DIAMOND COACH GUIDE

A HEALTHYFY INSTITUTE SERIES



The THYROID

Coach Guide

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HEALTHYFY® HEALTH AND EDUCATION INSTITUTE & RESEARCH COUNCIL

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Diamond Coach Guide

The Thyroid 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 thyroid sessions (protocol card, and the 1 May 2025 implementation session), the HFS case studies, HFS client files and trackers, and the Healthyfy Sales Kit made on 3 October 2026. Teaching use only. Not medical advice and not a treatment claim to clients.

Index: what is on which page

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

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

Item	Detail
Name	Thyroid Clarity Call (or Root Cause Clarity Call)
Length and price	45 minutes. Free. Say it twice: in the booking message and again in the first minute of the call
Who it is for	People with a thyroid problem (underactive or overactive, on tablets or not) who want to know the real reason behind their tiredness, weight, hair, mood or sleep, and the way out

1.2 The offer: what the client gets

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

1. **Your problem, symptoms and side effects.** Your condition, your symptoms and the side effects of your medicines, seen clearly.

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

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

1.3 Say it in thyroid words (optional)

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

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

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

1. Your present problem, symptoms and side effects

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

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

2. Your present lifestyle

Follow these every day:

- Eat balanced meals at fixed times.
- No junk food.
- Take only seasonal food.

- Sleep 7 to 8 hours.
- Drink 3 to 5 litres of water, unless your doctor has told you otherwise.
- Walk, run, jog or go to the gym for 1 hour.
- No alcohol.
- Quit smoking.

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

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

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

3. Your root cause

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

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

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

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

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

4. Your priority

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

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

5. Your action plan and daily tracker

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

Coach's note

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

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

The 1-hour exercise line and the 3 to 5 litre water line stay as approved. If they are pregnant, breastfeeding, have palpitations or a fast heartbeat, or their doctor has limited water or exercise, tell them to follow their doctor first. Sheenu's lifestyle plan names moderate walking, so keep it moderate.

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

The Blueprint contains no herbs, supplements or detox. Those are delivered inside the programme, after you have seen their reports and medicines (Section 2.6.12).

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. Thyroid listening cues come from Sheenu's Thyroid and Body Types protocol cards (symptoms, tests, root causes, scope). Questions marked "Thyroid prompt" are built only from those cards.

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

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

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

REGISTRATION · PERSONAL DETAILS

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

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

HEALTH CONCERN AT A GLANCE

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

Your answer: .....

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

☐ No ☐ Yes, please specify: _____

Registration date: _____

A. GOAL · WHAT YOU WANT TO ACHIEVE

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

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

Your answer: .....

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

Your answer: .....

3. Why is reaching this goal important to you?

Your answer: .....

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

B. PROBLEMS, SYMPTOMS AND THEIR IMPACT · CURRENT REALITY

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

Your answer: .....

5. What symptoms are you facing right now?

Your answer: .....

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

Your answer: .....

Symptoms and problems: tick all that apply to you

☐ Bloating / gas / acidity

☐ Constipation / loose motions

☐ Hair fall / dull skin / acne

☐ Fatigue / low energy / low stamina

☐ Joint pain / body pain

☐ Headache

☐ Breathlessness

☐ Poor sleep

☐ Irregular periods / diagnosed PCOS

☐ Sugar cravings

☐ Weight stuck / fluctuating

☐ Mood swings / irritability

☐ Diagnosed nutritional deficiencies

☐ Others: _____

Health information

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

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

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

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

C. PRESENT LIFESTYLE AND HABITS

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

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

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

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

7. Briefly describe your usual daily routine.

Your answer: .....

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

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

Your answer: .....

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

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

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

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

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

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

Your answer: .....

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

☐ I struggle to stay motivated.

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

☐ I often have negative thoughts about myself.

☐ I lose patience when results are slow.

☐ I overthink even small things.

☐ My mind keeps racing at night before sleep.

☐ I wake up with negative thoughts or worries.

☐ Other: _____

☐ None of these.

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

Your answer: .....

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

Your answer: .....

Is there anything else you would like to add? _____

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

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

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

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

☐ I often feel anxious or worried.

☐ My mood affects my eating or daily routine.

☐ I feel guilty after eating.

☐ Other: _____

☐ None of these.

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

Your answer: .....

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

Your answer: .....

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

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

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

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

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

E. MAKING HEALTH A PRIORITY

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

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

Your answer: .....

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

F. REAL-LIFE CHALLENGES

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

Your answer: .....

