DIAMOND COACH GUIDE

A HEALTHYFY INSTITUTE SERIES



The

MENOPAUSE

Coach Guide

DR. DT. SHEENU SANJEEV

HEALTHYFY® HEALTH AND EDUCATION INSTITUTE & RESEARCH COUNCIL

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Diamond Coach Guide

The Menopause Coach Guide

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

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

Built from Dr. Sheenu's Diamond Council Menopause protocol card and deck (session of 26 June 2025) and her case-study pack, the HFS case studies, HFS client files and trackers, the Healthyfy Overlay System and Indian Food Swap Guide, and the Healthyfy Sales Kit made on 3 October 2026. Teaching use only. Not medical advice and not a treatment claim to clients.

Index: what is on which page

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

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01

SECTION 1

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

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

1.1 The name

Name the call by what the client walks away with. For menopause use **Menopause Clarity Call** (the niche version of the Root Cause Clarity Call). The word "menopause" is the client's own word, so use it; avoid "treatment", "cure" and "reversal". Never call it a "sales call" or a "free consultation".

Item	Detail
Name	Menopause 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	Women in perimenopause, menopause or after it (irregular or stopped periods, hot flushes, night sweats, broken sleep, mood swings, weight around the belly, joint pain, dryness, brain fog, hair fall), or after a surgery or treatment that stopped the periods, who want to know the real reason behind how they feel, and the way through

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 menopause words (optional)

The five benefits above are fixed. If you want a menopause line for the booking message, use only this one: "On this call you will see what is really behind your hot flushes, your broken sleep, your mood and your weight, and the first steps to feel like yourself again."

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 menopause client (from Section 2.6):**

The Blueprint is general. Its walk, run, jog or gym line follows the client's doctor first, and Sheenu's card is gentler: **no crash diet and no heavy workout** (the estradiol that remains partly comes from fat tissue), weight-bearing exercise for the bones, slow work on weight and abdominal inches. Where the client has a heart condition, high BP, osteoporosis, a recent fracture, or any doctor-set limit, the doctor's limit leads. Its water line (3 to 5 litres) follows the doctor where there is kidney or heart disease.

Tell them to keep taking every medicine exactly as the doctor said, and not to start hormones or any tablet on their own. The Blueprint says nothing about medicine and must never sound as if it does.

The Blueprint contains no herbs, no seeds, no oils, no supplements, no hormone advice and no detox. Those are delivered inside the programme, after you have seen the reports and the medicines (Sections 2.6.8 to 2.6.10).

If the client reports chest pain, trouble breathing, a sudden severe headache, bleeding after the periods have stopped, a breast lump, or low mood that will not lift, they need a doctor now, not a Blueprint (Section 2.6.11).

1.5 The follow-up after the call

How the call ends	Before you hang up	Within ten minutes
Yes	Send the payment link on the call and stay on while they pay. Fix the first session date	Welcome message, what happens next, the group or app link
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. Menopause listening cues come from Sheenu's Menopause protocol card and Diamond Council deck (symptoms, causes, tests, medicines, scope) and Sheenu's case pack. Questions marked "menopause 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, seed cycling, oils, 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, last period) 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. Several symptoms in menopause are private (dryness, desire, leaking). Let the client lead, and never press.

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 menopause:

- **Which result to share.** The kit gives five Dr. Sheenu clients; none is labelled as a menopause client, so choose by the client in front of you. The one menopause-related HFS case is the 49-year-old vegetarian client in Sheenu's case pack (Section 4.1): 84 kg to 76.6 kg in three months, BP from 160/106 to 124/89 with medicine, and hot flushes, irritability, sleep and energy all recorded as improved. Share it only with its context: "with their doctor", and the result is theirs, not a promise.
- **Ask where they are, not what they are called.** "When was your last period? Are they irregular, or have they stopped?" Do not say "you are in menopause". The doctor confirms it (Section 2.6.1).
- **Ask whether it was natural.** A surgery, chemotherapy or radiation changes the plan and who leads (Section 2.6.4).
- **Decision maker.** Ask it plainly. If someone at home cooks, pays or decides, invite that person to the call or fix a second call. In Sheenu's night-sweat teaching she counsels husband and wife together: a partner on the call is often a help.
- **Say before the call ends that you will look at their reports and medicines.** Ask them to keep ready the hormone tests if they have them (FSH, LH, estradiol), thyroid, sugar, lipids, vitamin D, B12, calcium, and any bone scan, with the list of medicines and supplements.

2.3 Registration: record and move on

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

Menopause prompt: note now if the periods stopped after surgery, chemotherapy or radiation; if a pregnancy is still possible; if there is a heart condition, kidney disease, a thyroid or autoimmune condition, or diabetes; and if there has been a fall or fracture. The plan and the doctor's role change (Section 2.6.11). Note if they have chest pain, trouble breathing, a sudden severe headache, bleeding after the periods have stopped, a breast lump, 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 the hot flushes and night sweats to stop."	Goal: fewer flushes, sleep through the night. Ask how many a day and at what time. Never promise they will stop
"I want to sleep. I wake at 3 am every night."	Goal: sleep. Ask about the bedroom, screens, caffeine, the evening meal, and the sweats
"I have gained 10 kg and nothing works."	Goal: weight and belly. Do not promise a number. Sheenu: no crash diet, strength work, slow weight and inches
"I want my mood back. I am angry and sad for no reason."	Goal: a steadier mood. Use their words. A low mood that does not lift goes to the doctor (Section 2.6.11)
"I do not want to take hormones."	Goal: a non-hormonal path with the doctor. HRT is the doctor's decision; never push for or against it
"My bones are weak. My mother had osteoporosis."	Goal: protect the bones. Ask about a scan and vitamin D. Use only the fear they name
"I want to be intimate again, but it hurts."	Goal: comfort. Treat it with care; the doctor and the gentle measures in the card; do not ask for detail
"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 weight or a date.

2.5 Section B · Problems, symptoms and their impact

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

Listen for	Menopause prompt (only if unclear)	What it may point to
Hot flushes, night sweats	"How many a day? Mostly at night? Does anything bring them on, like coffee, spicy food or stress?"	The brain's temperature centre reacting to the fall in estrogen (Sheenu). Triggers are caffeine, spicy food and alcohol
Irregular periods, skipped months	"When was your last period? Heavy, light, or skipped?"	Perimenopause. Bleeding after 12 months with no period goes to the gynaecologist
Weight gain, belly fat, cravings	"Over how long? Has your eating changed? Do you wake hungry at night?"	Slower metabolism, insulin resistance, thyroid (Sheenu). Ask for the sugar and thyroid reports
Tiredness	"Is it the broken sleep, the flushes, or a heavy tiredness all day?"	Disturbed sleep, a thyroid problem, low iron, B12 or vitamin D, or low testosterone. Ask for the reports
Low mood, anxiety, irritability, brain fog	"Is it worse before the period, or at night? Do you forget words or why you came into a room?"	Estrogen and serotonin, poor sleep, B12 (Sheenu). Low mood that does not lift: doctor
Joint pain, back pain, a fall	"Which joints? Worse in the morning? Any fall or fracture?"	Estrogen loss and bone loss (Sheenu). Ask about vitamin D and a bone scan
Dryness, pain, urinary infections, leaking	Only if the client raises it: "Are you getting any comfort problems that we should plan around?"	Thinning lining, alkaline pH (Sheenu). The doctor and the gentle measures; infections go to the doctor
Hair fall, dry skin, acne, chin hair	"Since when? Any thyroid or iron problem?"	Estrogen, thyroid, iron, or low SHBG with high free testosterone (Sheenu)
Low desire	Only if raised. Do not probe	Estrogen and testosterone, mood, sleep, dryness (Sheenu)

Listen for	Menopause prompt (only if unclear)	What it may point to
Sleep and screen time	"What time do you sleep and wake? When does the screen go off?"	Sheenu: a fixed sleep-wake time, no blue light, a dark room for melatonin

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	Menopause detail to capture
The periods	Age at the first period if they know it; last period; the pattern in the last year; any bleeding after the periods stopped; any pregnancy possible
Surgery or treatment	Hysterectomy, removal of the ovaries, chemotherapy, radiation: what and when. A uterus that is still there matters for any hormone advice the doctor gives (Sheenu)
Diagnosed conditions, since when	Thyroid (and whether it is Hashimoto's), diabetes or pre-diabetes, high BP, cholesterol, osteoporosis or osteopenia, anaemia, fatty liver, any autoimmune condition, PCOS in the past
Current medicines	Name, dose and time of day: the thyroid tablet, BP tablets, diabetes tablets, HRT or a hormone cream, an antidepressant, gabapentin, a bisphosphonate, pain tablets for migraine, anything started or stopped lately
Supplements and herbs on their own	Calcium, vitamin D, B12, omega-3, magnesium, evening primrose oil, vitamin E, shatavari, ashwagandha, any "menopause capsule" or hormone cream bought online, and for how long
Reports	FSH, LH, estradiol, free testosterone and SHBG if done; TSH, T3, T4 and thyroid antibodies; fasting sugar and HbA1c; lipids; vitamin D3, B12, calcium, ferritin; DEXA (Section 2.6.6). Note the date. Note "not done" without judgement
Habits that touch menopause	Caffeine cups a day, spicy food, alcohol, smoking, water in litres a day, sun exposure

Record	Menopause detail to capture
Family history	Early menopause, osteoporosis, diabetes, heart disease, breast cancer in the family. In their words (Sheenu's case pack lists the mother's osteoporosis and diabetes)

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. For menopause, weight is slow and inches and symptoms are the better measures (Section 3.3).

2.6 Ready reckoner for Section B: the disease

Source: Dr. Sheenu, Menopause protocol card and the Diamond Council Menopause deck (session of 26 June 2025, Menopause Holistic Plan), including her case-study pack. The reference ranges and the timing of tests are the ones printed in her deck. The 26 June 2025 transcript in Drive is the Zoom chat only, so none of the spoken teaching of that day was available beyond the card and the deck.

Menopause is the natural end of the monthly periods, and with it the end of the years in which a woman can have children. It is not a disease. The ovaries make less and less of the hormones estrogen and progesterone, and many parts of the body that used those hormones have to adjust: the brain's temperature control, the bones, the heart, the skin, the bladder and the mood. Read this part once before your first menopause client, and keep it open while you listen to Section B of the consultation form.

Sheenu's words to hold on to. "Menopause is not a pause. It is a powerful transition. Give yourself the time, space and grace to rediscover who you truly are."

Why this matters on the call. A client who has been told "it is just age, bear it" has usually been left alone with real symptoms. Your first job is to help the client feel that what they live with has a reason, and that there is a way through it. Sheenu's own list of things not to do starts with: do not ignore hot flushes and mood changes.

Source: Dr. Sheenu, Menopause protocol card (the medicine pages, Ayurveda, homeopathy, seed cycling and the Step 15 rules on what the coach does and does not do) and the Diamond Council Menopause deck. The rule that only a certified doctor prescribes is Sheenu's, printed on her slides. HFS Overlay System (priority rule and conflict table).

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

What you listen for in Section B	Where to find it
1. What menopause is, and the three phases	Section 2.6.1
2. The hormones: estrogen, testosterone and SHBG	Section 2.6.2
3. Reading the symptoms	Section 2.6.3
4. Why it happened: the causes	Section 2.6.4
5. What the fall in estrogen leads to (for your knowledge, never to frighten)	Section 2.6.5
6. Tests and readings you can ask for, with the best time to take them	Section 2.6.6
7. Which system is affected, and what is possible with the doctor	Section 2.6.7
8. Medicines: HRT, non-hormonal, homeopathy (knowledge only)	Section 2.6.8
9. Food and medicine, the thyroid tablet, calcium and iron	Section 2.6.9
10. Herbs, seeds and oils: what each does and the care it needs	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 menopause is, and the three phases

Menopause is confirmed only after **12 months in a row with no period**. It usually happens between the ages of 45 and 55. What the client calls "menopause" is often one of three different stages, and what you say changes with the stage.

Phase	What it is	What the client usually reports
Perimenopause	The years before the last period, which can last 4 to 8 years. Hormone levels go up and down, they do not simply fall	Irregular periods, hot flushes, sleep trouble, mood swings, a change in sexual function. Many clients are still having periods and do not think of it as menopause at all
Menopause	The point when 12 months have passed with no period. A big fall in estrogen and progesterone	Hot flushes and night sweats at their strongest for many; dryness; weight around the belly; joint pain
Post-menopause	All the years after. Some symptoms ease, but the long-term risks of weak bones and heart disease rise because estrogen stays low	Dryness, urinary trouble, bone and joint pain, a fall or a fracture, and worry about the heart

- **If the periods have stopped because of surgery, chemotherapy or radiation,** the change is sudden, and the symptoms are usually stronger (Section 2.6.4). Sheenu's case pack has a 36-year-old after a hysterectomy with both ovaries removed: more than ten hot flushes a day within three months.
- **Do not call it menopause yourself.** Say what the client told you: "your periods have become irregular" or "you have not had a period for eight months". The doctor confirms it.

2.6.2 The hormones: estrogen, testosterone and SHBG

Sheenu spends a long time on three ideas. Understanding them lets you read a report with the client, and explain, in simple words, why a client with a "normal" report can still feel unwell.

Estrogen is a group of hormones

Hormone	What it is	What to know
Estradiol (E2)	The strongest and most active estrogen. Made mainly in the ovaries	Controls the cycle, fertility, mood, skin, bones and more. Falls sharply after menopause. This is the one most often tested in the blood

Hormone	What it is	What to know
Estrone (E1)	A weaker estrogen. Becomes the main estrogen after menopause	Made in the fat tissue, the adrenal glands and the liver once the ovaries stop. Too much estrone after menopause, especially with obesity, is linked to a higher risk of breast and uterine cancer (Sheenu)

What estradiol does for the body (Sheenu): it keeps the reproductive system, the vaginal lining and the cycle working; it keeps bone density and prevents osteoporosis; it supports serotonin, memory and mood; it keeps the skin elastic and the hair growing; it protects the arteries and helps the good cholesterol (HDL); it maintains breast tissue.

Why you do not push hard on weight loss (Sheenu). After menopause part of the estradiol the body still makes comes from fat tissue. So a crash diet or a heavy workout, which drops fat fast, can make the client feel worse. Go slow on weight and on abdominal inches. This is the first point where the usual Healthyfy weight-loss base is softened.

Total testosterone and free testosterone

	Total testosterone	Free testosterone
What it is	All the testosterone in the blood: about 60 to 70 percent is bound to SHBG, about 25 to 30 percent is bound to albumin, and about 1 to 3 percent is free	The active form, not bound to anything. It is the part that tissues such as the brain, muscle, ovaries and skin can actually use
What it tells you	The overall amount in circulation. It does not tell how much the cells can use	The usable hormone
Range in women (varies by lab)	15 to 70 ng/dL	0.3 to 1.9 ng/dL, or 0.1 to 6.4 pg/mL, depending on the method

The point (Sheenu): if the client has tiredness, loss of sexual desire or thinning hair, and the total testosterone is normal, **ask for the free testosterone**. In menopause the free value can be low because SHBG is high and traps the hormone.

SHBG: the "hormone bank"

SHBG (sex hormone binding globulin) is a protein made in the liver. It holds on to testosterone and, less so, estrogen, and while it holds them they are inactive. The normal range for women is about **18 to 144 nmol/L** (varies by lab and age). Sheenu's picture: bound hormone is money in a fixed deposit, not available to spend; free hormone is money in the hand. Too much in the bank and you feel poor. Too little in the bank and you overspend and crash.

SHBG	Effect on the hormones	What the client may feel (Sheenu)
Normal	Keeps hormones balanced and avoids spikes	Stable mood, skin, weight and desire
Too high	Too little free testosterone and estrogen	Tiredness, low desire, muscle loss, mood trouble
Too low	Too much free testosterone and estrogen	Acne, facial hair, a picture like PCOS, insulin resistance

Low SHBG in menopause (Sheenu's list): facial hair, acne or oily skin, belly fat, PCOS-like symptoms, mood swings, insulin resistance or pre-diabetes, a higher heart risk (low SHBG goes with higher LDL, lower HDL and inflammation), scalp hair thinning, and a changing response to hormone treatment. Sheenu calls low SHBG a metabolic risk marker. You never diagnose it. You ask for it and the doctor reads it.

2.6.3 Reading the symptoms

These are Sheenu's groups. The "why" column is her teaching. The "listen for" column: the client's own words to expect.

Group	Symptom and why (Sheenu)	Listen for
Heat and sweating (vasomotor)	**Hot flushes:** a sudden feeling of heat, strongest over the face, neck and chest. **Night sweats:** the same during sleep, often breaking sleep. Cause: the fall in estrogen upsets the brain's temperature centre (the hypothalamus), so the blood vessels widen (heat, sweat) or narrow (chills) quickly	"I wake up drenched." "I feel a wave from the chest to the face in meetings." "I throw off the blanket and then I am cold"
Periods	Irregular cycle length, flow and frequency. Then the periods stop	"Some months skipped, some months very heavy"

Group	Symptom and why (Sheenu)	Listen for
Genital and urinary	**Vaginal dryness:** the lining thins and dries, so intercourse is painful. **Urinary trouble:** passing urine often, urgency, more infections. Sheenu: the vaginal pH turns alkaline, which is why urinary infections come back	Clients seldom say this first. They say "pain", "burning", "I avoid my husband", or "I keep getting a urine infection"
Mood and mind	Mood swings, irritability, anxiety, low mood. Trouble concentrating and short-term memory lapses (brain fog). Cause: estrogen affects serotonin, and poor sleep adds to it	"I snap at everyone." "I forget why I came into the room." "I feel lost since the children left"
Sleep and energy	Trouble falling asleep and staying asleep. Tiredness. Estrogen and progesterone affect melatonin and cortisol	"I wake at 2 or 3 am and cannot go back to sleep"
Body and skin	Weight gain, especially around the belly, because the metabolism slows and fat distribution changes. Thinning hair. Dry skin and less elasticity	"I eat the same and I gain." "My hair is coming out in the comb"
Bones and joints	Joint pain and stiffness. Bone loss, so a higher risk of fractures. Sheenu mentions frozen shoulder and ankle fractures at 40 and above	"Knees and lower back." "I fell and took weeks to recover"
Long-term risks	Osteoporosis, heart disease, urinary incontinence, loss of desire	Never used to frighten. These are for your knowledge

A counselling point from Sheenu's card. Because the vaginal pH turns alkaline and the vaginal wall becomes thin, infections and the risk of cervical disease are higher, so a client who is sexually active should be told that **condoms are advised in perimenopause and menopause**. Say it only in a private one-to-one, gently, and only when it fits what the client has told you. The wording is the guide's.

