and I do not know why."

The pain behind it: Feeling out of control, fear of the next flare, and blaming themselves for something they cannot name. Plans for travel, weddings and work feel unsafe.

#	Post topic	The one point the post makes
1	"It came from nowhere"	Flares feel random. The point: sun, stress and infection are known triggers, and a diary can show the pattern.
2	Guards that attack the house	Dr. Sheenu explains lupus as guards who think the people inside are the enemy. The point: the body is not broken, it is confused, and calm helps.
3	Not your fault	Many clients blame a food or a thought. The point: lupus has more than one cause, and it is not the client's fault.
4	The three days before	Looking back helps. The point: write what came before the last flare, and bring it to the doctor.
5	Planning around a flare	Events are scary. The point: plan sleep, sun cover and rest early.

Problem 5 · Flares around the periods

The problem the client names: "My flares come just before my period, with bloating and sore breasts."

The pain behind it: Feeling betrayed by their own cycle, tired of explaining it again and again, and a fear that every month will be the same.

#	Post topic	The one point the post makes
1	"Every month, the same week"	A pattern that repeats is exhausting. The point: write the cycle day in the diary and take the pattern to the doctor.
2	Estrogen and progesterone	Too much estrogen and too little progesterone can set off flares. The point: this is a reason, and the doctor decides what to do about it.
3	Gentle, not hard	Heavy workouts before the period can cost a flare. The point: Dt. Shweta says soft yoga only, and Dr. Sheenu says no high-intensity exercise.
4	Stress and the cycle	Stress and hormones feed each other. The point: sleep, calm and routine are part of the plan.
5	Telling your partner	Partners may not link the mood and pain to the cycle. The point: a short, kind explanation helps.

Problem 6 · Weight gain and puffiness on steroids

The problem the client names: "I eat the same food, my face is round and my weight keeps going up."

The pain behind it: Shame about a body that changed because of medicine, anger at being told to "just eat less", and the fear of crash diets that make things worse.

#	Post topic	The one point the post makes
1	"I do not look like myself"	Changes in the face and body hurt. The point: some medicines hold water and raise appetite, so this is not the client's fault.
2	The scale lies	Weight alone hides real progress. The point: inches, energy and joint comfort are better measures.
3	No crash diets	Starving feels like a solution. The point: lupus needs a gentle plan, never a pushed deficit.
4	Hunger on medicine	Appetite can rise on steroids. The point: simple fixed meal times and cooked food help, and the doctor is told.

#	Post topic	The one point the post makes
5	A plan with your tablets	Medicines come first. The point: the coach plans food around the doctor's medicine and never changes it.

Problem 7 · Brain fog, low mood and fear

The problem the client names: "I cannot think clearly, I feel anxious for no reason and I keep asking why me."

The pain behind it: Fear of what lupus will do next, a feeling of being alone with it, and a loss of purpose. Stress, in turn, can feed the flares.

#	Post topic	The one point the post makes
1	"I cannot think clearly"	Brain fog is frightening. The point: lupus, medicine, poor sleep and stress can all do this, and the doctor should know.
2	"Why me?"	The question under the diagnosis. The point: Dr. Sheenu treats this identity question as part of healing, not a weakness.
3	A body always on guard	Fear keeps the body in survival mode. The point: calm daily practices are part of lupus care.
4	Not alone at home	Loneliness raises stress. The point: family counselling and community are part of the plan.
5	When low mood does not lift	Some days feel too heavy. The point: speak to the doctor or a counsellor the same day.

Problem 8 · Confusion about food, herbs and immunity boosters

The problem the client names: "Everyone gives me a different list. Can I take immunity boosters, turmeric capsules, tomato, curd?"

The pain behind it: Fear of doing the wrong thing, guilt about every meal, and feeling that everyone has an opinion but nobody has the whole picture.

#	Post topic	The one point the post makes
1	"My cousin swears by this herb"	Well-meant advice can clash with medicine. The point: nothing new goes in before the medicine check and the doctor.
2	Calm first, strengthen later	The body's defence is already overactive. The point: "boost immunity" is the wrong aim in lupus.
3	Food and your tablet	Some foods work against a tablet. The point: the coach checks the medicine list before any food change.