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

G. TRANSFORMATION JOURNEY AND RECOMMENDED PROGRAMME

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

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

Recommended programme: _____ Programme duration: _____

Reason for this recommendation: _____

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

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

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

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

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

Programme value and fee	Amount
Offer valid until, if applicable	

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

Your answer: .....

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

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

2.2 The call at a glance, and the Trust stage

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

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

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

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

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

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

- **Which result to share.** The kit gives five Dr. Sheenu clients. None is labelled as a thyroid client, so choose by direction. Hypothyroid means overweight: **Diya Jain** (3 months, 10.6 kg lost, 30.4 inches lost) is closest. Hyperthyroid means underweight: **Zeenat** (5 months, 10.5 kg gain, 1.2 kg muscle gain). Your own thyroid client's result, with their consent, is always better.
- **Look silently.** Sheenu: examine first, form your opinion, keep it to yourself, then see whether the reports match. On a video call, notice the neck, face, hair, skin, eyes and how the person speaks and moves. Do not announce what you see.
- **Decision maker.** Ask it plainly. If someone at home decides, or the client is pregnant and the family is involved, invite that person to the call or fix a second call.
- **Say before the call ends that you will look at their reports.** Ask them to keep ready their latest thyroid reports (TSH, T3, T4, and antibodies if done), their other recent reports, the list of their medicines and the time of day they take the thyroid tablet.

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?"

Thyroid prompt: if the client is a child or teenager, involve a parent or guardian (thyroid affects growth in children). If the client is pregnant or planning to be, note it now: pregnancy changes the plan (Section 2.6.13).

2.4 Section A · Goal

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

They say	Your finding (confirm it with them)
"I want my thyroid to become normal."	Goal: balanced levels. Ask what normal would change in an ordinary week. The doctor decides the medicine; you work alongside
"I want to stop the thyroid tablet."	Goal: reduce dependence on medicine. Only their doctor can change it. Reversal means one full year with no medication and no symptoms (Sheenu); **do not promise it**. Record that you will work with the doctor's plan
"I am always tired. I just want energy."	Goal: energy, in daily terms. Ask what they would do with it
"I want to lose weight."	Goal: weight, with a thyroid condition behind it. Weight moves slowly in hypo: lead with inches (HFS). Do not promise a number
"I am too thin and cannot gain weight." (hyper)	Goal: healthy weight gain with a calm heart and sleep. The doctor stays in charge of the medicine
"My hair is falling and my skin is dry."	Goal: hair and skin change, confidence. Ask what they avoid because of it
"I am pregnant / want to get pregnant."	Goal: a safe pregnancy with thyroid support. **The doctor leads.** Record the doctor, the medicine, and the supplements already prescribed
"My TSH is high but I am not on any medicine."	Goal: understanding. **Send to the doctor first** (Section 2.6.13). Then you work alongside

Confirm: "So [their goal in their words] matters more than a number alone. Have I understood correctly?" Never promise a weight, a TSH value 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	Thyroid prompt (only if unclear)	What it may point to
Temperature	"Do you feel cold when others do not, even in warm weather? Or hot, with a lot of sweating?"	Cold: hypo. Hot and sweating: hyper
Weight and appetite	"Has your weight changed without a change in eating? Is your appetite lower or higher than before?"	Gain with low appetite: hypo. Loss with high appetite: hyper
Digestion	"Constipation and bloating, or loose, frequent motions?"	Constipation: hypo. Loose motions: hyper
Mind and sleep	"Brain fog, forgetfulness or low mood? Or anxiety, racing thoughts and no sleep?"	Fog and low mood: hypo. Anxiety and no sleep: hyper. Stress can also be the root
Heart	"Does your heart ever race, or beat very slowly? Palpitations?"	Fast: hyper, or too much levothyroxine. Slow: hypo. Note it for the doctor
Hair, nails, skin	"Hair fall, thin hair, brittle nails, dry skin?"	Hypo. (Hyper: faster growth and sweating)
Energy and muscles	"When in the day do you crash? Do your muscles feel weak?"	Afternoon tiredness is the classic thyroid-body picture
Neck and eyes	"Any swelling or lump in the neck, trouble swallowing, change in voice? Any change in your eyes?"	Goitre or nodule: refer. Bulging eyes: Graves': refer
Periods	"Are your periods regular?"	Irregular periods are common with a thyroid problem. Sheenu uses a hip bath where periods are irregular
Pregnancy, menopause	"Are you pregnant or near menopause?"	T3 often fails to activate in both, even when TSH reads normal (Sheenu)