2.6.4 Why it happened: the causes

Cause	What it means (Sheenu)	What the coach does
Natural decline	The ageing ovaries make less estrogen and progesterone. Ovulation stops, and then the periods stop	Normal. Support the symptoms and protect the bones, heart and mood

Cause	What it means (Sheenu)	What the coach does
Surgery	Removal of the uterus and/or the ovaries. If the ovaries go, the hormone fall is abrupt and menopause is immediate	Stronger symptoms and earlier risk to bones, heart and sugar. Ask what was removed and when. The surgeon and doctor lead; HFS puts surgical at the top of the ladder (Section 2.6.11)
Medical treatment	Chemotherapy and radiation can damage the ovaries and bring early menopause	The oncologist is in the loop. Supportive nutrition only (HFS: post-oncology is not weight loss)
Medicines	Some drugs cause menopause-like symptoms: chemotherapy drugs, morphine, antidepressants (Sheenu)	Note every medicine. Never ask the client to stop one
Early or stress-linked stopping of periods	Sheenu's homework case: a 39-year-old with no period for 10 months after a very stressful divorce, hair thinning, a high FSH and very low estrogen, a normal ultrasound. Her question to students: could this be premature menopause?	Do not name it. The doctor decides. Support with food, stress work and sleep around whatever the doctor finds

Other things that look like menopause (Sheenu): an underactive thyroid can bring tiredness, weight gain, hair fall and irregular periods, so Sheenu puts the thyroid profile in the first tests "to rule out other causes". Low iron, low B12, low vitamin D and poor sleep add to the same complaints.

2.6.5 What the fall in estrogen leads to

By body system (Sheenu)

System	Role of estrogen	What happens when it falls
Bones	Helps the body absorb calcium and keeps bone density	Less calcium absorbed, then osteoporosis. Bone is always being broken down by cells called osteoclasts and rebuilt by osteoblasts; after menopause the breaking down outruns the rebuilding
Heart and vessels	Keeps HDL high, keeps vessels supple	High LDL, low HDL, stiffer arteries, a higher heart risk

System	Role of estrogen	What happens when it falls
Brain	Supports serotonin and other messengers, reduces inflammation	Low mood, brain fog, memory decline; Sheenu lists a higher Alzheimer's risk in the long run
Skin and hair	Keeps collagen, moisture and hair follicles	Thin, dry skin, wrinkles, hair fall
Vagina and bladder	Keeps the lining thick and moist and the vaginal pH acidic	Dryness, pain, infections, urgency, leaking
Sugar and weight	Helps regulate insulin and fat metabolism	Belly fat, insulin resistance, higher sugar and cholesterol, metabolic syndrome

By time (Sheenu)

Time	What may come
Short term	Hot flushes, irritability, sleep trouble
Mid term	Vaginal dryness, a higher risk of urinary infection, loss of desire
Long term	Osteoporosis, heart disease, Alzheimer's risk, metabolic syndrome and weight gain

> This is for **your** knowledge. On the call use only the fear the client names themselves. Never predict a fracture, a heart attack or dementia, and never imply that enrolling is the only safe choice. Their doctor gives the diagnosis and the outlook.

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. Ranges differ from lab to lab, so always read each number against the range printed on that report. The ranges below are the ones in Sheenu's deck.

Diagnosis in Sheenu's card

- **Symptoms first:** age plus missed periods.

- **Blood tests, if needed:** FSH above 30 mIU/mL, a low estradiol, and a thyroid profile to rule out other causes.
- **A bone density scan (DEXA)** if there is a risk of osteoporosis.

The hormone tests, with the best time to take them

Test	Range (Sheenu's deck)	Fasting?	Best time	What it shows
FSH	4 to 21 IU/L before menopause; above 30 IU/L in menopause	No	Morning; day 2 to 5 of the cycle if still cycling	Rises as the ovaries stop responding
LH	5 to 20 IU/L	No	Same as FSH	Rises because the ovaries no longer give the "stop" signal
Estradiol (E2)	30 to 400 pg/mL before menopause; below 30 pg/mL in menopause	No	Day 2 to 5 for the baseline	Falls: hot flushes, dryness, mood change
Progesterone	5 to 20 ng/mL in the luteal phase; below 1 ng/mL in menopause	No	Day 21 of a 28-day cycle	Falls hard: irregular cycles, anxiety
Testosterone (total and free)	Total 15 to 70 ng/dL; free 0.3 to 1.9 ng/dL	Fasting is recommended	Early morning, 7 to 10 am	Slow decline: low desire, tiredness, less muscle
DHEA-S	35 to 430 µg/dL (varies with age)	No	Morning preferred; any time of day is acceptable	May fall: energy, mood, skin, muscle tone
Prolactin	4.8 to 23 ng/mL	Fasting preferred	Morning, after rest	Usually normal; checked to rule out a pituitary cause
SHBG	18 to 144 nmol/L	Not stated	Not stated	High or low, as in the hormone bank table above

- **Sheenu's testing notes:** avoid the test during illness or while on hormonal medicine. Before the prolactin test avoid stress, exercise and nipple stimulation. Fasting improves accuracy, especially for free testosterone.
- **In the session chat a student noted a short list to remember: FSH, SHBG, free testosterone, LH.**

The thyroid, metabolic and heart tests

Test	Range (Sheenu's deck)	What can happen in menopause
TSH	0.4 to 4.0 µIU/mL	May rise slightly. Check for an underactive thyroid
Free T3	2.3 to 4.2 pg/mL	May fall: tiredness, weight gain
Free T4	0.8 to 1.8 ng/dL	Usually stable or slightly low
Anti-TPO and anti-Tg antibodies	Anti-TPO below 35 IU/mL; anti-Tg below 40 IU/mL	High in Hashimoto's thyroiditis (an autoimmune thyroid problem). Matters for seeds (Section 2.6.10)
Fasting blood sugar	70 to 100 mg/dL	May rise because of insulin resistance
HbA1c	Below 5.7 normal; 5.7 to 6.4 pre-diabetic	Often rises in menopause
Lipid profile	LDL below 100; HDL above 50; triglycerides below 150 mg/dL	LDL and triglycerides rise; HDL may fall
Homocysteine	5 to 15 µmol/L	May rise, and with it the heart risk
hs-CRP	Below 1 mg/L is low risk; 1 to 3 is moderate	Rises with inflammation in the whole body
Lipoprotein (a)	Below 30 mg/dL	A genetic risk factor that may rise after menopause

The vitamins, minerals and bone markers

Test	Range (Sheenu's deck)	What can happen in menopause
Vitamin D3 (25-OH)	30 to 100 ng/mL	Often low: bone risk and tiredness
Vitamin B12	200 to 900 pg/mL	May be low: memory and nerve trouble. If it is very low, Sheenu says the injection comes first (the doctor gives it)
Calcium (total)	8.5 to 10.5 mg/dL	May fall if vitamin D is low
Magnesium	1.7 to 2.2 mg/dL	Often low: sleep trouble, anxiety, cramps
Ferritin	20 to 200 ng/mL (female)	May fall: hair fall, tiredness
Phosphorus	2.5 to 4.5 mg/dL	Part of the bone picture

Test	Range (Sheenu's deck)	What can happen in menopause
Alkaline phosphatase (ALP)	44 to 147 IU/L	May rise with high bone turnover or liver stress
DEXA scan	T-score of -1 or above is normal; below -2.5 is osteoporosis	Falls with bone loss. Not a blood test, but Sheenu calls it essential

Other reports Sheenu names: a full blood count, liver and kidney function tests, zinc, and the ANA test (antinuclear antibody: it detects antibodies that attack the nucleus of the body's own cells, so it helps when an autoimmune problem is suspected). Ask for them only if the doctor has asked for them, and note "not done" without judgement.

2.6.7 Which system is affected, and what is possible

Use this table to turn what the client says into the body system behind it. This lets you say, in the client's words, "what you describe is your body adjusting to a lot less estrogen". The system column is built from Sheenu's system table above.

What the client reports	System behind it	What it can look like in the reports
Hot flushes, night sweats, broken sleep	Brain temperature centre and the nervous system	Usually FSH and LH up, estradiol down; thyroid and sugar checked to rule out other causes
Weight around the belly, cravings, tiredness	Metabolism, insulin, thyroid	Fasting sugar, HbA1c, TSH, lipids, free testosterone and SHBG
Joint pain, back pain, a fall, a loss of height	Bones and joints	Vitamin D, calcium, ALP, DEXA
Low mood, brain fog, forgetting	Brain messengers, sleep, B12, thyroid	B12, vitamin D, TSH, ferritin, homocysteine
Dryness, pain, urinary infections, leaking	Vagina and bladder	The doctor's examination; usually no blood test needed
Hair fall, dry skin, acne, facial hair	Skin and hair; androgens; thyroid; iron	Ferritin, TSH, free testosterone, SHBG, DHEA-S

What the client reports	System behind it	What it can look like in the reports
Low desire, low energy	Estrogen and testosterone; mood; sleep	Free testosterone, DHEA-S, estradiol

Say it as possible, never as promised. Sheenu gives no timeline for any symptom to settle, and menopause itself is not reversed. What her plans aim at is easing the symptoms, protecting the bones, heart and mood, and helping the client feel like themselves again. Her own case pack uses "Holistic MPESS-based plan" and "what outcome will the client get after 12 weeks" as the frame.

Area	What a plan aims for (Sheenu)	What you can say
Hot flushes and sleep	Fewer triggers, a cooler sleeping room, calm before bed, foods and practices that support the nervous system	"We work on the triggers and the calm, and we track how many flushes you have in a week"
Weight and belly	Strength training, low-GI food, no crash diet	"Slow, steady, and kind to your hormones"
Bones	Calcium and magnesium foods, early morning sun, weight-bearing exercise, a bone scan, the doctor's advice on vitamin D	"We protect the bones from today"
Mood, memory and sleep	Breathing, journaling, a fixed sleep time, B12 and magnesium food	"A calmer day, a clearer head"
Vaginal and urinary comfort	Pelvic floor exercises, certain oils, hydration; the doctor for creams	"There are gentle things that help, and your doctor can add more"
Metabolic health	Food and movement to settle sugar and cholesterol, with the doctor	"We watch your sugar, cholesterol and bones together"

2.6.8 The medicines you will see (knowledge only)

Allopathy (Sheenu)

What	What it is for	What to know
Hormone replacement therapy (HRT): estrogen alone	For a woman whose uterus has been removed	Reduces hot flushes and protects the bones
HRT: estrogen with progesterone	For a woman whose uterus is still there	Same benefits. Risks listed by Sheenu: breast cancer, stroke and blood clots, in some women. Sheenu says HRT is rarely advised and the decision is wholly the doctor's
SSRIs (an antidepressant group)	Hot flushes and mood	Prescribed for symptoms; do not ask the client to stop
Gabapentin	Hot flushes	A doctor's medicine
Bisphosphonates	Bone loss	A doctor's medicine for osteoporosis
Calcium with vitamin D	Bone health	The doctor sets the dose. See the supplement note below
Vaginal estrogen cream	Vaginal dryness	The one medicine you may tell the client about (see above)

Homeopathy (Sheenu)

Sheenu's slide lists common remedies: Lachesis (hot flushes, left-sided symptoms), Sepia (irritability, vaginal dryness, prolapse), Pulsatilla (emotional sensitivity, irregular periods) and Sulphur (heat, sweating, dryness). They are non-hormonal and often used alongside other therapies. They are prescribed by a qualified homeopath. You never choose or advise one.

What the client may already be on (from Sheenu's case pack)

In the case pack	What it is	What you do
Levothyroxine (Thyronorm 75 mcg)	Underactive thyroid	Early morning, empty stomach, with plain water, 30 to 60 minutes before breakfast or tea. Calcium and iron away from it

In the case pack	What it is	What you do
Telmisartan 20 mg	High blood pressure (an ARB)	Morning or evening as the doctor says, with or after a light breakfast
Metformin 500 mg twice a day	Type 2 diabetes	After meals. Cinnamon water is not for a client on diabetes medicine (Section 2.6.10)
Vitamin B12 injection, omega-3 capsules, vitamin D3 sachet or 60,000 IU weekly, calcium citrate	Supplements	Note the dose and the day. The doctor decides every change
Evening primrose oil, ibuprofen for migraine, an antacid	Taken by the client	Note them for the doctor; never advise on them
No HRT, "due to fear of side effects"	A choice by the client in the case of surgical menopause	Never push for or against. Take it to the doctor

Supplements. Sheenu's holistic plan lists calcium with vitamin D3, omega-3, magnesium and B-complex, and says B12 by injection first when it is very low. No doses are given, and her card says no medicine without a doctor. So: name the supplement as something to discuss with the doctor, record what the client takes, and never set a dose.

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

Menopause has no medicine class of its own to check against, as high blood pressure does. The cross-checks that matter come from what menopausal clients are very often on: a thyroid tablet, a BP tablet, diabetes tablets and supplements. These come from Sheenu's case pack and from the HFS overlays.

If the client takes	Timing and cautions	From
A thyroid tablet	Empty stomach, plain water, 30 to 60 minutes before breakfast or tea. Calcium and iron supplements and calcium- or iron-rich meals are kept away from the morning, for lunch or the evening. The HFS thyroid overlay says the same: watch the gap, and keep calcium and iron away from the tablet	Sheenu's case pack; HFS thyroid overlay

If the client takes	Timing and cautions	From
A BP tablet	With or after a light breakfast. Salad, hibiscus tea and beetroot are listed in the case pack as natural BP support, but the interaction checks for BP herbs are in the Blood Pressure guide, not here. If a BP client also has menopause symptoms, BP leads (Section 2.6.11)	Sheenu's case pack; HFS ladder
Diabetes tablets or insulin	No cinnamon water. Food and seed choices follow the HFS diabetes overlay (portion the rice, fibre first, a walk after meals). Sugar falls can come with weight change, so the doctor is told early	Sheenu, weight-gain row; HFS diabetes overlay
Calcium, vitamin D or iron	Away from the thyroid tablet. Iron is better with vitamin C and away from tea and coffee (HFS anaemia overlay). Calcium and iron are not taken together (HFS)	HFS overlays
Evening primrose oil, vitamin E, omega-3	Taken as capsules only on the doctor's advice. Vitamin E capsules used inside the vagina: the doctor first (Sheenu)	Sheenu's case pack
Hormones (HRT) or a vaginal estrogen cream	The doctor decides. Do not combine them with phytoestrogen foods and seed cycling on your own: tell the doctor what the client eats and plans to take	Caution; Sheenu: HRT is the doctor's
Antidepressants, gabapentin, bisphosphonates	Never ask the client to stop. Note the time of day and what they eat then. For a bisphosphonate, the doctor gives the instructions about timing with food	Connecting wording

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.
2. **Keep the gaps.** The thyroid tablet has the empty stomach and the calcium and iron gap. Nothing goes into the same hour.
3. **One new thing at a time,** so that 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 their prescription, so the doctor knows what food and herbs are being used (the same line the Blood Pressure protocol gives, applied here).

What Sheenu says about weight, in this part

The estradiol that remains after menopause partly comes from fat tissue. A crash diet or a heavy workout drops fat fast and can leave the client feeling worse. So no crash diet, no heavy workout, and go slow on weight and abdominal inches. Cinnamon water, triphala powder and a gentle form of intermittent fasting appear in Sheenu's weight-gain row "under guidance"; cinnamon water is not for diabetics on medicine, and the guide keeps all three out of the first month.

2.6.10 Herbs, seeds and oils: what each does and the care it needs

Sheenu views menopause as a transition of the doshas, especially a **rise in vata** (dry, cold, light, irregular). So the food is warm, nourishing and anti-vata, not heavily spiced, and not made of raw food, dry food, raw green juices or salads when vata is high. This is a point where Sheenu and the HFS "salad first" habit differ.

> **The rules for herbs (Sheenu, Step 15).** Not long term: food use two to three days a week is fine. Powders and capsules are stopped in between. Never give all herbs together. Ashwagandha and shatavari can go together. A herb is a food addition, never a medicine.

Herb	What it does (Sheenu)	Used for	Care
Shatavari	Natural estrogenic effect; improves vaginal health and mood	Hot flushes, dryness, mood. Also under night sweats and dry skin	Can go with ashwagandha. Medicine list first; a client on hormones: the doctor
Ashoka and Lodhra	Uterine tonics; regulate irregular bleeding	Irregular periods	Bleeding that is heavy, very long, or after the periods have stopped is for the gynaecologist (Section 2.6.11)
Ashwagandha	An adaptogen: eases stress, sleep trouble and fatigue	Night sweats, tiredness, sleep, mood	Can go with shatavari. Check the thyroid and BP medicine list first
Brahmi and Jatamansi	Nervine tonics: improve memory, reduce anxiety	Brain fog, sleep, anxiety	Medicine list first; one at a time

Herb	What it does (Sheenu)	Used for	Care
Triphala	Supports digestion and detox; prevents constipation and weight gain	Constipation, weight	Powder only for a short time, with a gap from medicines
Dashmool	Rejuvenation	General support after menopause	Medicine list first; practitioner-led
Sage tea, chamomile, peppermint, tulsi	Cooling and calming teas in Sheenu's problem list	Hot flushes, night sweats, irritability	Mild teas; one at a time; not near a thyroid tablet
Punarnava, Varuna, cranberry	Support for the urinary tract	Frequent urination, infections	Recurrent infections go to the doctor; punarnava is a diuretic herb, so check any BP or kidney medicine first
Maca root, Gokshura	Support desire and energy	Low desire	Medicine list first; hormone-sensitive clients: the doctor
Rhodiola, Lion's Mane mushroom, Dong Quai	Named by Sheenu for tiredness, brain fog and irregular periods	Fatigue, brain fog, cycles	Not widely used in Indian practice; ask Sheenu before using them with clients
Aloe vera, amla, bhringraj	Dry skin, vaginal dryness (aloe), hair fall (bhringraj oil, amla)	Skin and hair	Patch test for oils; medicine list first

Seed cycling: Sheenu's method

Sheenu teaches seed cycling as a gentle method that uses seeds rich in lignans (a plant substance that acts like a weak estrogen), healthy fats and minerals, to support estrogen and progesterone. It is most useful in perimenopause and early menopause, when levels are going up and down. It is meant to ease hot flushes, mood swings, hair fall and irregular bleeding.