#	Post topic	The one point the post makes
4	The long list of "do nots"	Long lists create fear. The point: start with a few simple habits and one change at a time.
5	A pinch, not a capsule	Small kitchen amounts and high-dose capsules are not the same. The point: ask the doctor before any capsule.

Problem 9 · Foamy urine and swollen feet: worry about the kidney

The problem the client names: "There is foam in my urine, my feet are swollen and my face is puffy in the morning."

The pain behind it: Fear of kidney failure, of lifelong dialysis, and of not knowing what to eat or drink. Many feel everything is out of their hands.

#	Post topic	The one point the post makes
1	"Foam in the urine"	Many ignore it at first. The point: foam with swelling is for the doctor the same day.
2	What the kidney does	The kidney has tiny filters that immune complexes can clog. The point: that is why the doctor checks the urine and the kidney.
3	Doctor first, always	Food advice can confuse. The point: protein, water and salt follow the doctor's numbers, not a general list.
4	Waiting for reports	Waiting is its own stress. The point: calm breathing and a question list can help while waiting.
5	Your family and your kidney	Families worry too. The point: informed support at home helps more than guessing.

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 live with lupus, and you are tired of the flares, the rash that comes with the sun, aching joints and the long list of what you must not do, this is for you." "It is not your fault. In the next few minutes I will show you what is going on in your body, and a way to live well with it, alongside your doctor."
2 · The problem	"Many people with lupus are told a name and given tablets. Then they are left with questions. What sets off a flare? What can I eat? Should I take this herb? Why am I always so tired?" "Underneath, the body's defence system, which should protect you, has started to attack your own body. Dr. Sheenu explains it like this: the guards outside your house begin to think the people inside are the enemy. Sun, stress, infection and hormones can all set it off." "And underneath that, there is often something else: fear, and no one to walk with you between doctor visits."
3 · The solution	"At Healthyfy we look at the whole person, not one symptom. We say plainly: there is no permanent cure for lupus. What we work on is fewer and milder flares, a calmer body and protecting your organs, together with your doctor." "We start with a free 45-minute Clarity Call. In it you see the real reasons behind how you feel, in five parts: your problem and symptoms, your lifestyle, the root cause, your first priority, and a Blueprint with an action plan." "If you decide to go further, a coach meets you every week on food, daily routine, mind and emotions, alongside your doctor. We never replace your doctor or your medicines. Only your doctor changes a medicine."
4 · Testimonial, as a case study (no name)	**Their situation:** "[Describe a consented client as a pattern only: for example, a rash that came with the sun, stiff joints in the morning, tired all day. No name, age or job.]" **What was done together:** "[In one or two lines: what the client and coach worked on together, for example a flare and symptom diary, food at fixed times, sun care, gentle movement and emotional support, alongside the doctor.]" **What changed, in their words:** "[In the client's own words, and with the time taken: for example, fewer bad days, feeling calmer, more energy. Add: results are different for each person, and the doctor decides about every medicine.]"

Block	What the coach says
5 · The next step	"If this sounds like you, book your free 45-minute Clarity Call. You will leave with a clear picture of what is going on and your first steps, whether or not you work with us." "Click the button below, pick a time, and take the first step towards living well with lupus."

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. There is no HFS lupus client file, so if no consented case exists, replace this block with the pattern sentence in the box above and show no result.

DIAMOND COACH GUIDE

The Lupus Coach Guide

BY DR. DT. SHEENU SANJEEV

Built from Dr. Sheenu's Autoimmune (Lupus) protocol and lupus case-study sessions, Healthyfy case studies and real client trackers. One clear path that follows the client: before they come, the consultation from start to end, then the transformation journey.

INSIDE THIS GUIDE

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



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

Let's Heal India · Make India Healthy

HEALTHYFY® HEALTH AND EDUCATION INSTITUTE & RESEARCH COUNCIL
"We Build Health And Create Healthpreneurs"™

HEALTHYFY.COM