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

Health information to record

Record	Thyroid detail to capture
Diagnosed conditions, since when, stage	Hypothyroid, hyperthyroid, Hashimoto's, Graves', goitre, nodule: by whom, when. Also cholesterol, anaemia or low Hb, vitamin D or B12 low, BP, diabetes, PCOD, uric acid
Current medicines	Name, dose and the **time of day** for levothyroxine, methimazole or PTU. What they take it with. How long before breakfast. Other medicines, and anything that was started or stopped lately
Supplements and herbs on their own	Iron, calcium and multivitamin and the **time** (4 hours from the thyroid tablet). Ashwagandha, guggulu, brahmi, shatavari, mulethi, kelp or bladderwrack, bugleweed, arjuna, biotin
Other treatments	Radioactive iodine, surgery, beta blockers; any radiation exposure
Reports	Ask for the tests in Section 2.6.7: TSH, Free T3, Free T4, antibodies, and iron, B12, vitamin D, lipid profile. Note the date and **which level of test** (normal, free, functional). Note "not done" without judgement
Family history	Thyroid in mother, sisters, grandmother (20 to 40% is genetic)
Pregnant, breastfeeding, recent delivery or surgery	If yes, Section 2.6.13 and Section 3.2.5 apply
Food allergies and intolerances	Soy, dairy, gluten, nuts. Do they use iodised salt? Do they eat seafood?

Offline assessment: with consent, record BCA and body measurements on the Offline Assessment sheet. Record the device units. Do not turn a device estimate into a diagnosis, and do not use body age to frighten them. Use the same device and similar conditions at every review. Palpation of the thyroid is for a trained coach only: if you have not been trained, do not do it.

2.6 Ready reckoner for Section B: the disease

Source: Dr. Sheenu, Diamond Council sessions of 3 April 2025 (Thyroid Holistic Plan) and 1 May 2025 (Implementation), and her Body Types session of 5 March 2025, as written in the Thyroid and Body Types Coach Protocol Cards.

You cannot find a root cause on a call if you do not know the chain yourself. This part is the minimum you must know. Read it until you can say it without notes. Sheenu teaches the thyroid function by function, because that is how you will explain it to a client.

Source: Dr. Sheenu, Thyroid Coach Protocol Card (medicines, interactions, herbs, pregnancy, scope) and the 1 May 2025 implementation session; HFS Case Study Pack (scope cases 5, 6, 9, 20); 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. The gland, what it does, and how it fails	Sections 2.6.1 to 2.6.4 (hormones, function table, cholesterol, disorders)
2. Why it happened, and the symptoms the client feels every day	Sections 2.6.5 and 2.6.6
3. Tests and reports that confirm the picture	Section 2.6.7
4. What could happen if nothing changes (for your knowledge, never to frighten)	Section 2.6.8
5. Which body system has failed, and what remission and reversal mean	Section 2.6.9
6. Medicines, food and medicine, herbs	Sections 2.6.10 to 2.6.12
7. Where your line is, and when to refer	Section 2.6.13

What you listen for in Section B	Where to find it
8. What is possible, from point A to point D	Section 2.12

2.6.1 The gland and the three hormones

The thyroid is a small butterfly-shaped gland in the neck, just below the Adam's apple and in front of the windpipe. It is an endocrine gland: its hormones go straight into the blood. It is tiny, but it manages almost every organ and system in the body.

Hormone	What it is	What it does
T4 (thyroxine)	The main hormone the gland releases. The precursor: the inactive storage form	Waits until the body needs it, then converts to T3
T3	The active hormone, more powerful than T4	Controls metabolism, heart rate, digestion and brain function
Calcitonin	Made by different cells (C cells, also called parafollicular cells)	Calcium, not metabolism. Stops the bones from breaking down too much and releasing too much calcium into the blood. Sheenu: a safety officer on a construction site

How the body controls it (the HPT axis): the hypothalamus releases TRH. TRH stimulates the pituitary. The pituitary releases TSH. TSH acts on the thyroid, and the thyroid makes T3 and T4. It runs on negative feedback: the hormone is released only when it is needed.

> ⓘ **Calcitonin is NOT controlled by TSH.** It is controlled only by the calcium level in the blood. A coach who watches only TSH is not watching calcitonin at all.