Where the client is	Days or moon phase	Seeds (1 tablespoon of each, per day, in Sheenu's deck)	Purpose
Still having periods (follicular phase)	Day 1 to 14 (the new moon to the full moon)	Flaxseed and pumpkin seeds	Support estrogen and help clear used estrogen
Still having periods (luteal phase)	Day 15 to 28 (the full moon to the new moon)	Sesame and sunflower seeds	Support progesterone, reduce inflammation and PMS
Periods have stopped	New moon to full moon	Flaxseed and pumpkin seeds	Gentle estrogen support and liver support
Periods have stopped	Full moon to new moon	Sesame and sunflower seeds	Adrenal balance, less inflammation, less hair fall

- **How to use (Sheenu):** raw, ground seeds, never roasted. Buy whole raw seeds, grind a weekly batch fresh in a dry grinder, and keep it in an airtight glass jar in the fridge. Add to a smoothie, curd, roti dough, chutney or warm water. Her card's own dose line says one teaspoon a day, her deck says one tablespoon of each seed; the guide starts at the lower amount.
- **Why raw and ground (Sheenu):** grinding breaks the hard shell so the nutrients can be absorbed (whole flaxseed often passes through undigested). Roasting damages the lignans, the omega-3 fats and vitamin E, and the fats in flax and sunflower seed can turn rancid. Her line: "Raw ground seeds are hormonal gold. Roasted seeds are tasty, but not therapeutic."
- **Cautions (Sheenu):** a seed allergy; an autoimmune condition such as Hashimoto's (consult first); drink plenty of water. Combine with omega-3 (chia, walnut) and vitamin D.
- **Where HFS and Sheenu differ:** the HFS PCOD overlay runs flax and pumpkin on days 1 to 15 and sesame and sunflower on days 15 to 30. Sheenu's menopause deck says days 1 to 14 and 15 to 28. **Changed:** the guide follows Sheenu for a menopause client.
- **Questions the students asked on the day and the chat does not answer:** why not light roasting; what about phytates in raw seeds; whether raw seeds are right in infertility.

Oils for vaginal dryness (from Sheenu's case pack)

Oil	Benefit (Sheenu)	How to use and what to know
Vitamin E oil	Improves moisture and elasticity; reduces itching	A few drops externally round the vaginal opening. Preservative-free and natural. Vitamin E capsules inside the vagina: the doctor first
Coconut oil (cold-pressed, virgin)	Moisturises and soothes	May weaken latex condoms, so use non-latex condoms
Sweet almond oil	A soft carrier oil	External use as a massage oil or in a herbal blend
Jojoba oil	A natural lubricant, anti-fungal, gentle; close to the skin's own oil	A small amount externally, or just inside the vaginal walls at bedtime, two to three times a week
Evening primrose oil	Contains GLA, which supports hormone balance	Capsules on the doctor's advice; or mixed with almond or coconut oil for external massage
Sea buckthorn oil	Rich in omega-7; supports regrowth of the lining	As a capsule; some vaginal suppositories contain it
Calendula oil	Soothing, reduces inflammation	With a carrier oil, externally, or in a sitz bath
Ghee	An Ayurvedic remedy for internal dryness	A small amount on the outer area. Medicated ghee inside only under supervision
Bala taila, Ashokadi taila, shatavari oil	Herbal oil blends	Only prescribed by an Ayurvedic doctor

Precautions (Sheenu): do a patch test before using any oil inside or round the sensitive area. Choose unscented, preservative-free, cold-pressed oils. Do not use essential oils in or round the vagina unless they are diluted and a qualified therapist advises it. **For severe dryness or thinning, or any bleeding, the gynaecologist.**

Whether a coach may advise oils for inside use at all is for Sheenu to decide. The guide limits itself to external use and to what the doctor has agreed.

2.6.11 Your scope, and where to refer

⚠ **You never prescribe medicine, and you never advise a hormone.** Sheenu's slides say it on every medicine page: "Only certified doctors can prescribe these medications. This is shared only to have knowledge as a nutritionist, dietitian, health coach or alternative therapy expert." The medicine, herb and oil tables in this part are given so that you understand what a client may be taking or reading about, not so that you start or stop anything on your own.

Rule	What it means in your work
Never let the client self-medicate (Sheenu, Step 15)	Say it directly: "Please do not start hormones, tablets or creams on your own, or on a friend's advice. Your doctor decides." This includes hormone creams, hormone tablets and anything bought online
Vaginal estrogen cream (Sheenu's card)	The card lets the coach recommend a vaginal estrogen cream for vaginal dryness. The slides say all creams are for doctors to prescribe. Read together: you may tell the client that it exists and that it helps, and the client takes it up with their doctor. You never give a name, a dose or a start date
Do not let the client ignore the symptoms (Sheenu, Don'ts)	Hot flushes, sleep loss and mood changes are real. "Bear it, it is age" is not an answer. Take them seriously and track them
No smoking, and limit caffeine (Sheenu, Don'ts)	Caffeine, spicy food and alcohol also bring on hot flushes (Sheenu)
Herbs are not for the long term (Sheenu, Step 15)	Food use two to three days a week is fine. Herb powders and capsules must be stopped in between. Never give all the herbs together; ashwagandha and shatavari can go together (Section 2.6.10)
Extra hygiene (Sheenu, Step 15)	Dryness and an alkaline vaginal pH make infections easier. Teach simple hygiene, and send recurrent infections to the doctor
Put a line on your letterhead	The HFS case sheets carry it in small print: "Not for medical-legal purposes". Everyone should have this
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 sudden change in vision, fainting, or weakness on one side	The doctor or emergency care now. Do not plan around it	Safety line
Any bleeding after 12 months with no period, or very heavy or long bleeding	The gynaecologist soon. Do not give Ashoka or Lodhra for it	Sheenu (bleeding goes to the gynaecologist)
A lump in the breast, or a breast that is painful and hard	The doctor now. No castor oil pack on a lump, and never promise that a lump will dissolve	the card says the pack is "under guidance"
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	Connecting wording
A fall, a fracture, a loss of height, or bad back pain	The doctor, and a DEXA scan. Vitamin D and calcium on the doctor's word	Sheenu (bone markers and DEXA)
Repeated urinary infections, burning, blood in the urine	The doctor. Cranberry and hygiene help but do not replace a check	Sheenu (UTI risk)
Periods stopped before 40, or after surgery, chemotherapy or radiation	The doctor and the treating team lead. Food plan around it. HFS: post-oncology nutrition is not weight loss	Sheenu (causes); HFS Case 6
The client is on HRT, a hormone cream, an SSRI, gabapentin or a bisphosphonate	Never ask them to stop. Tell the doctor about seeds, herbs and oils in the plan	Sheenu
Thyroid problem, especially Hashimoto's or any autoimmune condition	The doctor leads. No seed cycling until the doctor and Sheenu agree; the thyroid overlay rules apply	Sheenu (seed cycling tips); HFS thyroid overlay
A heart condition, kidney disease, or very high BP	The cardiologist or kidney doctor leads (HFS level 1). Strength work and herbs only with their agreement	HFS ladder

If you see this	What you do	From
Diabetes on insulin or tablets	The doctor leads on sugar. HFS overlay applies. No cinnamon water	HFS ladder, level 3; Sheenu
Pregnancy is possible (still cycling, no contraception) or after delivery	The doctor leads. HFS: no calorie deficit. Seed cycling is not set for this client	HFS pregnancy and lactation overlay

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

Menopause is a symptom picture that sits beside other conditions. 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 menopause overlay**, and it is not on the list of Group B conditions waiting for Sheenu. I placed menopause at level 5, beside the symptom rows, and any condition at levels 1 to 4 leads.

Conflict	Who leads	What you do
Menopause with a thyroid problem (soya, tofu, seeds, cruciferous vegetables)	Thyroid (HFS conflict table). The thyroid overlay removes soya and tofu and the cruciferous vegetables	No soya or tofu as a "phytoestrogen". Use flax, sesame and chickpea if the doctor agrees. Hashimoto's: no seed cycling
Menopause with diabetes	Diabetes (level 3)	Portioned rice and fibre first. No cinnamon water. Sugar and weight come last
Menopause with high BP	BP, if uncontrolled (level 3)	Use the Blood Pressure guide for salt, potassium and medicine cross-checks
Menopause with PCOD history or acne and facial hair	PCOD overlay (level 4)	Dairy, soya, oats and refined sugar out. Sheenu's seed days apply, not the HFS days
Menopause with low haemoglobin	Anaemia overlay	Iron with vitamin C; calcium and iron not together
Surgical menopause after a hysterectomy or oophorectomy	The surgeon and doctor lead	Support the symptoms; the weight goal waits. HFS puts surgical first
Menopause with cancer treatment	The oncologist leads	Supportive nutrition only; no seed cycling or phytoestrogen advice without the oncologist

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 (menopause prompt, only if missing)	Why it matters (Sheenu)
Tea, coffee, spicy food, alcohol, smoking	Triggers for hot flushes; smoking and too much caffeine are on Sheenu's don't list
Late dinner, late bedtime, screens in bed	Sheenu: early sleep supports melatonin and cortisol; a digital detox lowers anxiety
Skipped breakfast, sugar, packaged and refined food	Sheenu: avoid sugar crashes and processed food; low-GI food for weight
Milk products, raw foods, salads, sprouts, cold food	Sheenu: less raw and dry food when vata is high; warm, nourishing food
Protein, calcium and green leafy vegetables	Bone and muscle: ragi, sesame, moringa, almonds, leafy greens (Sheenu)
Walking, strength work, yoga	Sheenu: weight-bearing exercise for bones, cardio for the heart, yoga for calm. Ask what they do; do not give the plan
Sun exposure	Sheenu: 15 to 20 minutes in the early morning for vitamin D, mood and bones
Water	Hydration helps dryness, skin and the bladder; Sheenu says drink plenty of water, especially with seeds
Stress, anxiety, time for themselves	Cortisol is more sensitive when estrogen falls (Sheenu)
When they take the thyroid or other tablet, and with what	Gaps from calcium, iron and tea (Section 2.6.9)

Example finding: "Three cups of coffee, dinner at 10 pm, no breakfast, the thyroid tablet with tea, sleeps at 1 am, no walk." Confirm the pattern. Do not give the correction on the call.

2.8 Section D · Root causes: MESS

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

MESS	Form questions to use	Menopause 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?	"It is just age, nothing helps." "My mother went through it, I will bear it too." "Nothing works for the weight now." Confirm: "Is restarting after a setback an area where support would help?"
Emotional	Which of these do you experience? How do you handle feeling low, stressed or hurt? Anything from the past that feels heavy? (only what they are comfortable sharing)	Sheenu links menopause to the chakras: the throat (not being able to express), the third eye (confusion), the crown (identity loss). Listen for "I feel lost since the children left", "I do not recognise myself". Do not investigate or begin release work on the sales call
Social	Who supports you and who makes it harder? Pressure at functions? Time for yourself? Someone to share feelings with?	A partner who does not understand, work pressure, caring for parents and children together, no time. Sheenu's night-sweat teaching counsels husband and wife together. 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?	Putting everyone else first; feeling emptiness or a loss of purpose (Sheenu: the crown). 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 the fall in estrogen can lead to in the long run (Section 2.6.5) is for **your** knowledge. On the call use only the fear they name themselves. Never predict a fracture, a heart attack or dementia, 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?
- **Menopause prompts:** do they cook for a family that eats differently? Do they work long hours or shifts, which breaks sleep? Do they travel? Will they accept a warm, home-cooked plan, or do they eat outside often? Is a partner willing to be part of the counselling?
- **HFS prompt (Case 23):** "What is coming up in the next 90 days?" Moving house, festivals, travel, exams, a wedding. These events, not disagreements, are what end programmes.
- **HFS prompt (Case 17):** if they travel, say on the call that the travel version of the plan is built before they need it.
- Do not label real lack of time or money as an excuse.

2.11 Reflection before the Bridge

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

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

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

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

What they told you (examples)	Programme feature (Disease Reversal)
Hot flushes, night sweats, weight around the belly; reports show high sugar, low vitamin D or a thyroid problem	Functional Nutrition Plan
Late dinner, no walk, irregular sleep, the thyroid tablet with tea	Your Daily Routine Plan
"It is just age." "Nothing works for the weight."	Habit and Mindset Coaching
Irritability, anxiety, anger, feeling lost, 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 it falls apart."	Accountability
Has reports, does not understand FSH, SHBG, free testosterone, TSH, vitamin D; tests every few months	Reports and Marker Review
The hormone system, the bones, the heart and the nervous system as found; the throat, third eye and crown if raised (Sheenu)	Life System and Chakra Healing
Takes a thyroid, BP or diabetes tablet, HRT or a hormone cream, or herbs and supplements of their own	Medicine and Food Guide

Which programme? If they have a diagnosed condition beside the menopause (thyroid, diabetes, BP, osteoporosis), reports and medicines, offer the **Disease Reversal programme** (10 features). If the picture is mainly symptoms and lifestyle (perimenopause with irregular periods, flushes, sleep and weight, no other diagnosis, no reports), the **MPESS programme** (8 features) is the honest fit. Sheenu's own menopause deck and case pack are titled "MPESS holistic wellness plan for menopause", so say it from their record and not from price, and ask Sheenu which is the default for menopause.

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

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 hormones 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
Waking drenched, flushes in meetings, broken sleep	The brain's temperature centre reacting to the fall in estrogen; cortisol and melatonin	Fewer or milder flushes and deeper sleep as triggers, sleep habits, breathing and food are corrected. The doctor decides on any medicine
Belly weight, cravings, "nothing works"	Metabolism, insulin, thyroid and muscle	A slow, steady loss of inches with strength work and low-GI food, no crash diet. The doctor leads on sugar and thyroid
Anger, sadness, forgetting, "I feel lost"	Serotonin and the brain's messengers; sleep; B12; the throat, third eye and crown (Sheenu)	A steadier mood and a clearer head as sleep, breath work, food and emotional work take hold. Low mood that does not lift goes to the doctor
Joint pain, back pain, a fall	Bones and joints; low vitamin D and calcium	The bones protected from today: food, early sun, weight-bearing work, the doctor's advice on vitamin D and a scan
Dryness, pain, urinary infections, leaking	The vagina and bladder after the fall in estrogen	More comfort with pelvic floor work, water, gentle measures and the doctor's advice on a cream. Infections go to the doctor

Point A: what the client reports	System behind it	Point D: what is possible
Hair fall, dry skin, acne, chin hair	Skin and hair; thyroid; iron; androgens and SHBG	Better skin and hair as iron, thyroid and sleep are addressed; free testosterone and SHBG asked for if the doctor agrees
Thyroid tablet, calcium, iron, hormone cream, herbs of their own	Foods and supplements working against the medicine or each other	The food and supplements stop fighting the medicine. The doctor decides the medicine and any hormone

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. Menopause is not a pause; it is a powerful transition. 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). Menopause wording is from Sheenu's Menopause card and deck.

3.1.1 Stage 3 · Bridge

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

1. Say it back, in their words. Example (illustration only): "Your periods have been irregular for eight months. You wake at 3 am drenched, you have gained 8 kg round the belly, and you are snapping at the children. You take a thyroid tablet in the morning, you drink three cups of coffee, and you sleep at 1 am. Your doctor said it is age and to wait. Did I understand you correctly?" Wait for "yes, exactly".

Picture	What you say, filled from their words
Tree A: today	Where they are now. "Irregular periods, flushes through the night, 3 am waking, 8 kg gained, a short temper, tired all day."
The falling tree	Their own fear from Section E, in their exact words. "You told me that in a year, [their fear]. That is where it falls if nobody works on the roots."

Picture	What you say, filled from their words
Tree D: what is possible	Where they can be in twelve months, in their words, from Section A. "Sleeping through the night, fewer flushes, a steadier mood, and feeling like yourself again."

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

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

Reason	In menopause words
Treating the fruit, not the roots	"A flush, a cooling fan. Poor sleep, a sleeping tablet. Low mood, a mood tablet. Weight, a crash diet. The hormones, the thyroid, the sugar, the stress and the habits underneath are never worked on." (Sheenu: menopause is a transition in many systems at once: the brain's temperature centre, the bones, the heart, the skin, the bladder and the mood.)
Fixing only one part	"Only seeds. Only a herb from a shop. Only a diet. Sheenu: the food, the movement, the stress, the sleep and the support of your doctor work together, and a crash diet or a heavy workout can leave you 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 say a hormone is bad, or that it is good: HRT is the doctor's decision. For a menopause client, never promise that menopause will be reversed, that symptoms will stop by a date, or that a medicine will stop. Menopause is a natural change; what you offer is support through it.

3.1.2 Stage 4 · Offer

Their journey, in the approved promise lines

Point	Approved line	What you may add in menopause words
Relief · 3 months	Energy, sleep and cravings settle, and the first visible change comes	The first change to look for is in the symptoms: fewer or milder flushes, better sleep, a steadier mood and more energy, tracked in a simple weekly diary. No result is promised by any date
Correction · 6 months	Markers move, and the first medicine conversation with the doctor	The symptom diary and the markers tested (thyroid, sugar, lipids, vitamin D, bone markers, hormones) are reviewed with the medicine list beside them, and the plan adjusted; the first conversation with the doctor about the medicines and supplements
Freedom · 12 months	Markers held, medicines reduced or stopped by the doctor, and it holds on its own	Improvement that holds without you. The doctor, not you, decides about any change in medicine or hormone treatment
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 menopause

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 3 am waking, the belly weight, the coffee and the cravings.

The problem: A generic diet or a crash diet does not fit a body where the hormones are changing, the bones need calcium and the metabolism has slowed. A crash diet can even make a client feel worse (Sheenu).

The solution and how it reaches them: Foods chosen for the hormone and bone picture, built on their reports, their medicines, their taste and their kitchen, in our weekly session and written plan.

The benefit: Food that supports the hormones, the bones and the mood, and a weight that moves slowly and stays.

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

Remind: Dinner at 10 pm, coffee all day, no walk, sleep at 1 am.

The problem: A late, irregular day breaks sleep and brings on flushes.

The solution and how it reaches them: Wake, sun, meal, movement, breathing and sleep times, written for their day and reviewed weekly. Sheenu: early sleeping, a dark room, no screens before bed, 15 to 20 minutes of early morning sun.

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

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

Remind: You said it is just age and nothing helps.

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 symptom diary first, and the belief under it, inside the weekly session.

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

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

Remind: You told me about the anger, the sadness and feeling lost since the children left.

The problem: Cortisol is more sensitive when estrogen falls (Sheenu), and what was held for years comes up as irritability and low mood.

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

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

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

Remind: You said you never get time to breathe.

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

The solution and how it reaches them: A daily stillness and breathing practice. Sheenu: Anulom Vilom and Bhramari calm the nervous system and ease hot flushes and anxiety; Yoga Nidra helps sleep.

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 and sugary food on a party plate is what brings on the flush.

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 FSH, SHBG, free testosterone, TSH and vitamin D tell you.

The problem: Without reading them, nobody sees what is moving, and a normal total testosterone can hide a low free testosterone (Sheenu).

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 flushes, your sleep and your mood all point to the hormone and nervous 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, and the energy exercise for the chakra linked to it (Sheenu links menopause to the throat, the third eye and the crown).

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 thyroid tablet, calcium and a hormone cream, and herbs of your own.

The problem: Some foods, herbs and supplements work against the medicine, or against each other: calcium or iron close to a thyroid tablet, cinnamon water with diabetes medicine, soya with a thyroid problem.

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

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

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

3.1.4 The pseudo price: value first, never price first

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

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

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

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

3.1.5 Bonuses

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

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

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

3.1.6 Stage 5 · Close: urgency, packages, objections

Urgency: two real reasons, both true

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

The close: one package at a time

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

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

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

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

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

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

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

What they say	What you say	Then you ask
"My periods have only just become irregular, I will wait."	Perimenopause can last 4 to 8 years, and the bones and the metabolism change in those years (Sheenu). Never use fear; use their own worry from Section E. Ask: "Would you like to know what is behind how you feel now?"	"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. The symptom frame and the "outcome after 12 weeks" idea: Dr. Sheenu's case pack (Menopause). Readings with medicine status: HFS Overlay and Case Study Pack. The 49-year-old HFS case: Sheenu's case 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 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 menopause client the first measure is not the scale. Weight is slow here: after menopause part of the estrogen comes from fat tissue, so Sheenu says no crash diet and no heavy workout, and go slow on weight and abdominal inches. The first measures are the sleep, the flushes, the mood and the energy, then the inches. Ask for a weekly symptom diary.

Promise no date, no number and no end to the flushes. What you promise is the work, the tracking and the support.

Source: Dr. Sheenu, Menopause protocol card and Diamond Council deck (the twelve and sixteen common challenges, seed cycling, nutrition table, naturopathy therapies, yoga and pranayama, chakras, the sample day, the do's and don'ts); 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 menopause 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
What the client should notice (menopause)	Sleep a little deeper; fewer or milder flushes; cravings quieter; a steadier mood; more energy. The first inches. A diary that shows a pattern, and the thyroid tablet, calcium and iron kept apart	The diary holds through a normal month. Markers tested (thyroid, sugar, lipids, vitamin D, B12, the hormones if the doctor asks) read with the doctor. Seeds and one herb, if any, tracked. The first conversation with the doctor about medicines and supplements	Steady through travel and festivals. Bones protected: a scan the doctor asked for, vitamin D in range. Any change in medicine or hormone treatment is the doctor's decision. "Easier" and "steadier" 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. Caffeine, spicy food, alcohol and late dinners corrected; warm food; early sleep; sun; breathing; a gentle walk. Medicines checked before any seed or herb. Baseline reports	Move from food to seeds and one herb if the medicine check allows, with the doctor's agreement. Strength work builds. Plan adjusted from the diary. Doctor conversation prepared (they carry your records; the doctor decides)	They run their own plan. Travel and festival routines proven. Write the final list of what to take and not take alongside their medicines now. Then maintenance diet and membership
What you track	The weekly symptom diary *; the seven physical metrics monthly; sleep and energy in their words; the medicine and supplement list	The diary *; thyroid, sugar, lipids, vitamin D, B12 and the hormone tests as the doctor ordered, with the medicine list beside each	Total result with time taken; promise met yes, partly or no; assets captured

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

The weight and inch ranges are from the HFS tracker across clients in general, not menopause only. They are given so you know the usual spread, not as a promise, and for menopause the aim is slower. In Sheenu's case pack the 49-year-old vegetarian HFS client (153 cm, sedentary, programme "weight loss and clinicals") went from 84 kg to 76.6 kg in three months of a six-month plan, with 25 inches lost in total and 9 off the abdomen. BP went from 160/106 to 124/89 with medicine; the slide's other markers, as far as it can be read, moved from haemoglobin 11 to 11.2, fasting sugar 115.3 to 104 and TSH 4.87 to 3.2. Bloating, constipation, gas and acidity went from very high or high to normal; energy rose; hot flushes, irritation, frustration and mood swings went from high to normal; sleep and dry skin improved. The slide is partly garbled, so treat the figures as read from the slide, not verified (Section 4.1).

> **What Sheenu says about the end point.** Her card gives no timeline for any symptom to settle and does not say menopause is reversed. It says menopause is not a pause but a powerful transition, and that the work is to ease the symptoms, protect the bones, heart and mood, and help the client feel like themselves. Say what is true: the symptoms can ease with food, movement, sleep, stress work and the doctor's support; the doctor decides about any hormone or medicine; and you track the diary.

3.2.2 Month by month

When	Coach	Client	Check
Before day 1	Blueprint sent. Onboarding form. Reports, medicine and supplement list with dose and time collected, with the lab name. Last period, any surgery or treatment, thyroid or autoimmune diagnosis 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: symptom diary start, 7 metrics, reports, their words, MPESS baseline

When	Coach	Client	Check
Week 1	Befriend the body: no change to any medicine, ever. Meal pictures asked for. Warm water on waking. Less caffeine and spice. Dinner early, sleep time fixed. Thyroid tablet timing and calcium and iron gaps checked. 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 walk, early sun, Kegels if comfortable. No seeds, herbs or oils yet. Slow eating	Practises daily	Are they following? If not, be loving and firm: the plan stays unchanged
Week 3 to 4	Review the diary and the pattern. If the medicine check allows, begin seed cycling (Sheenu's days). Add Setu Bandhasana and weight-bearing movement. Specific compliance review	Continues; asks questions	First checkpoint: diary, 7 metrics, photos, words. Lead with sleep, flushes and mood, then inches
Month 2	If the diary is steady and the medicine check allows: one herb, one condition, used in food two or three days a week, the next herb written in brackets. Strength work builds. Chakra and emotional work as found. Review travel and events ahead	Continues	Any herb stopped at the first sign of trouble. Sleep, mood and flushes 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 markers the doctor wants (thyroid, sugar, lipids, vitamin D), same lab; medicine list beside each
Month 4 to 6 (Correction)	Work on any condition that sits beside menopause (thyroid, sugar, BP, cholesterol, bones) with its overlay. Herbs rotate and none stays long. Doctor conversation prepared with the diary	Takes the diary and reports to their doctor	Markers for those conditions; a bone scan if the doctor asks

When	Coach	Client	Check
Month 7 to 12 (Freedom)	Reduce your own involvement. They run the plan. Proof it holds through festivals and travel. **Write the final food, herb and seed list for the medicines they are on now**	Independent practice	Monthly 7-metric report; promise met?
After month 12	"The symptoms are easier. Keeping them easier 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 late dinners, three coffees and no walk	The dates, and the diary month by month

If the periods stopped after surgery or treatment

The doctor and the treating team lead, always. The change is sudden and the symptoms are stronger: Sheenu's case pack shows a 36-year-old, after a hysterectomy with both ovaries removed, with more than ten flushes a day, night sweats, severe mood swings, hair fall, dryness, low desire and 6 kg gained in 6 months. Her goals for that client: manage the sudden withdrawal, support bone, brain, heart and sexual health, prevent early osteoporosis, diabetes and depression, improve confidence and body image, and steady the mood. The client in her pack had taken no HRT "for fear of side effects": never push for or against it. After cancer treatment, HFS Case 6: post-oncology nutrition is not weight loss, and the oncologist is in the loop.

If they are on a thyroid, BP or diabetes medicine

Never ask the client to stop or change a medicine: the doctor decides. Write each into the plan with the dose and time. Keep the thyroid tablet empty-stomach and the calcium and iron away from it. For BP and diabetes, use the Blood Pressure guide and the HFS diabetes overlay, and let those conditions lead (Section 2.6.11).

If they are still cycling (perimenopause)

Record the cycle day beside every weigh-in, as the HFS file of Himani T. teaches: it explains many wobbles. Use Sheenu's days 1 to 14 and 15 to 28 for seeds if the checks allow. Pregnancy may still be possible: the doctor leads, and no calorie deficit if it is (HFS).

The ladder: why packages are stacked

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

3.2.3 How delivery runs

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

Teach only a small number of relevant practices at a time, and review how each one works for them. Tools support routine and awareness; they do not replace medical or mental-health treatment. Sheenu's closing line for the client: "Menopause is not a pause. It is a powerful transition. Give yourself the time, space and grace to rediscover who you truly are."

> **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 food additions, never long term, is Sheenu's (Step 15).

When	What you deliver
Before the plan	Read the reports, the medicine list and the supplements the client takes. Ask about hormone creams or tablets bought on their own, seeds and herbs already in use, a thyroid or autoimmune diagnosis, diabetes, BP and any surgery. 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
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 symptom diary**: flushes a day, night sweats, sleep hours and wake-ups, mood in a word, energy, and one note on joints. Warm water on waking. Warm, home-cooked food at fixed times; less coffee, spicy food and alcohol; no smoking. Dinner early, sleep time fixed, screens off, a dark room. Thyroid tablet and calcium and iron kept apart (Section 2.6.9). Slow breathing and a short walk every day; 15 to 20 minutes of early morning sun. Kegel exercises daily if they are comfortable with it. No seeds, herbs, oils or supplements yet. Change the cooking style first and add alongside; nothing drastic
Days 15 to 28	Review the diary. If the medicine check allows and there is no seed allergy, thyroid or autoimmune condition and no pregnancy risk, begin seed cycling in Sheenu's way (Section 2.6.10), one teaspoon a day. Add the practices for their picture (Section 3.2.5): Anulom Vilom, Bhramari, Setu Bandhasana, weight-bearing work. Warm abhyanga with sesame or almond oil once or twice a week if they like it. First month checkpoint with the diary and their own words
Month 2 and after	If the medicine check allows, one herb for one condition, shatavari or ashwagandha first as Sheenu lists them, used in food two to three days a week, powders stopped in between, and the next herb written in brackets. Strength work builds. Vaginal comfort measures and oils only as the doctor and Sheenu's rules allow (Section 2.6.10). Chakra and emotional work as found. A herb is stopped at the first sign of trouble. Reports repeated
Month 3 and the end of the journey	No detox 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: warm, nourishing food that supports the bones, the hormones, the mood and the metabolism, with no crash diet. First decide which picture leads (the by-picture table, Section 3.2.9). Sheenu's whole nutrition direction is in the table below.

Food group (Sheenu)	Foods	Why
Phytoestrogen-rich foods	Flaxseed, sesame, chickpea; soy and tofu are on her list too	Balance hormones gently
Calcium and magnesium rich	Ragi, sesame, moringa, almonds, green leafy vegetables, banana and nuts for magnesium	Bones, sleep, cramps
Liver-supportive	Amla, lemon water, coriander, beetroot	Helps the body clear used hormones
Anti-inflammatory	Turmeric with black pepper, ginger, omega-3 seeds (chia, flax), berries	Joints, mood and the whole body
Alkalising	Cucumber, ash gourd, green leafy juices	Sheenu's list
Hydrating	Coconut water, mint water, cucumber	Dryness, skin, bladder
Low-GI for weight	Millets, quinoa, legumes	A steadier sugar and a slower weight loss
Tryptophan for sleep	Banana, milk, oats, a bedtime turmeric milk with a pinch of nutmeg	Sleep
B-complex, iron, folate, B12	Whole grains, spinach, beetroot, amla, lentils	Energy and brain fog
Fats for the skin and hair	Walnut, flax, chia, avocado, sesame and almond oil	Dry skin, hair

- **Avoid (Sheenu):** caffeine, alcohol and spicy food, which can set off hot flushes; sugar and processed food; smoking.
- **Warm, not hot; not heavily spiced; less raw and dry food** when vata is high (Sheenu). Sheenu's own list also gives green juices and the HFS day gives "salad first": where the client bloats or feels cold and dry, give cooked or steamed vegetables.

- **Her sample day (Sheenu's deck):** a dinner at 7:30 pm of stir-fried tofu with mixed vegetables, a small portion of brown rice or a multigrain roti and a small bowl of vegetable soup; at 9 pm a cup of turmeric milk with a dried fig or two soaked prunes. Tofu is on the plate in her deck; for a client with a thyroid problem the HFS overlay removes tofu, so another protein replaces it.

> **The day around menopause (HFS, adapted).** There is no HFS menopause overlay. The guide uses the HFS nine-slot day and the swap guide (Section 3.2.6 to 3.2.8) with Sheenu's rules above and any overlay for a stacked condition (thyroid, diabetes, BP, PCOD, 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, movement, breathing and sleep times, written for their day. Sheenu: early sleeping to support melatonin and cortisol; a dark room; no blue light; a digital detox; barefoot walking on grass; 15 to 20 minutes of early morning sun; a short nap or Yoga Nidra for tiredness; emotional journaling. HFS: dinner at least 90 minutes before sleep; 100 to 200 steps after meals. The thyroid tablet and the supplements at fixed times, with the gaps in Section 2.6.9.

3. Habit and Mindset Coaching

One habit at a time, the symptom diary first, and the belief under it ("it is only age", "nothing works now"). Teach restart-after-a-slip. Say in week zero: the diary and inches, not the scale, is how we judge this. Sheenu's daily practices: gratitude, a mirror affirmation, and mirror work for low desire.

4. Emotional Release and Stress Regulation

Work only with what the client has shared. Sheenu: cortisol sensitivity rises when estrogen falls; mood and irritability ease with meditation, breath work, journaling, EFT tapping and sound healing, tulsi tea, magnesium and a lower sugar and processed food intake. Her case pack asks students to plan an emotional detox ritual for a client who feels "lost" after the children left, and a weekly self-care plan. Bach flower remedies are named in her list; ask her before using them with clients.

5. Daily Stillness Practice

Sheenu: Anulom Vilom and Bhramari calm the nervous system and ease hot flushes and anxiety; meditation and Yoga Nidra improve sleep and emotional balance. Begin with five to ten minutes. The Blueprint's breathing, 4 counts in and 6 out, is the simplest start.

6. Travel, Festival and Eating-out Guides

Built before the client needs them. For menopause clients: how to handle the party plate (spicy, fried and sugary food and a glass of wine are flush triggers), what to carry (soaked almonds, a fruit, a flask of warm water), and how to keep sleep and the thyroid tablet timing on a trip. 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 diary, the sleep time, the walk and the meal pictures.

8. Reports and Marker Review

Read the symptom diary beside the reports the doctor has asked for: FSH, LH, estradiol, free testosterone and SHBG; thyroid with antibodies; sugar and HbA1c; lipids; vitamin D, B12, calcium and ferritin; DEXA (Section 2.6.6). Never diagnose from a number. Remind the client that the testosterone test is taken fasting, early in the morning; the progesterone test is on day 21 if they are still cycling.

9. Life System and Chakra Healing

Sheenu links menopause to the chakras as the hormonal, emotional and energetic picture. Her deck shows three of the seven in detail.

	Throat chakra (Vishuddha)	Third eye (Ajna)	Crown (Sahasrara)
Location	Throat	Forehead	Top of the head
Gland and hormone	Thyroid hormones (T3 and T4)	Melatonin, serotonin and estrogen	Linked to the pineal gland; no single hormone

	Throat chakra (Vishuddha)	Third eye (Ajna)	Crown (Sahasrara)
What changes in menopause	The thyroid is often disturbed, with voice fatigue and not speaking up for oneself	Poor sleep and brain fog from hormone changes; low intuition and confusion	Identity shift from mother or young woman to wise woman; a spiritual reawakening
Signs of imbalance	Difficulty expressing, dry throat, frustration	Insomnia, forgetfulness, doubt, a scattered mind	Emptiness, purposelessness, spiritual questioning
Tools	Chanting, humming, herbal teas (licorice, tulsi), blue light therapy	Meditation, lavender oil, Yoga Nidra, less screen time	Silence and prayer, a weekly fast, time in nature, violet colours or crystals
Affirmation	"My voice matters"	"I trust my inner wisdom"	"I am connected to divine wisdom"

- **Care with the tools:** licorice tea is not for a client on BP medicine or a diuretic (see the Blood Pressure guide); a thyroid problem needs the doctor.
- **How to give it:** one chakra at a time, the one the client's own words point to. Breath, affirmation and a short visualisation together, five to seven minutes.