2.6.2 What the thyroid does, and what goes wrong when it is off

Function	If the thyroid is LOW (hypo)	If the thyroid is HIGH (hyper)
Body temperature (the thermostat)	Feels cold, even in warm weather	Feels hot, sweats a lot

Function	If the thyroid is LOW (hypo)	If the thyroid is HIGH (hyper)
Heart rate (the engine speed)	Slow heartbeat (bradycardia)	Fast heartbeat (tachycardia), palpitations
Digestion (the traffic)	Constipation, bloating	Loose motions, frequent stools, diarrhoea
Brain function (the wi-fi signal)	Forgetfulness, brain fog, low mood, depression	Anxiety, restlessness, racing thoughts, no sleep
Calcium balance	Calcium pulled out of the bones into the blood	Extra calcium deposited in the bones
Cholesterol	Rises: the body cannot clear the bad cholesterol out	Falls
Growth in children	Growth does not happen properly	Rare
Muscles	Become weak	–
Weight	Gains weight, becomes obese	Loses weight, becomes thin
Hair, nails, skin	Hair loss, thin hair and nails, dry skin	Increased hair and nail growth, sweating
Appetite	Decreases	Increases

The weight rule, for every health professional: hypo means overweight, hyper means underweight. This one line tells you which plan you are building before you open the report.

2.6.3 The cholesterol connection

- **Underactive thyroid:** cholesterol is not broken down and cleared properly. LDL, the bad cholesterol, rises in the blood. That means plaque, and plaque means a risk of heart disease.
- **Overactive thyroid:** cholesterol falls too low. That is also a problem, because the body needs cholesterol for hormone production, for nerve function and to absorb vitamin D. This is why many hyperthyroid clients have low vitamin D however much supplement or sunlight they get: there is not enough cholesterol for the vitamin D to be absorbed.

So a thyroid client's lipid profile is part of the thyroid picture, not a separate problem. Ask for it.

2.6.4 The thyroid disorders, and how they show

Disorder	What it is	How it shows
Hypothyroidism	Underactive: everything slows down	The "low" column above. The commonest picture you will meet
Hyperthyroidism	Overactive: everything speeds up	The "high" column above
Goitre	The gland swells, usually from iodine deficiency or an autoimmune condition	Visible swelling in the neck, difficulty swallowing and breathing
Nodules and cysts	Small lumps in the gland. Benign (not cancer) or malignant (cancer). Mostly benign	A lump. Only a doctor decides which it is
Thyroid cancer	Cancer of the gland	Lumps in the neck, voice change, difficulty swallowing, unexplained weight loss, a cough that never goes away
Hashimoto's	Autoimmune: the body's own immune cells attack the gland	Looks like hypothyroidism
Graves' disease	Autoimmune	Looks like hyperthyroidism, plus one extra sign: bulging eyes
Calcitonin-related disorders	Medullary thyroid carcinoma, cancer of the C cells. Very rare	For your knowledge only

The thyroid body type (Sheenu, Body Types session)

Sheenu gives five body types (liver, adrenal, thyroid, pituitary, ovarian). A person usually has a primary and a secondary type, sometimes mixed. You can often see the thyroid type before you read a report.

Look for	Detail
Build	Weight gain all over the body; round face; thin skin and thin hair; heavy, bulging upper arms (sometimes the only sign)

Look for	Detail
Symptoms	Tired, especially in the afternoon; very cold hands and feet; dry skin, dry thin brittle hair, brittle nails; depression, anxiety, mood swings
Energy and cravings	Sluggish metabolism: weight gain even on normal eating
Risk	Hypothyroidism, metabolic syndrome; poor calcium metabolism and absorption
Tests	T3, T4, TSH, and TPO, because the problem can be autoimmune without anyone knowing

2.6.5 Why it happened: the root causes

You cannot reverse anything until you know which of these is driving it. Often more than one is.

Root cause	What happens (Sheenu)	Listen for
Nutrition deficiency	Think of the hormone as a dish you must cook. Iodine is the main ingredient: without it T4 cannot be made. Selenium converts T4 into active T3: without it the hormone is made but never becomes active. Zinc and iron are also needed	Very limited diet; vegetarian with little variety; no iodised salt (many have dropped it believing rock salt is safer for BP; Sheenu says this is a myth, all salt is sodium chloride and should be iodine-fortified)
Autoimmune	The body's own soldiers attack the gland. Triggered by infection, genetics or very high stress. This gives Hashimoto's or Graves'	Other autoimmune conditions (psoriasis, vitiligo); family history; a long period of high stress before it began
Chronic stress	Cortisol stays high for long, TSH drops, less T3 and T4 are made, metabolism slows, fatigue sets in and weight goes up	Section D answers: constant pressure, poor sleep, no time for self
Toxins	Fluoride (in water and daily fluoride toothpaste) blocks iodine absorption. Pesticides disturb thyroid function. Heavy metals (mercury, lead) damage thyroid cells; lead now shows up in vegetables through pesticides, injections, chemicals and colours	Toothpaste, water source, plastic use, cosmetics, non-organic vegetables