Pranayama, yoga and movement (Sheenu)

Practice	Benefit (Sheenu)	Care
Anulom Vilom and Bhramari	Calm the nervous system; ease hot flushes and anxiety	Gentle; no breath holding in the first month
Surya Namaskar	Maintains metabolism, flexibility and hormonal rhythm	Slow pace. For a client with high BP or a heart condition, the doctor first and the Blood Pressure guide: fast standing and sitting can cause BP swings
Bhujangasana and Setu Bandhasana	Support the pelvic region and ease back pain	Only within comfort; a recent fracture or a DEXA T-score below -2.5: the doctor or physiotherapist first
Meditation and Yoga Nidra	Improve sleep, emotional balance and hormonal harmony	Safe for almost everyone; a good start

Practice	Benefit (Sheenu)	Care
Kegel (pelvic floor) exercises	Prevent leaking and ease frequent urination; Sheenu: daily	Teach carefully and privately; persistent leaking goes to the doctor
Weight-bearing exercise	Protects the bones	Walking, climbing, light weights; build slowly; Sheenu: avoid heavy workouts
Strength training	Builds muscle, which is the lever on belly fat (Sheenu)	Start light, learn the form; a client with osteoporosis or a heart condition: the doctor first
Cardio	Heart health	Walking or cycling; a gentle pace

Naturopathy therapies (Sheenu)

Therapy	What it is for (Sheenu)	Care
Cold hip bath	Reduces pelvic congestion; calms hot flushes	Short, comfortable water; a heart condition, very low BP or diabetes with numb feet: the doctor first
Hot foot bath	Improves circulation; helps insomnia	Warm, not scalding; a client with diabetes and reduced feeling in the feet should skip it
Spinal spray or neutral spinal bath	Balances the nervous system; eases mood swings	Neutral temperature; practised by a trained therapist
Contrast bath	Improves lymph flow and hormonal balance	Practised by a trained therapist
Mud pack on the abdomen, eyes, or full body	Abdomen: less inflammation, acidity, bloating. Eyes: headache and eye strain. Full body: skin	Patch test; a broken or infected skin: no
Abhyanga with warm sesame or almond oil	Balances vata, calms the nerves, helps joints, muscles and dry skin	Warm oil; patch test; skip with fever or skin infection
Castor oil pack on the abdomen	Relieves constipation and bloating, and "balances hormones"	Not on a lump, a fibroid with bleeding, or when pregnancy is possible; the card's "castor oil pack over the breast, under guidance" is not used by the guide

Therapy	What it is for (Sheenu)	Care
Castor or ginger oil in the navel	Sheenu: use one or the other, alternating, and never both on the same night	Patch test; stop at any irritation
Mahanarayan oil massage	Soothes joint pain and improves circulation	Patch test; a doctor's advice for a joint that is hot and swollen
Sun therapy	15 to 20 minutes early morning for vitamin D, mood and bones	Skin type and the doctor's advice on vitamin D
Colour therapy	Blue: calming, eases flushes, anxiety, irritability. Green: balancing, liver and heart. Violet: calming over-thinking	A relaxation aid, nothing more
Fasting and detox plans (guided)	Seasonal raw or fruit fast; a green juice cleanse one day a week: hormonal reset, gut rest, liver clearing	Sheenu lists them without steps; the guide writes no protocol

The sixteen common problems and what Sheenu gives for each

This table is Sheenu's, shortened. Herbs and supplements named here follow the rules in Section 2.6.10: not in the first month, one at a time, and never together.

Problem	Why (Sheenu)	Prevention or what to do	Food and naturopathy (Sheenu)
1. Hot flushes	Falling estrogen disturbs the brain's temperature centre	Avoid caffeine, spicy food, alcohol; breathable clothes; stress reduction	Phytoestrogens (flax, sesame; soy); shatavari; sage tea; Bhramari
2. Night sweats	The same, during sleep	A cool bedroom and light bedding; relaxation before bed. Sheenu: counsel husband and wife together	Ashwagandha, chlorophyll water, magnesium foods (banana, nuts), chamomile or peppermint tea in the evening
3. Irregular periods	Estrogen and progesterone fluctuate	A regular routine; herbal balancing	Seed cycling; Ashoka, Lodhra, Dong Quai; no processed food or sugar. Heavy or long bleeding: the gynaecologist

Problem	Why (Sheenu)	Prevention or what to do	Food and naturopathy (Sheenu)
4. Vaginal dryness	Lower estrogen thins the lining and reduces lubrication	Natural lubricants; keeping intimacy; pelvic floor exercises	Vitamin E; omega-3 foods; shatavari; aloe vera juice; the oils in Section 2.6.10. A cream is for the doctor
5. Dry skin	Estrogen helps the skin hold moisture	Hydration and skin oiling	Vitamin E, C and A foods (avocado, carrot, amla); aloe vera gel; abhyanga with sesame or almond oil
6. Breast tenderness	Hormone swings, often estrogen dominance in perimenopause	A supportive bra; less caffeine	Evening primrose oil; less saturated fat and dairy; castor oil pack. A lump or hard pain: the doctor
7. Frequent urination and leaking	The urinary tissue thins and the pelvic floor weakens	Kegels daily; avoid coffee and spicy food	Cranberry juice; punarnava and varuna; vitamin D3 and magnesium. Infections: the doctor
8. Low desire	Falling estrogen and testosterone, plus emotional change	Reconnect emotionally; fix dryness, stress and sleep	Maca root and gokshura; protein and zinc (pumpkin seeds); mirror work
9. Tiredness	Hormone decline, poor sleep, mood	A balanced routine, sunlight, grounding	B-complex foods; ashwagandha or rhodiola; naps and Yoga Nidra; no sugar crashes
10. Sleep trouble	Estrogen and progesterone affect melatonin and cortisol	No blue light; fixed sleep and wake times	Banana, milk, oats; turmeric milk with nutmeg; brahmi and jatamansi; lavender oil foot massage
11. Mood swings	Estrogen affects serotonin	Mindfulness, journaling, self-care	Omega-3, magnesium, fermented foods; chamomile; ashwagandha; Bach flower remedies; gratitude and mirror affirmation
12. Irritability	Cortisol sensitivity rises	Meditation, breath work, stress management	Magnesium, tulsi tea, B-complex; sound healing, EFT tapping; no sugar or processed food

Problem	Why (Sheenu)	Prevention or what to do	Food and naturopathy (Sheenu)
13. Brain fog	Low estrogen and poor sleep upset the brain's messengers	A structured day, lists, silence breaks	Brahmi; Lion's Mane mushroom; iron, folate and B12 foods (beetroot, amla, lentils); oil pulling; meditation
14. Weight gain, belly fat	Estrogen affects fat storage and the metabolism slows	Build muscle with strength training; no crash diet	Low-GI food (millets, quinoa, legumes). Cinnamon water and triphala powder are on her list; cinnamon water is not for diabetics on medicine. Gentle intermittent fasting "under guidance"
15. Hair fall	Estrogen supports the follicles	Scalp massage; hydration	Biotin, zinc, B-complex, iron (til seeds, amla); aloe vera gel; bhringraj oil; shirodhara or nasya (Ayurveda)
16. Joint and muscle pain	Estrogen keeps the joints lubricated and the muscles toned	Stay active; avoid sitting for long	Turmeric with black pepper; omega-3; sesame seeds; Mahanarayan oil massage; castor oil at night

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: Sheenu's rules (not long term, never together, powders stopped in between), one herb at a time, the next written in brackets, tracked in the diary. 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, green-juice or detox protocol. Sheenu's slides list "seasonal raw food or fruit fasting" and "a green juice cleanse one day a week" with their benefits, but give no steps, and her own cautions about raw food and vata point the other way. Until she gives a rule, the guide writes none.

3.2.6 The food kit: meal options for every slot

Source: Dr. Sheenu's Menopause card and deck (the nutrition table, the sample day, the sixteen problems, seed cycling, Ayurveda and naturopathy diet therapy); HFS Overlay System (the 9-slot day and the thyroid,

PCOD, diabetes, anaemia, vitamin D and B12 overlays); HFS Indian Food Swap Guide (50 swaps). The Healthyfy Meal Kit has no menopause section and there is no HFS menopause overlay, so the food kit below is built from Sheenu's card 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**: warm, nourishing, home-cooked meals at fixed times, little caffeine and spice, no seeds, herbs or oils yet (Section 3.2.4). **Respect what the client likes** and what the medicines and any other condition allow.

Tags: (E) egg. **(F)** fish. **(C)** chicken. **(D)** dairy: curd, buttermilk, milk, paneer. **(T)** leave out if the client has a thyroid problem or PCOD history (the HFS overlays remove soya, tofu, oats and the cruciferous vegetables; the thyroid overlay wins). **(S)** a seed, only on the right seed days and only after the checks (Section 2.6.10). **(H)** a herb: one at a time and only after the medicine check. **(W)** warm and cooked: use it when the client bloats, feels cold and dry, or wakes at night (high vata, Sheenu). Mealie rules (HMRE): one non-veg item a day, at most four in ten days; no dairy in the same meal as egg, fish or chicken; no two grains in one meal. Quantities are in bowls: small, half, medium, large.

Slot	Options	Rule that goes with it
1 · Early morning	Lukewarm water Lukewarm water with lemon Soaked almonds, 4 to 5 A dried fig or 2 soaked prunes Ground seeds in warm water **(S)**	The thyroid tablet first, alone, with plain water, 30 to 60 minutes before breakfast or tea; calcium and iron not in this hour (Section 2.6.9). Then 15 to 20 minutes of early sun (Sheenu)
2 · Breakfast	Ragi porridge with sesame and a banana **(W)** Moong dal chilla (2) with mint chutney Vegetable dalia, warm, with curd **(D)(W)** Besan cheela (2) with cooked vegetables Stuffed methi or palak roti, roasted, with curd **(D)** Oats porridge with walnuts **(T)** Boiled eggs (2) with sauteed vegetables, no milk or curd **(E)**	Breakfast within two hours of waking (HFS swap 14). No skipping: the client who skips breakfast and has three coffees is the common picture. Protein at breakfast (HFS PCOD overlay)

Slot	Options	Rule that goes with it
3 · Mid-morning	One whole fruit: papaya, apple, pear, orange, berries Coconut water, 100 ml A few walnuts or almonds, 5 Amla, a small piece or amla juice, diluted **(H)** Buttermilk with jeera **(D)**	Whole fruit, never packaged juice (HFS swap 16). Coconut water is hydrating (Sheenu); diabetes: check the doctor
4 · Before lunch	One glass of water, 30 minutes before Mint or cucumber water	Water before meals, not during (HFS swap 21). Total water about 3 to 4 litres (HFS swap 46); less in heart or kidney disease on the doctor's advice
5 · Lunch	One multigrain or ragi roti, dal, a cooked green (spinach, methi, moringa leaves), a vegetable, and curd **(D)** Millet khichdi with vegetables and buttermilk **(D)(W)** Chickpea curry with little oil, a roti and cooked vegetables Grilled or steamed fish (80 g) with cooked vegetables **(F)** Chicken (80 g, home spices) with vegetables **(C)** Tofu stir-fry with vegetables **(T)** A small salad only if the client does not bloat; otherwise steamed or cooked vegetables	Do not double grains. Fish or chicken: no curd or buttermilk in the same meal. Calcium and iron: not in the thyroid tablet hour; not together (HFS). Cooked, not raw, for a client with high vata (Sheenu)
6 · Evening	Roasted makhana Bhuna chana, small handful (HFS swap 37) Steamed sprouts chaat with lemon (not raw) A small banana or a pear Tulsi or chamomile tea **(H)** Sesame seeds with a fruit **(S)**	A planned snack stops an oversized dinner (HFS swap 41). Never packaged namkeen, chips or biscuits. Coffee after midday brings on flushes and breaks sleep (Sheenu)

Slot	Options	Rule that goes with it
7 · Before dinner	One glass of water, 30 minutes before Clear warm homemade vegetable, lauki or spinach soup with tomato and garlic, no cream, no corn flour	HFS swap 30: clear soup before dinner. Season with pepper, jeera and ginger; warm, not hot
8 · Dinner (light and early)	Moong dal khichdi with vegetables **(W)** One roti, dal, cooked greens and a vegetable Vegetable soup, a small portion of brown rice or a multigrain roti and stir-fried vegetables with paneer **(D)** (Sheenu's sample day uses tofu **(T)**) Grilled fish with ridge gourd or lauki **(F)** Ragi roti with a green vegetable and curd or chaach **(D)**	Dinner by 7:30 to 8 pm, at least 90 minutes before sleep (HFS swaps 35 and 45; Sheenu's day has dinner at 7:30). Not heavy; eat slowly
9 · After dinner and night	100 to 200 steps (HFS swap 42) Warm turmeric milk with a pinch of nutmeg, low-fat **(D)(H)** A dried fig or 2 soaked prunes A small banana Chamomile tea **(H)** Slow belly breathing, 5 minutes; Yoga Nidra No screen; a dark, cool room	No turmeric milk on a night when dinner had fish or chicken (HMRE). Herbs and turmeric milk only after the first month and after the medicine check. Sheenu: no blue light; a fixed sleep time

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

Every day, the same: warm water first; the thyroid tablet alone and early if the client takes one; fixed meal times; coffee and tea cut to one or two cups before noon; no spicy food, alcohol or smoking; water 30 minutes before every meal and not during; 100 to 200 steps after every meal; early sun; a short walk; slow breathing; dinner early; sleep at a fixed time in a dark room; and the 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 (still cycling, post-menopause, thyroid, diabetes, BP) are known, after the medicine check (Sections 2.6.8 to 2.6.10), and in bowls. Fish on day 3 and chicken on day 5: two non-veg items in the week. Vegetarian clients take the vegetarian choice. A client with a thyroid problem skips oats and tofu.

Day	Breakfast	Lunch	Evening	Dinner
1	Ragi porridge, sesame, banana	One roti, dal, cooked spinach, a vegetable, curd	Roasted makhana	Moong dal khichdi with vegetables
2	Moong dal chilla (2), mint chutney	Millet khichdi, vegetables, buttermilk	Bhuna chana	One roti, dal, cooked greens
3	Vegetable dalia, curd	Grilled fish **(F)**, cooked vegetables. Vegetarian: chickpea curry	A pear	Soup, a small portion of brown rice, stir-fried vegetables
4	Besan cheela (2), cooked vegetables	One roti, masoor dal, methi, a vegetable, curd	Steamed sprouts chaat	Ragi roti, lauki, chaach
5	Stuffed methi roti, curd	Chicken **(C)** with vegetables. Vegetarian: rajma small and a roti	Tulsi tea, a small banana	One roti, dal, cooked greens
6	Boiled eggs (2), sauteed vegetables **(E)**. Vegetarian: chilla	Millet khichdi, a vegetable, buttermilk	Roasted makhana	Soup, one roti, paneer and vegetables
7	Ragi porridge, walnuts, an apple	One roti, dal, moringa leaves or spinach, curd	Bhuna chana	Moong dal khichdi, warm

Mid-morning on every day is a whole fruit or 100 ml of coconut water. A client with another condition uses that condition's overlay with this base (Section 2.6.11). On the seed days, the ground seeds go into the early morning water or the breakfast, never roasted.

Where HFS and Sheenu differ: the "changed" rows

HFS says	Sheenu says	What the guide does
"Big bowl of salad before meals" (HFS weight-loss base, swap 22); green juice or detox week (HFS Base 4)	Less raw and dry food, salads, sprouts and raw green juices when vata is high; warm and nourishing food. (Her own lists also name green leafy juices and a green juice cleanse)	**Changed.** Cooked or steamed vegetables first; a small salad only when there is no bloating or cold, dry vata signs. No juice cleanse
Soya and tofu out for a thyroid or PCOD client (HFS overlays)	Soy and tofu are phytoestrogens on her list; tofu is on her sample dinner	**Changed for a thyroid or PCOD client:** soya and tofu out. For a client with neither, the doctor and Sheenu to confirm
Oats out for thyroid and PCOD (HFS conflict table); oats as soluble fibre for cholesterol	Oats in her list of tryptophan foods for sleep	**Changed for a thyroid or PCOD client:** oats out; ragi, millets and dalia instead
Seed cycling: flax and pumpkin days 1 to 15; sesame and sunflower days 15 to 30 (HFS PCOD overlay)	Days 1 to 14 and 15 to 28; the moon phases when the periods have stopped; raw ground seeds	**Changed.** Follow Sheenu. Not for Hashimoto's or an autoimmune condition, or a seed allergy
Seeds: no dose set (HFS)	Her deck: 1 tablespoon of each seed; her card: 1 teaspoon a day	**Changed.** Start at 1 teaspoon a day
Weight-loss base: calorie target minus 500; remove ghee, full-cream milk, starch (HFS Base 1)	No crash diet or heavy workout; go slow on weight and inches, because part of the estradiol comes from fat tissue	**Changed.** A gentle plan with no pushed deficit; inches and symptoms lead
Full-cream milk out (HFS Base 1); dairy out for PCOD	Turmeric milk at bedtime, fortified with calcium and vitamin D	**Changed.** Low-fat milk (HFS swap 47), or none if PCOD or thyroid; calcium from ragi, sesame and almonds
Coffee: a cup or two; green tea (HFS swaps 2 and 19)	Limit caffeine; it brings on flushes	**Combined.** One or two cups before noon; none after

HFS says	Sheenu says	What the guide does
Cinnamon water, triphala powder and gentle intermittent fasting for weight (Sheenu, "under guidance")	Not for diabetics on medicine (cinnamon water)	**Not used in the first month.** No fasting protocol
Water 3 to 4 litres (HFS swap 46)	Plenty of water; hydrate, especially with seeds	**Kept.** Less in heart or kidney disease on the doctor's advice

3.2.8 The swap guide for menopause

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

Instead of	Swap to	Why
Strong coffee or three cups of tea with sugar	One or two cups before noon; less sugar (HFS swap 2); herbal tea in the evening **(changed)**	Caffeine, spice and alcohol bring on hot flushes (Sheenu)
Cold water straight from the fridge on waking	Lukewarm water first (HFS swap 1); lukewarm lemon water (swap 5)	Warm, not cold (Sheenu: anti-vata)
Skipping breakfast, or tea only	Something within two hours of waking (HFS swap 14)	Steadies sugar and mood; skipping brings cravings
Packaged namkeen, biscuits, chips	Roasted makhana or bhuna chana (HFS swaps 3 and 37); a planned evening snack (swap 41)	Sugar crashes and cravings (Sheenu)
A cold, raw salad with every meal	Steamed or cooked vegetables; a small salad only if no bloating **(changed from HFS swap 22)**	Less raw food when vata is high (Sheenu)
Plain white-flour roti	Multigrain, ragi or bran-mix roti (HFS swap 8)	Fibre; calcium from ragi
Aloo paratha, parathas with butter	Stuffed methi or palak roti, roasted (HFS swap 7)	Less saturated fat; greens

Instead of	Swap to	Why
Sabzi in a lot of oil	One teaspoon of oil (HFS swap 27)	Weight; the diary shows how it helps
Two large bowls of rice	One small bowl of rice with a medium bowl of dal (HFS swap 24); millets	Low-GI food for weight (Sheenu)
Aloo sabzi most days	Lauki, tori, tinda, parwal, kaddu, beans (HFS swap 26)	Fibre
Milk at night, full cream	Warm low-fat turmeric milk (HFS swap 47) or chaach with the day curd (swap 48)	Sleep and calcium; dairy rules by overlay
Cola and soft drinks	Coconut water, mint water, or plain water (HFS swaps 49 and 17)	Sugar, and caffeine in some
Sweets after dinner	A dried fig or 2 soaked prunes; a fruit (HFS swap 16)	Sugar crashes
Picking up soya or tofu as a "natural estrogen"	Flax, sesame and chickpea, if the doctor agrees; no soya if thyroid or PCOD **(changed)**	Sheenu's phytoestrogen list versus the HFS overlays
Roasted seeds or whole seeds	Raw, ground seeds, on the right days, kept in the fridge **(new)**	Sheenu: raw ground seeds retain the lignans; roasted ones may turn rancid
Calcium or iron tablets with the thyroid tablet or with tea	The thyroid tablet alone, early; calcium and iron at lunch or in the evening; not together **(new)**	Sheenu's case pack; HFS thyroid and anaemia overlays
Sitting down straight to eat	One glass of water, 30 minutes before (HFS swap 21)	Hydration; dryness and urinary comfort
Water only 1 to 2 litres	3 to 4 litres, by the doctor's say if heart or kidney (HFS swap 46)	Dryness, skin, bladder
Dinner at 10 pm, straight to sleep	Dinner by 8 pm and a gap before sleep (HFS swaps 35 and 45)	Sleep and night sweats; Sheenu: early sleeping
Screens in bed	Screens off, a dark, cool room, light bedding **(new)**	Sheenu: no blue light; melatonin; cooler room for night sweats
No walk, sitting for hours	100 to 200 steps after meals (HFS swap 42); ten minutes of movement to begin (swap 6)	Sheenu: stay active; avoid long sitting

Instead of	Swap to	Why
Nothing after dinner	A walk and warm water; ajwain or jeera water if there is gas (HFS swap 43)	Digestion
Weighing every day	Once a week, same day and time (HFS swap 50); and the diary and the inches	Weight is slow in menopause; the diary and the inches are the better guide

3.2.9 What leads the first month, by picture

Every menopause client gets the same base: two weeks to befriend the body, warm cooked food at fixed times, less coffee and spice, the thyroid tablet kept apart from calcium and iron, a symptom diary, slow breathing, a gentle walk, early sun, sleep in a dark room and the medicine check before any seed, herb or oil. The picture decides what you lead with. This table is the guide's arrangement of Sheenu's card 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; HFS marked)	Watch
Perimenopause, still cycling	Sleep and cycle record	Warm food; seed days 1 to 14 and 15 to 28 if the checks allow; cool bedroom; Bhramari and Anulom Vilom; the cycle day beside every weigh-in (HFS)	Heavy or very long bleeding; pregnancy possible; flushes in meetings
Post-menopause, flushes and night sweats	Triggers, cooling and sleep	Cut coffee, spice and alcohol; phytoestrogen foods (flax, sesame, chickpea); magnesium foods; seed days by the moon; sage, chamomile or peppermint tea later	Wake-ups, drenching nights, mood
Weight and belly fat	Muscle and inches, with no crash diet	Low-GI food (millets, legumes); strength training; protein at every meal; no deficit pushed (HFS Base 1 is changed)	Inches, sleep, sugar cravings; a client on diabetes medicine: no cinnamon water

Picture	Lead with	Food and practice (Sheenu; HFS marked)	Watch
Bones: low vitamin D, osteopenia	Calcium, magnesium, sun and weight-bearing work	Ragi, sesame, moringa, almonds, leafy greens; early sun; walking and light weights; the doctor on vitamin D and calcium; calcium kept away from the thyroid tablet	A fall, back pain, a DEXA result the doctor reads
With a thyroid problem	Thyroid leads (HFS level 4)	Thyroid tablet timing; goitrogens out; no soya or tofu; no oats; selenium and zinc foods (Brazil nuts in moderation, sunflower and pumpkin seeds, lentils); Hashimoto's: no seed cycling	TSH, T3, T4 at baseline and month 3 (HFS)
With diabetes or pre-diabetes	Sugar leads (HFS level 3 or 4)	Portioned rice, fibre first, a walk after meals, fixed meal times; no cinnamon water; no raisin or dry-fruit excess	Fasting sugar weekly; hypo risk on insulin; the doctor
With high BP	BP leads if uncontrolled (HFS level 3)	Use the Blood Pressure guide for salt, potassium and medicine cross-checks; hibiscus and garlic only by its rules	BP with the medicine status at every visit
After surgery or cancer treatment	The doctor and treating team lead (HFS level 1)	Support symptoms, sleep and mood; supportive nutrition, not weight loss; no seed or phytoestrogen advice without the oncologist	The doctor's advice; bone health; low mood
Mood, brain fog, low desire dominate	Sleep, B12, magnesium and emotional work	B12, iron and folate foods (beetroot, amla, lentils); omega-3; Yoga Nidra; journaling; throat, third eye and crown work	A mood that does not lift: the doctor; B12 and thyroid reports
Dryness, urinary trouble	Hydration, pelvic floor, gentle measures	Water; omega-3; Kegels daily; cranberry; the oils in Section 2.6.10 externally; a cream is for the doctor	Infections, burning, blood in urine: the doctor

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; cycle regularity, weight and waist) and the HFS thyroid overlay (TSH, T3, T4 at baseline and month 3). Sheenu's Menopause card and deck (tests, ranges, timing, symptoms). The HFS file set has no menopause overlay and no menopause MONITOR line, so the menopause 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 menopause MONITOR line, the starred fields are the guide's proposal: **the weekly symptom diary** (flushes and night sweats a week, sleep hours and wake-ups, mood, energy), **waist and abdominal inches** (Sheenu: go slow on weight and abdominal inches, so inches lead), and **the medicine and supplement list with dose and time**, because a symptom means nothing without it. For a client who is still cycling, the **cycle day beside every weigh-in** is starred, as the HFS file of Himani T. teaches.

Weight is not starred for a menopause client. It stays in the tracker sheet and the coach's record, as do all the other fields below. Fields marked * (when stacked) go on the record only when that other overlay is also on the client: for example TSH, T3 and T4 for a thyroid client, or sugar and HbA1c for diabetes. 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 menopause it is slow on purpose (Sheenu: no crash diet, go slow). A small gain after surgical menopause or cancer treatment may be right: HFS Case 6, post-oncology is not weight loss
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
Abs inch loss	inches	Visceral change; belly fat is the main complaint of menopause. The same client: 9 inches off the abdomen
Total fat loss	kg	The real outcome
Visceral fat reduced	%	Fat around the organs

Metric	Unit	Why
Body age reduced	years	The best testimonial line. Mamta S. (39, hypothyroid, low vitamin D and calcium): about 1 kg on the scale, 2.4 points of body fat, three years of body age
Muscle gain	kg	Strength work is Sheenu's lever for belly fat and bones. 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 weigh-in 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 menopause

Always write the medicine list next to the result, and the lab name. Use the same lab each time. Repeat at month 3 and as the doctor asks. Ranges are Sheenu's (Section 2.6.6); read each against the range printed on the report. You track and read; the doctor diagnoses.

Group	What to record
Hormones *	FSH, LH, estradiol, progesterone, total and free testosterone, SHBG, DHEA-S, prolactin, with the day of the cycle if still cycling and whether the test was fasting. A free testosterone is worth asking for when the total is normal and the symptoms are fatigue, low desire or hair thinning (Sheenu)
Thyroid	TSH, free T3, free T4, anti-TPO and anti-Tg * (when stacked: baseline and month 3, the HFS thyroid overlay). Antibodies decide the seed advice
Sugar and insulin	Fasting sugar, HbA1c * (when stacked); HFS diabetes overlay: fasting sugar weekly in the call log for a client on medicine
Lipids and heart	LDL, HDL, triglycerides; homocysteine, hs-CRP, lipoprotein (a) if the doctor asked (Sheenu)
Vitamins and minerals	Vitamin D3, B12, calcium, magnesium, ferritin. B12 injection first if very low (Sheenu)
Bones	Serum calcium, phosphorus, ALP and the DEXA scan with the date and T-score. A T-score below -2.5 is osteoporosis; the doctor leads

Group	What to record
BP	At every visit if the client has a BP condition, with the medicine status beside it ("with medi" or "without medi"): HFS hypertension overlay
Others the doctor asked for	Full blood count, liver and kidney function, zinc, ANA. Referral only; the doctor reads them

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

Track	How
Weekly symptom diary *	Flushes a day (count), night sweats (nights a week), sleep hours and the number of wake-ups, mood in a word, energy out of ten, joints, dryness and urinary trouble if the client chooses to say. Same scale every week. Their words beside the numbers
Period record *	For a client still cycling: the first day of every period, the length, the flow, and the cycle day at every weigh-in. For a client with stopped periods: the date of the last period, and any bleeding after it (the gynaecologist: Section 2.6.11)
Waist and abdominal inches *	The same tape, the same point, once a week or fortnight. Inches lead; weight follows
Medicine and supplement list * with dose and time	Name, dose, time of day, and what they eat at that time. Thyroid tablet, BP, diabetes, HRT or hormone cream, antidepressant, gabapentin, bisphosphonate, calcium, vitamin D, B12, omega-3, magnesium, evening primrose oil. Any change the doctor made, with the date. Never ask the client to stop; the doctor decides
Triggers	Caffeine cups, spicy food, alcohol, smoking, late dinners, screen time before bed
Seeds and herbs	The seed days followed (flax and pumpkin, sesame and sunflower), the start date, raw and ground, the herb of the week (the next in brackets), the days used in food and the days off (Sheenu: powders stopped in between), and any reaction
Interaction check	The date you checked each medicine against Sections 2.6.8 to 2.6.10, before any seed, herb, oil or supplement
Practice log	Pranayama, asanas, Kegels, the walk, strength work, the chakra practice and affirmation
Sleep and screen	Sleep and wake times; the time the screen goes off; a dark room (Sheenu)

Track	How
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 slept through the night, and I did not snap at my son." Clients renew on how they feel

3.3.4 Who tracks what, and what you watch for

Who	Tracks
The client	The weekly symptom diary in their own hand or app; the daily Yes or No habit sheet; meal pictures; symptoms in their words
You, the coach	Weekly check-in; the diary with the medicine list; compliance specifically; monthly 7 metrics; reports with the lab name; the seed and herb plan; the interaction check date; the promise; assets; the next action and date after every contact
Their doctor	The medicine decision, the doses, any hormone treatment, any test. 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 menopause client, a missing diary is the first sign.** When the diary stops, call the same day. A client who "feels a bit better" and stops writing is where it slips.

3.3.5 The eleven milestones

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

- **The promise names one number and one feeling and a date.** For menopause, for example: "two nights a week of waking drenched down to one, and waking rested, by day 90". Not "menopause 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, menopause-only, marker:** the date the final food, herb and seed list was written for their medicines.

04

SECTION 4

Real cases and quick reference

4.1 Diamond Council menopause cases (Dr. Sheenu's case pack)

Source: Dr. Sheenu's Menopause case-study pack (Diamond Council Menopause case studies and her deck's five homework cases), including the one HFS client result in it (the 49-year-old vegetarian client); the HFS Case Study Pack of 24 client files (the ones that carry a menopause-linked lesson). No separate HFS menopause case-study deck and no HFS menopause client plan sheet was found. The "where Sheenu and HFS differ" column: it checks each case against Dr. Sheenu's Menopause card and the HFS overlays. Cases are for teaching. Names are anonymised. Get client consent before any external use. These are not treatment claims.

The pack gives a client profile, the reports, and the headings "Diagnosis", "Goals of treatment", "Holistic MPESS-based management plan" and "What outcome will the client get after 12 weeks". **In the version found in Drive the plan and outcome pages are headings only, so the answers below come from Sheenu's card and deck, not from a filled plan.** Where the case slide or a student plan differs from the card, the card leads and the row is marked "changed". Use these to practise before a real client: read the profile first, write what you would do, then check.

Case	Presented with	What the pack gives	Where Sheenu and HFS differ, and what it teaches
1 · Ritu Sharma, 52, school principal	Post-menopausal, last period 18 months ago. Sedentary, high stress, married with two adult children. Weight up 12 kg in 2 years. Hot flushes 4 to 6 a day, mostly at night. Wakes at 2 to 3 am. Mood swings, knee and lower back pain, brain fog, dry skin, thinning hair, low desire, vaginal dryness. Hypothyroid 5 years (Thyronorm 75 mcg), pre-diabetes (fasting 110, HbA1c 5.9), mild hypertension 130/90 (telmisartan 20 mg), vitamin D3 17 ng/mL. Mother had osteoporosis and type 2 diabetes	Medicine-with-food guidance: Thyronorm at 6:30 am on an empty stomach with plain water, 30 to 60 minutes before breakfast or tea; telmisartan at 7:30 to 8 am with or after a light breakfast; calcium and iron meals and supplements kept away from the morning. Later in the day: selenium (Brazil nuts in moderation, sunflower seeds), zinc (pumpkin seeds, lentils), iodised salt if not contraindicated, protein (eggs, pulses, paneer, away from the thyroid tablet). For BP: water, whole grains, fruits low in potassium (apple, pear, papaya), beetroot, garlic, hibiscus tea, magnesium (pumpkin seeds, oats)	**Aligned:** the thyroid tablet timing and the calcium and iron gap match the HFS thyroid overlay. **Differs:** the pack lists hibiscus tea and garlic for BP from day one; the Blood Pressure guide marks both "changed" (culinary first, a gap from the tablet). The thyroid, pre-diabetes and BP lead over menopause on the HFS ladder (levels 3 and 4), so the weight goal comes last. Teaches: one client, four conditions, one plan; and a time-of-day table for the tablets

Case	Presented with	What the pack gives	Where Sheenu and HFS differ, and what it teaches
2 · Anjali Verma, 47, HR manager	Perimenopause: irregular periods for 8 months, sometimes skipping 1 to 2. Gained 7 kg in 1.5 years, mostly at the abdomen. Tired despite an active routine (Zumba 3 times a week, evening walks, weekend trekking). Occasional evening flushes. Mood swings, midnight hunger and cravings, light sleep, hair thinning, mild acne on the jaw. Type 2 diabetes 2 years (metformin 500 mg twice a day), PCOS earlier (resolved by 40), mild B12 deficiency (weekly injection), omega-3, ibuprofen for migraine. Fasting sugar 130, post-meal 165, HbA1c 6.7, TSH 3.1, B12 190, ferritin 28, vitamin D3 34, estradiol low-normal, FSH elevated	Profile and reports only; the plan page is a heading. Water 2 litres, coffee twice a day, yoga on weekends only, sleep 11 pm to 6:30 am restless	**HFS:** diabetes leads (level 3 if on insulin, level 4 otherwise); the diabetes overlay applies (portioned rice, fibre first, a walk after meals, fasting sugar weekly). **Sheenu:** no cinnamon water for a diabetic on medicine. Teaches: an active client can still be in perimenopause; low ferritin and B12 are part of the picture; midnight hunger is a meal-gap clue (HFS: long gaps worsen insulin swings)

Case	Presented with	What the pack gives	Where Sheenu and HFS differ, and what it teaches
3 · Sunita Mehra, 36, boutique owner	Total hysterectomy with both ovaries removed at 35 for fibroids and endometriosis. Within 3 months: 10 or more flushes a day, night sweats, insomnia, extreme fatigue, hair fall, dry skin, vaginal dryness, low desire, severe mood swings and anxiety, headaches, brain fog, 6 kg gained in 6 months. No HRT taken, for fear of side effects. On vitamin D3 60K a week, calcium citrate, evening primrose oil. Estradiol below 10 pg/mL, FSH 80 mIU/mL, LH high, vitamin D 22, HbA1c 5.8, TSH 2.3, triglycerides slightly high. Mother's menopause was at 49	Diagnosis in the pack: surgical menopause at 35, severe estrogen deficiency, early metabolic syndrome, emotional distress and anxiety, sexual wellness concerns. Goals: manage the sudden withdrawal; support bone, brain, heart and sexual health; prevent early osteoporosis, diabetes and depression; improve confidence, body image and intimacy; stabilise mood	**HFS:** surgical sits at the top of the ladder. **Scope:** whether to take HRT is wholly the doctor's; never push for or against it; vitamin D and calcium doses are the doctor's. Teaches: a young client with an abrupt change needs the doctor and the surgeon first; food, sleep and mood support round them. Low mood that does not lift goes to the doctor (Section 2.6.11)

Case	Presented with	What the pack gives	Where Sheenu and HFS differ, and what it teaches
4 · The 49-year-old HFS client (programme: weight loss and clinicals)	Vegetarian, 153 cm, 84 kg, sedentary. High BP 160/106 on medicine, hot flushes, irritation, frustration, high mood swings, very low energy, disturbed sleep, bloating, constipation, gas, acidity, dry skin. Orthopaedic doctor had advised weight loss but spine trouble limited movement. Six-month plan, results at three months	Weight 84 to 76.6 kg. 25 inches in total and 9 off the abdomen. BP 160/106 to 124/89 (with medicine). On the slide: haemoglobin 11 to 11.2, fasting sugar 115.3 to 104, TSH 4.87 to 3.2 (LDL 112 on the first date; the later figure is unreadable). Bloating, constipation, gas, acidity, hot flushes, irritation, frustration and mood swings from high to normal; energy improved; sleep and dry skin improved. Two reviews follow: the client praised a "very easy to follow" personalised plan and results "with zero exercise"; the other, on a hormonal-health plan, lost 6 kg with more energy and less inflammation	**Aligned:** HFS programme and Sheenu's symptoms line up; the BP result carries "with medicine". Teaches: a menopause client can lose weight and inches, and the symptoms ease, with food and routine alone when movement is restricted; always write the medicine status beside the BP; and the symptom rows (flushes, mood, sleep) are what clients renew on. The slide is partly garbled; read it as a teaching example, not verified data

Sheenu's five homework cases (no answers are given in the deck)

The deck ends with five profiles and five questions each ("identify the hormonal changes", "suggest a one-week plan", "recommend three naturopathy therapies", "suggest herbs or supplements, if any", "suggest lifestyle and pranayama"). The right-hand column is the guide's pointer to where Sheenu's card answers each. The group plans students wrote are not used.

Case	Profile	Where to look in this guide
Meena, 45, teacher (perimenopause, hot flushes and sleep)	Irregular periods for 6 months, 4 to 5 flushes a day, wakes sweating, anxiety and irritability. Skips breakfast, 2 coffees, late dinner, no exercise, high stress. FSH 34 mIU/mL, estradiol low	Hormone teaching (Section 2.6.2); problems 1, 2, 10 and 12 (Section 3.2.5); seed days 1 to 14 and 15 to 28 if the checks allow; Bhramari, Anulom Vilom; cool bedroom
Sushma, 52, post-menopausal (weight gain and bloating)	7 kg in a year, mostly belly. Constipation, bloating, fatigue, sugar cravings, mild joint pain. BP 138/92, waist 91 cm, fasting glucose 108, triglycerides 175. Periods stopped 2 years ago	Metabolic changes (Section 2.6.5); low-GI food; problem 14; a BP client: the BP guide; mud pack on the abdomen; strength work; the doctor on sugar and BP. Whether this is metabolic syndrome is the doctor's word
Ritu, 49, homemaker (emotional distress and low desire)	No interest in intimacy, low mood, hair fall, dry skin, feeling lost after the children left for college. Mild hypothyroid on thyroxine 25 mcg. Menopause 6 months ago	Throat, third eye and crown (Section 3.2.5); problem 8; seeds only after the thyroid check (a thyroid problem); an emotional ritual and a weekly self-care plan
Bhavna, 39, entrepreneur (early or stress-related)	No periods for 10 months after a stressful divorce. Hair thinning, mood swings, dry skin, low appetite and stamina. FSH 45, estrogen very low, high stress, normal ultrasound	The doctor decides whether this is premature menopause (Section 2.6.4). The coach supports sleep, adrenal-calming food, breath work and emotional work; no seed advice until the doctor has seen the reports
Rekha, 58, retired (osteopenia)	Back pain, wrist ache, a fall with no fracture. DEXA T-score -2.3, vitamin D 14, calcium 8.5. Periods stopped 8 years ago	Bones (Section 2.6.5); sun, ragi, sesame, moringa, almonds; Setu Bandhasana within comfort; vitamin D on the doctor's word; falls prevention. A T-score of -2.5 or below is osteoporosis

What these cases add, and what to take care of. The case profiles are Dr. Sheenu's. The filled plan and outcome pages are not in the Drive copy, and the 17 July 2025 case-study recording (video only) could not be read, so none of its content is used. The guide's answers come from her card and deck. Where anything differs, her card leads.

4.2 HFS client files (2018 to 2023)

There is no HFS menopause client file in the Case Study Pack. The files below carry a lesson a menopause client needs: the same conditions that come with menopause (thyroid, low calcium or vitamin D, joint pain, blood pressure, insulin), a hormonal picture, and the retention lessons. The result column is as in the pack.

Case	Presented with	Result and lesson
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 menopause client with low calcium and vitamin D, body age and inches are the better headline
Sujata R., 37 (Case 7, the anchor case)	Hypothyroid, PCOS, constipation, fatigue, B12 and D3 low. 67.7 kg	Plans were sequenced (PCOS-1 to 4). The avoid list held the goitrogens (broccoli, cauliflower, cabbage, kale and others) and dairy, soya, oats and sugar. Seed cycling was written into the plan: flax and pumpkin days 1 to 15, sesame and sunflower days 15 to 30. Month 1: 3.7 kg, 16.5 inches, 7.5 abs inches. **For a menopause client with a thyroid problem, soya and goitrogens are out; for the seed days Sheenu's differ from HFS**
Himani T. (Case 8)	PCOD, obesity, vegetarian. 103.8 kg	Month 1: 5.7 kg. Two upward weight moves fell on period days. **Record the cycle day next to the weigh-in.** Four postponements in a row, then "number not reachable"
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"
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
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

Case	Presented with	Result and lesson
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; settled around 90 to 100. Weight is secondary for a client on insulin. The follow-up call structure carried them through travel
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
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
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 gynaecologist treats. A pending balance is a retention alarm
Vineet K. (Case 6)	High BP, high cholesterol, constipation, acidity; chemotherapy for seminoma the year before. 72 kg	Post-oncology nutrition is not weight loss; a small gain may be right. The oncologist in the loop; honest description as supportive nutrition. The same applies to a menopause client whose periods stopped after cancer treatment

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

4.3 What clients ask, and what you say

Source: Dr. Sheenu, Menopause protocol card and deck (Steps 1 to 15, her case pack and her do's and don'ts); 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)
"Is this menopause? My periods have only become irregular."	Irregular periods can be perimenopause, and that can last 4 to 8 years. Menopause itself is confirmed only after 12 months with no period, and your doctor confirms it. Let us note what is happening and plan around it
"Should I take HRT?"	That is your doctor's decision only. HRT can help hot flushes and protect the bones, and it carries risks for some women, so it needs a doctor's check. We plan the food and lifestyle around whatever your doctor decides
"I bought a hormone cream online. Can I use it?"	Please do not start any hormone on your own. Show it to your doctor first. A doctor can prescribe a vaginal estrogen cream for dryness if it suits you
"Will seed cycling fix my hormones?"	It is a gentle method that supports the body, and it eases some symptoms for some people. It is not a medicine. We start only after I have seen your medicines and reports, and it is not for everyone: not with a seed allergy, and not with an autoimmune thyroid problem unless your doctor and our expert agree
"Why raw seeds, not roasted?"	Grinding raw seeds helps your body absorb the nutrients, and roasting can damage the sensitive oils. We grind a small batch fresh and keep it in the fridge
"Should I eat soy and tofu for hot flushes?"	Soy is called a plant estrogen, and it is on our expert's list. But if you have a thyroid problem it is usually kept out. We decide after your reports
"I am gaining weight. Can I starve or do a hard workout?"	No. After menopause part of your estrogen comes from fat tissue, so a crash diet or a heavy workout can leave you feeling worse. We build strength slowly, eat well and watch your inches and sleep
"Can I take shatavari or ashwagandha capsules every day?"	Not for the long term. Our expert's rule is food use two to three days a week, powders stopped in between, one herb at a time. Never several together. We check your medicines first
"Intercourse hurts. What can I do?"	This is common and it can be eased. Your doctor can advise a vaginal cream. Natural lubricants, pelvic floor exercises and keeping intimacy help. Condoms are advised in this stage, since the lining is thin and infections are easier. Coconut oil can weaken a latex condom
"I keep getting urine infections."	Please see your doctor. Water, cranberry, Kegel exercises and hygiene help, but they do not replace a check
"I have bleeding after my periods stopped."	Please see your gynaecologist soon. We do not plan anything until the doctor has seen you

The client asks	You say (and stay inside this)
"I found a lump in my breast."	Please see your doctor now. We do not put anything on it, and we never promise a lump will go away
"Do I need a bone scan?"	Your doctor decides. A DEXA scan is how bone density is measured, and it matters after menopause. Bring any result and we plan around it
"Should I take calcium and vitamin D tablets?"	Your doctor decides the dose. If you take a thyroid tablet, keep calcium and iron away from the morning, for lunch or the evening
"I am so angry and sad all the time."	I hear you. This is part of the change in hormones, and sleep and stress add to it. 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
"Can I stop my thyroid tablet now that I am doing the plan?"	No. Only your doctor changes a medicine. Keep taking it, alone, with plain water, early in the morning
"Is menopause a disease?"	No. It is a natural change. Our expert says it is not a pause but a powerful transition. What we do is ease the symptoms and protect your bones, heart and mood

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 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
Bleeding after 12 months with no period; very heavy or long bleeding	The gynaecologist soon. No Ashoka or Lodhra	Sheenu (bleeding goes to the gynaecologist)
A breast lump, or a hard, painful breast	The doctor now. No castor oil pack	

If you see this	What you do	From
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
A fall, a fracture, a loss of height, severe back pain	The doctor and a DEXA scan; vitamin D and calcium on the doctor's word	Sheenu
Repeated urinary infections, burning, blood in the urine	The doctor	Sheenu
Periods stopped before 40, or after surgery, chemotherapy or radiation	The doctor and the treating team lead. HFS: post-oncology is not weight loss	Sheenu; HFS Case 6
A thyroid problem, especially Hashimoto's or any autoimmune condition	The doctor leads. No seed cycling until the doctor and Sheenu agree. Thyroid overlay rules (no soya, goitrogens, oats)	Sheenu; HFS overlay
The client is on a thyroid tablet	The tablet alone, early, plain water; calcium and iron away from the morning	Sheenu's case pack; HFS overlay
The client is on HRT or a hormone cream	Never ask them to stop. Tell the doctor about seeds, herbs and oils in the plan	Sheenu
A client on diabetes medicine wants cinnamon water	Not for them. The doctor leads on sugar	Sheenu
Any herb or seed is wanted	Medicine check first. One at a time; the next in brackets; Sheenu's rules (not long term, never together, powders stopped in between)	Sheenu
Heart condition, kidney disease, very high BP	The cardiologist or kidney doctor leads (HFS level 1). Strength work and herbs only with their agreement	HFS ladder
Pregnancy is possible, or after delivery	The doctor leads. HFS: no calorie deficit	HFS overlay
Two conditions pull the plan apart	Decide which condition leads; write it down; tell the client	HFS (priority ladder)
A detox, fast or green juice cleanse is asked for	No protocol is written. Doctor first	Sheenu lists them without steps

4.5 Reading a report: a worked example

Take Sheenu's second case (Anjali Verma, 47, HR manager, perimenopause with diabetes): irregular periods for 8 months, 7 kg gained in 1.5 years at the abdomen, tired, occasional evening flushes, mood swings, midnight hunger, light sleep, hair thinning and mild jaw acne. On metformin 500 mg twice a day, a weekly B12 injection and omega-3. **Fasting sugar 130, post-meal sugar 165, HbA1c 6.7, TSH 3.1, B12 190, ferritin 28, vitamin D3 34, estradiol low-normal, FSH elevated.** Ranges differ by lab, so always read each number against the range printed on the report. The numbers are the pack's.

1. **Which tests are they?** A sugar set, a thyroid test, B12, ferritin, vitamin D and two hormones. There is no free testosterone, SHBG, lipids, calcium or DEXA on the list. Say so, and ask whether the doctor wants them.
2. **Medicine first.** Write metformin, the B12 injection, the omega-3 and the occasional ibuprofen, with doses and times, beside the numbers.
3. **Read them one by one.** Fasting sugar, post-meal sugar and HbA1c are above the usual range and the doctor has already named diabetes. TSH 3.1 sits inside the printed range (0.5 to 4.5). B12 190 is below the 200 to 900 range in Sheenu's deck. Ferritin 28 is below the slide's 30 to 150 and inside the deck's 20 to 200: read it against the lab's own range. Vitamin D 34 is within 30 to 100. A raised FSH with a low-normal estradiol fits perimenopause; the doctor says so, you do not.
4. **See what travels together.** Midnight hunger and cravings, belly weight, poor sleep and a high sugar point to insulin swings and meal gaps (HFS PCOD and diabetes overlays); the jaw acne and hair thinning are worth a free testosterone and SHBG if the doctor agrees.
5. **Say it plainly.** "Your sugar is in the range your doctor is already watching, and your B12 is on the low side. Your hormone tests fit the change you are going through. We plan food, sleep, stress and movement around your doctor's plan."
6. **Choose what leads.** Diabetes leads (HFS level 3 if on insulin, level 4 otherwise); menopause symptoms follow; weight comes last. No cinnamon water on metformin (Sheenu). Seeds only after the checks. Herbs: not in the first month.

What should change (Sheenu and HFS): the diary, the sleep and the cravings first, then the markers at the next test, repeated at month 3 at the same lab. The slide's idea of a 12-week outcome is the pack's, not a promise. The medicine decision stays with the doctor.

4.6 When the client stalls

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

The moment	What you do	From
Two postponements in a row	Have a real conversation, not another rescheduled appointment. "Two weeks have slipped. What is getting in the way?"	HFS rule
The diary stops, or "I feel a bit better, I stopped writing"	Call the same day. Ask 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	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	Show the diary, inches, fat, muscle and body age. For menopause the scale is slow on purpose. Check compliance specifically before changing the plan	Sheenu; HFS (Megha J., Mamta S.)
The flushes are better, and they want to go back to coffee, spice and late dinners	Name it kindly: the plan is why the diary looks like this. Bring one item back and watch the diary	HFS; Sheenu
A herb, seed or supplement is wanted, or several at once	One at a time, never past what Sheenu's rules say; the medicine check first	Sheenu
The thyroid tablet is taken with tea or calcium again	Ask what they took with it; restate the empty-stomach rule and the gap	Sheenu's case pack
A client on a hormone or medicine you do not know	Do not guess. Write it down, ask the doctor or Sheenu	Sheenu

4.7 Before every menopause call

- Last periods and the pattern asked for; any surgery, chemotherapy or radiation; the medicine and supplement list asked for, with dose and time; any hormone cream or tablet; the reports with the lab name. Registration verified.
- Section 2.6.3 (the symptoms), 2.6.4 (the causes) and 2.6.11 (red flags and where to refer) fresh in your head.
- Form open at section A. Findings in their words only.
- Remember: find gaps, do not deliver the plan. No herbs, no seeds, no oils, no supplement or hormone advice, no meal plan, no detox, no yoga or breath practice on the sales call.
- Listen for the picture: still cycling, stopped, after surgery or treatment, with thyroid, diabetes, BP or bone problems. They are not the same plan, and tiredness alone does not tell you which.
- Do not name menopause yourself. Use the client's words; the doctor confirms it.
- Chest pain, trouble breathing, a sudden severe headache, bleeding after the periods stopped, a breast lump, or low mood that will not lift: the doctor now, before anything else.
- Decision maker and commitment asked in Trust.

4.8 Always say, never say

Always say	Never say
"Your doctor decides the medicine and any hormone. We plan the food and lifestyle around it."	"Stop the tablet", "start HRT", "do not take HRT", "use this hormone cream", any advice on medicine
"Menopause is not a pause. It is a powerful transition. We work on easing the symptoms and protecting your bones, heart and mood."	"Menopause can be reversed", "cured", "your symptoms will stop in 30 days"

Always say	Never say
"Let me check your medicines first. Some foods, herbs and supplements work against a tablet."	Any herb, seed, oil, supplement or dose before that
"Seeds are a gentle support, raw and ground, and not for everyone."	"Seeds will balance your hormones", seed cycling for a thyroid-autoimmune client without the doctor
"No crash diet. After menopause part of your estrogen comes from fat tissue, so we go slowly on weight and watch your inches."	"Lose 10 kg in a month", a starvation diet, a heavy workout from day one
"Bleeding after your periods have stopped, a lump, chest pain or a low mood that does not lift needs your doctor now."	Any diagnosis, or "it is only age" or "it is only stress"
"We track your symptom diary and your inches, and how you feel. Weight is slow."	"Menopause 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 Menopause card, deck and case pack (the sixteen common problems, the hormone teaching, the five homework profiles and her emotional teaching); the HFS Case Study Pack and the HFS client result in her pack; the Sales Kit (the free 45-minute Clarity Call, programme names, Always say and Never say).

This section helps the coach find the right people, speak to the problem they feel, and make free offers, ads and posts about menopause. **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 the years before the periods stop (perimenopause)

Who they are: Women in their mid to late 40s whose periods have become irregular, who are still busy with work and family, and who do not think of themselves as "in menopause" yet.

Where this comes from: Sheenu's case pack (the second case and the homework cases on flushes and sleep, and on stress-related early change); her teaching that perimenopause can last several years and that many clients are still having periods.

Rank	Problem	In the client's own words (pattern only)
1	Irregular periods	"My periods skip, come early, or come late, and I never know what to expect."
2	Hot flushes and night sweats	"A wave of heat comes from nowhere and I am drenched at night."
3	Broken sleep	"I wake at 2 or 3 in the morning and cannot go back to sleep."
4	Mood swings and irritability	"I snap at everyone and then feel terrible."
5	Weight gain and belly fat	"I eat the same food and my weight keeps going up, mostly around the belly."

Type 2 · Women after the periods have stopped, living a mostly seated life

Who they are: Women in their 50s and later, a year or more after the last period, often seated at work or at home, who notice the body has changed shape and ached more.

Where this comes from: Sheenu's case pack (the first case and the homework cases on weight gain and bloating and on weak bones); the HFS client result in her pack, where the symptom rows eased with food and routine alone.

Rank	Problem	In the client's own words (pattern only)
1	Weight gain and belly fat	"I eat the same food and my weight keeps going up, mostly around the belly."
2	Joint pain and weak bones	"My knees and back ache, and I am afraid of a fall."
3	Hot flushes and night sweats	"A wave of heat comes from nowhere and I am drenched at night."
4	Tiredness and brain fog	"I am exhausted, I forget words and I cannot think clearly."
5	Dryness and low desire	"I have no interest in intimacy, and I am dry in places I never was."

Type 3 · Women whose menopause came early or suddenly

Who they are: Younger women whose periods stopped after surgery, treatment or a long stressful time, so the change came in a few months and not over years.

Where this comes from: Sheenu's case pack (the third case, after a hysterectomy with both ovaries removed, and the homework case on stress-related early change); her teaching that sudden change gives stronger symptoms and that the doctor decides what it is.

Rank	Problem	In the client's own words (pattern only)
1	Hot flushes and night sweats	"A wave of heat comes from nowhere and I am drenched at night."
2	Mood swings and irritability	"I snap at everyone and then feel terrible."
3	Broken sleep	"I wake at 2 or 3 in the morning and cannot go back to sleep."
4	Dryness and low desire	"I have no interest in intimacy, and I am dry in places I never was."
5	Tiredness and brain fog	"I am exhausted, I forget words and I cannot think clearly."

Type 4 · Women with a thyroid, blood pressure or sugar problem as well

Who they are: Women in perimenopause or after it who already take medicines for another condition, so food and daily timing have to fit the tablets as well as the menopause symptoms.

Where this comes from: *Sheenu's case pack (the first and second cases) and the HFS files with the same combinations (thyroid with low calcium or vitamin D, blood pressure, insulin); the HFS priority ladder, where those conditions lead.*

Rank	Problem	In the client's own words (pattern only)
1	Weight gain and belly fat	"I eat the same food and my weight keeps going up, mostly around the belly."
2	Tiredness and brain fog	"I am exhausted, I forget words and I cannot think clearly."
3	Broken sleep	"I wake at 2 or 3 in the morning and cannot go back to sleep."
4	Hot flushes and night sweats	"A wave of heat comes from nowhere and I am drenched at night."
5	Mood swings and irritability	"I snap at everyone and then feel terrible."

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 · Hot flushes and night sweats

Source for this problem: *Dr. Sheenu's problems 1 and 2 (why it happens, what to avoid, what helps), her advice to counsel husband and wife together, and cases 1, 2 and 3. Plenty of material.*

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week flush diary: the client writes the time, what they ate and drank, how stressed they felt and how warm the room was, so a pattern can show.	Your sheets are damp at 3 am again? See what may be behind it.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
2	A one-page checklist of the things Dr. Sheenu says to look at first: caffeine, spicy food, alcohol, tight clothes, stress.	Flushes come when the brain's temperature centre reacts to falling estrogen. That is a reason, not a weakness.
3	A bedtime and bedroom checklist: a cool room, light bedding and a short relaxation before sleep.	Many women look at three things first when flushes come: coffee, spice and alcohol. Have you?
4	A short guide for couples: what the partner should know about night sweats and how to help.	Night sweats are not only yours. Your partner needs to understand them too.
5	A short audio of the humming breath (Bhramari), with the rule to stop if the client feels dizzy.	Told "it is just age, bear it"? See the whole picture in a free 45-minute call, alongside your doctor.

Problem 2 · Broken sleep

Source for this problem: Dr. Sheenu's problem 10 (estrogen and progesterone affect melatonin and cortisol; no blue light; fixed sleep and wake times) and the cases that list light or broken sleep. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A seven-day sleep log: bedtime, wake time, night waking, and screens before bed.	Awake at 3 am again? It may not be your mind. Two hormones that guide sleep are changing.
2	A one-page evening wind-down plan: screens off, fixed sleep and wake times, a cool room.	Blue light, late dinners, uneven hours: three small fixes that Dr. Sheenu starts with.
3	A short guide: "Why menopause can wake you at the same hour" in plain words, from Dr. Sheenu's hormone teaching.	You sleep, but you do not rest. Find out what is behind it.
4	A short audio for the evening: slow breathing and Yoga Nidra (guided rest), with a note to stop if dizzy.	Tired of being tired? A free 45-minute call to see what is behind how you feel.
5	A checklist for the dinner hour: what to eat and when, so the night is not disturbed (from the food kit, no medicine).	Your sleep is also your mood, your weight and your energy. Start there.

Problem 3 · Mood swings and irritability

Source for this problem: Dr. Sheenu's problems 11 and 12 (estrogen affects serotonin; cortisol sensitivity rises), her emotional teaching on MESS and MPESS, and cases 1 and 3. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A mood and trigger diary for one week: what happened before the low or the anger, and what helped.	You are not "becoming difficult". Your hormones are changing and your mood feels it.
2	A short guide for the family: what the client may be going through and what helps at home.	Snapped at someone you love today? There is a reason, and a way through.
3	A journaling sheet with six simple prompts for the evening (from the emotional work in the guide).	Mood swings have a body side and a heart side. We look at both.
4	A short audio for stress: a few minutes of breathing and a grounding practice.	Always putting everyone first? Your body is asking for its turn.
5	A checklist of the common sugar and processed-food crashes that make irritability worse (from Dr. Sheenu's problem 12).	A free 45-minute call to see what is really behind your mood.

Problem 4 · Weight gain and belly fat

Source for this problem: Dr. Sheenu's problem 14 and her teaching that part of the estrogen the body still makes after menopause comes from fat, so crash diets and heavy workouts are softened; the HFS client result in her pack; the HFS tracker lessons (weight is not the only outcome). Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page guide: "Why a crash diet can make you feel worse after menopause" in Dr. Sheenu's words.	Same food, weight going up, belly growing? The reason is not your willpower.
2	A simple check of the day: meal gaps, sugar, tea and coffee, steps (a tracker the client fills in).	Crash dieting after menopause can backfire. Here is what Dr. Sheenu says instead.
3	A short guide on the seven measures that show change besides the scale (weight, inches, abdomen inches, fat, visceral fat, body age, muscle).	The scale is the least useful number. See the seven that tell the real story.
4	A low-GI (slow-releasing food) shopping list built from millets, quinoa and legumes in the guide.	Your metabolism has slowed and your estrogen is changing. Eat and move for that.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
5	A short guide on starting strength work gently: why muscle matters and how to begin within comfort.	A free 45-minute call: a plan for your body now, not the body you had years ago.

Problem 5 · Irregular periods

Source for this problem: Dr. Sheenu's problem 3 (estrogen and progesterone fluctuate; a regular routine; heavy or long bleeding goes to the gynaecologist) and her teaching on the three phases. Some material; no specific case is built around this problem alone.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A cycle calendar: the client marks each period and symptoms for three months to share with the doctor.	Periods skipping and returning? Know what is happening and what to ask your doctor.
2	A short guide to the three phases (perimenopause, menopause, post-menopause) in plain words.	Irregular does not always mean "all over". Learn the three phases.
3	A list of questions to take to the doctor about changing periods.	Heavy or long bleeding is for the gynaecologist. Do not wait.
4	A short guide: "When bleeding needs the doctor first" (heavy or long bleeding goes to the gynaecologist).	Track three months and walk into the clinic prepared.
5	A daily routine sheet: fixed meal and sleep times, which Dr. Sheenu names for balance.	Not sure which stage you are in? Your doctor confirms it; we help you prepare. Free 45-minute call.

Problem 6 · Tiredness and brain fog

Source for this problem: Dr. Sheenu's problems 9 and 13 and her hormone teaching (ask for the free testosterone when tiredness is present); cases 1 and 3. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week energy and focus log: when energy dips, what was eaten, and how well they slept.	Tired though you slept? Your reports may not tell the whole story.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
2	A short guide: "Questions to ask your doctor about tiredness" including the reports Dr. Sheenu names (such as free testosterone).	Losing words and focus? Falling estrogen and poor sleep can both play a part.
3	A one-page "structured day" sheet with lists and short breaks, from Dr. Sheenu's brain fog advice.	A "normal" report and still unwell? Ask about the free testosterone.
4	A short guide to iron, folate and B12 foods in plain words, with a note that supplements are the doctor's decision.	A structured day can lift the fog. Start with one small list.
5	A short audio of slow breathing for a mid-day reset.	Free 45-minute call: see what is behind your tiredness, alongside your doctor.

Problem 7 · Dryness and low desire

Source for this problem: Dr. Sheenu's problems 4, 5 and 8 (dryness of the vaginal lining and skin, low desire from falling estrogen and testosterone plus emotional change; reconnect emotionally; a cream is for the doctor) and cases 1, 3 and the homework case on low desire. Plenty of material, but handle gently.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A private checklist: "What to tell your doctor" about dryness and desire.	It is not only you. Dryness and low desire are common and can be spoken about.
2	A short guide for couples: how to talk about it kindly.	Low desire is not "just in your head". Hormones and emotions both play a part.
3	A short guide on pelvic floor exercises (Kegels) in plain words, from Dr. Sheenu's list.	A private, simple guide you can read alone.
4	A short guide on skin care for dry skin: hydration and oiling (no medicine).	Your partner can help. Here is how to start the talk.
5	A short audio of a self-care and mirror affirmation practice.	Free 45-minute call, private and gentle, alongside your doctor.

Problem 8 · Joint pain and weak bones

Source for this problem: Dr. Sheenu's problem 16 (estrogen keeps joints lubricated and muscles toned; stay active), her teaching on estradiol and bone density, the homework case on weak bones, and the HFS files with joint pain. Some material on bones: the guide gives the doctor the lead on any reading or supplement.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page daily movement plan within comfort, with a "when to stop" rule.	Aches in the morning, fear of a fall? Falling estrogen can touch joints and bones.
2	A falls-prevention checklist for the home.	Staying active matters more now. Start gently.
3	A short guide: "Why menopause can bring joint and bone changes" in Dr. Sheenu's words.	Strong bones start with questions to ask your doctor.
4	A list of questions to take to the doctor about bone health.	Joint pain is not "just age". See what may be behind it.
5	A food list for bone-friendly meals from the food kit (no supplements).	Free 45-minute call: a plan for your joints and bones, alongside your doctor.

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 · Hot flushes and night sweats

The problem the client names: "A wave of heat comes from nowhere and I am drenched at night."

The pain behind it: Fear of being embarrassed in front of others, waking tired every morning, and the quiet worry that "this is how life will be from now on". A partner who does not understand adds to it.

#	Post topic	The one point the post makes
1	"I dress for the flush, not for the event"	Planning clothes around flushes shows how much of life they are quietly controlling. The point: there is a reason in the body, and small daily steps can ease it.

#	Post topic	The one point the post makes
2	Why it happens at night	Falling estrogen upsets the brain's temperature control, and this does not switch off during sleep. The point: night sweats have the same cause as daytime flushes.
3	The coffee, spice and alcohol check	Clients often blame themselves for flushes. The point: three common triggers are worth a simple one-week check.
4	Talking to your partner	A partner who does not understand can make the client feel alone. The point: Dr. Sheenu counsels husband and wife together because the home matters.
5	"Bear it, it is age" is not an answer	Being dismissed hurts more than the flush. The point: a symptom with a reason deserves a proper look, with your doctor leading.

Problem 2 · Broken sleep

The problem the client names: "I wake at 2 or 3 in the morning and cannot go back to sleep."

The pain behind it: Being tired all day, snapping at the family, and fear that the body is breaking down. Many feel they have lost the ability to switch off.

#	Post topic	The one point the post makes
1	The 3 am wake-up	Waking at the same hour every night is common and has a reason. The point: estrogen and progesterone shape the sleep hormone and the stress hormone.
2	"I am too tired to do anything"	Poor nights make every other problem worse. The point: sleep is the first thing to fix, not the last.
3	The screen at midnight	Scrolling is how many cope with a mind that will not stop. The point: no blue light and fixed times help, in small steps.
4	A quiet evening, not a perfect one	Clients give up when a routine feels too big. The point: one small evening habit repeated is enough to begin.
5	Why your partner sleeps and you do not	Feeling alone at night is heavy. The point: it is a body change with a reason, not a failure of the mind.

Problem 3 · Mood swings and irritability

The problem the client names: "I snap at everyone and then feel terrible."

The pain behind it: Guilt after shouting, the fear of becoming "someone else", and feeling that nobody at home understands. Behind it can be years of putting everyone else first.

#	Post topic	The one point the post makes
1	"I do not recognise myself"	Feeling like a stranger in your own skin is a common fear. The point: estrogen affects serotonin, so the mood change has a body reason.
2	The apology after the anger	Guilt hurts more than the outburst. The point: understanding the cause is the first step to calm, not self-blame.
3	What your family can do	Families often step back or argue. The point: a calm, informed home helps the client more than advice.
4	Putting everyone first for years	Years of giving can sit under the irritation. The point: emotional work and self-care are part of the plan, not extras.
5	Sugar, coffee and the crash	A bad afternoon can start in the kitchen. The point: Dr. Sheenu lists sugar and processed food as things to cut for irritability.

Problem 4 · Weight gain and belly fat

The problem the client names: "I eat the same food and my weight keeps going up, mostly around the belly."

The pain behind it: Shame about the body, anger that "nothing works any more", and the fear of a crash diet failing again. Under it can be a loss of confidence and attraction.

#	Post topic	The one point the post makes
1	"I eat less and still gain"	The scale rising without a change in food is deeply discouraging. The point: estrogen affects fat storage and the metabolism slows.
2	The crash diet that did not work	Another failed diet hurts confidence. The point: after menopause a crash diet can make the client feel worse.
3	The belly nobody talks about	Feeling shy in clothes is a quiet pain. The point: slow, steady change and muscle work are safer than speed.
4	Not just kilograms	Chasing one number hides real progress. The point: inches, fat, muscle and body age also show change.
5	A plan with your tablets	Many clients also take medicines. The point: weight work follows the doctor's plan and the tablets come first.

Problem 5 · Irregular periods

The problem the client names: "My periods skip, come early, or come late, and I never know what to expect."

The pain behind it: Feeling unprepared and unsure whether this is normal or something wrong. Fear of the unknown, and of becoming "old" before time.

#	Post topic	The one point the post makes
1	"Is this normal?"	Not knowing is the heaviest part. The point: perimenopause can last several years and hormones rise and fall.
2	Three phases, one body	The word "menopause" hides three stages. The point: what you feel depends on the stage, and the doctor names it.
3	Planning around an unpredictable cycle	Travel and work get tangled with surprises. The point: a simple calendar and routine bring some calm.
4	When to call the gynaecologist	Some changes must not wait. The point: heavy or long bleeding goes to the doctor first.
5	Not "old", just changing	Fear of aging sits behind the question. The point: Dr. Sheenu calls it a transition, not a pause.

Problem 6 · Tiredness and brain fog

The problem the client names: "I am exhausted, I forget words and I cannot think clearly."

The pain behind it: Fear of losing sharpness at work, feeling unproductive, and worry that something serious is wrong. Many feel they are failing at what used to be easy.

#	Post topic	The one point the post makes
1	"I used to be sharp"	Losing words at work is frightening. The point: low estrogen and poor sleep upset the brain's messengers.
2	The normal report that does not feel normal	Being told "all is fine" while exhausted is lonely. The point: Dr. Sheenu says to ask for the free testosterone when tiredness stays.
3	One list a day	Big plans fail when the mind is foggy. The point: a simple daily list and short silence breaks help.
4	Sleep first, then focus	Chasing energy drinks hides the cause. The point: sleep is the base of energy.

#	Post topic	The one point the post makes
5	You are not lazy	Self-blame adds weight to tiredness. The point: there is a body reason, and a way through.

Problem 7 · Dryness and low desire

The problem the client names: "I have no interest in intimacy, and I am dry in places I never was."

The pain behind it: Feeling less of a woman, distance from a partner, and shame about speaking out. Often silence is the deepest pain.

#	Post topic	The one point the post makes
1	The topic nobody names	Silence makes shame bigger. The point: it is common, and a doctor is the right person for creams and treatment.
2	"I feel less like a woman"	This is the real pain. The point: falling estrogen and testosterone and emotional change both play a part.
3	Talking to your partner	Distance grows when no one speaks. The point: reconnecting emotionally comes first.
4	Skin that feels like paper	Dry skin shows the change too. The point: hydration and gentle oiling help.
5	Strong from the inside	Pelvic floor work and self-love are simple starts. The point: small daily acts rebuild confidence.

Problem 8 · Joint pain and weak bones

The problem the client names: "My knees and back ache, and I am afraid of a fall."

The pain behind it: Fear of becoming dependent, losing the walks and the independence they value, and worry about bones breaking.

#	Post topic	The one point the post makes
1	"I do not walk like I used to"	Losing the walks is quiet grief. The point: estrogen keeps joints lubricated and muscles toned, so stay active within comfort.
2	Afraid of falling	Fear makes people stop moving, which makes it worse. The point: gentle movement and a safe home matter.
3	After the periods stop	Bones lose their guard when estradiol stays low. The point: the doctor guides tests and any supplement.

#	Post topic	The one point the post makes
4	Food that helps the bones	The kitchen is a daily lever. The point: simple foods in the food kit support the plan.
5	Not "just age"	Dismissal hurts. The point: aches have reasons and deserve a look.

5.4 VSL script (video sales letter)

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

Block	What the coach says
1 · Hook (first 15 seconds)	"If your periods have changed or stopped, and you wake at night drenched, snap at the people you love, and watch your weight climb with the same food, this is for you." "You are not losing your mind, and it is not your fault. In the next few minutes I will show you what is really going on, and a way through, with your doctor beside you."
2 · The problem	"Many women are told: it is just age, bear it. So they carry on alone. They try a new diet, a herbal powder from a relative, a late-night video. One part at a time. And nothing holds." "Underneath, the body is changing. The hormones estrogen and progesterone are falling and swinging. They touch the brain's temperature control, sleep, mood, skin, bones and how the body stores fat. That is why flushes, broken sleep, mood swings and weight come together." "And underneath that, there is often something else: years of putting everyone first, and no one to guide you through this."
3 · The solution	"At Healthyfy we look at the whole person, not one symptom. Dr. Sheenu calls menopause not a pause but a powerful transition." "We start with a free 45-minute Clarity Call. In it you see the real reasons behind how you feel, in five parts: your symptoms, your lifestyle, the root cause, your first priority, and a Blueprint for the next steps." "If you decide to go further, a coach works with you every week on food, daily routine, mind and emotions, alongside your doctor. We never replace your doctor or your medicines."

Block	What the coach says
4 · Testimonial, as a case study (no name)	**Their situation:** "[Describe a consented client as a pattern only: for example, same food, weight going up, waking at night, irritable. No name, age or job.]" **What was done together:** "[In one or two lines: what the client and coach worked on together, for example food at fixed times, a simple evening routine, 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, sleeping through more nights, fewer flushes, feeling calmer. Add: results are different for each person.]"
5 · The next step	"If this sounds like you, book your free 45-minute Clarity Call. You will leave with a clear picture of what is going on and your first steps, whether or not you work with us." "Click the button below, pick a time, and take the first step towards feeling like yourself again."

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

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

DIAMOND COACH GUIDE

The Menopause Coach Guide

BY DR. DT. SHEENU SANJEEV

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

INSIDE THIS GUIDE

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

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