Root cause	What happens (Sheenu)	Listen for
Gut dysbiosis and leaky gut	A leaky gut triggers inflammation, and inflammation affects thyroid function and immune balance	Bloating, constipation, acidity, food intolerance
Genetics	Roughly 20 to 40 per cent comes from family. Whether it shows depends on environment, food and lifestyle	Thyroid in mother, sisters, grandmother
Radiation, nodules, calcitonin	Calcitonin overproduction, nodules or cancer are often linked to long radiation exposure	Work or treatment history involving radiation. Refer: this is the doctor's area

2.6.6 Reading the symptoms (what the client says)

What they tell you	What is behind it
Cold hands and feet, feels cold in warm weather	Low thyroid: the thermostat is down. Also the thyroid body type
Feels hot, sweats a lot	High thyroid
Weight gain without eating more	Low thyroid: slow metabolism. Hypo means overweight
Weight loss despite a bigger appetite	High thyroid. Hyper means underweight
Constipation, bloating	Low thyroid: the traffic is slow
Loose motions, frequent stools	High thyroid
Brain fog, forgetfulness, low mood	Low thyroid: the wi-fi signal is weak
Anxiety, racing thoughts, no sleep	High thyroid. Stress itself can also be a root cause, so ask which came first
Hair fall, thin hair, dry skin, brittle nails	Low thyroid. (In hyper: faster hair and nail growth, sweating)
Slow heartbeat / fast heartbeat, palpitations	Low / high thyroid. Palpitations are also a possible side effect of too much levothyroxine
Weak muscles, tired in the afternoon	Low thyroid. Check iron and B12 as well

What they tell you	What is behind it
Swelling in the neck, difficulty swallowing or breathing	Goitre. Refer to the doctor
Bulging eyes	Graves'. Refer to the doctor
A lump, voice change, a cough that never goes away	Possible nodule or cancer. Refer to the doctor the same day you hear it

2.6.7 Examine first, then read the tests

Physical examination comes before the blood report. It is not optional, and it is how you win the client's trust. Look at the neck (palpation of the gland, size of any goitre or nodule), how thin or heavy the person is, sweating, heart rate, skin and hair changes, and reflexes.

> **Sheenu's instruction:** when a client comes, examine them first, form your opinion, keep it to yourself, then read the report and see whether the two match. Do this again and again and you will become expert. Once you can tell a person what is going on inside them before you see any report, their trust in you is built instantly. If you cannot do it out loud yet, do it silently. Build the skill first.

Three levels of thyroid testing. Most coaches do not know the difference.

Test	What it measures
Normal thyroid test	Total T3, Total T4, TSH. Bound and unbound hormone together
Free thyroid test	Only the active, free hormones
Functional thyroid test (the best)	Includes Reverse T3 and the antibodies anti-TPO and anti-TG, to see deeper dysfunction. Nowadays a functional panel usually gives the normal values too

- **Bound and free.** Most T3 and T4 in the blood is stuck to a protein (thyroxine-binding globulin). Bound hormone is inactive: the reserve stock. Free hormone is the active form that enters the cells and does the work.
- **Timing.** TSH, Free T3 and Free T4: fasting. Thyroid antibodies and calcitonin: any time.

- **The full parameter list:** TSH, Free T3, Free T4, Total T3, Total T4, Anti-TPO, Anti-TG, Calcitonin, Thyroglobulin.
- **Also ask for** (Sheenu): iron, vitamin B12, vitamin D, and the lipid profile. Always check iron and B12 in a thyroid client.

When to look beyond TSH

- **TSH normal but the client still has symptoms:** do not close the case. Ask for T3 and see whether it is converting into the active form. This matters most in **pregnancy and menopause**, where T3 often fails to activate even though TSH reads normal.
- **TSH normal, T3 and T4 imbalanced:** the problem is likely iron and selenium, or it is antibody related. Run the antibody test.

2.6.8 What happens if it is left untreated

For your knowledge only. On a call you use only the fear the client themselves names (see Section 2.9). Sheenu also says: unlike some other conditions, thyroid carries no immediate risk, so you have room to work.

- **Low thyroid:** LDL rises, plaque forms, the risk of heart disease goes up. Calcium is pulled out of the bones. Weight keeps rising and energy keeps falling.
- **High thyroid:** cholesterol falls too low, vitamin D cannot be absorbed, a fast heart rate carries on, and the person becomes thin and anxious.
- **Goitre, nodules, cancer:** swelling, trouble swallowing and breathing, voice change. Only the doctor decides. You refer.
- **Too much levothyroxine for too long** (a medicine effect, not the disease): palpitations, insomnia, weight loss, and a risk of osteoporosis.

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

The thyroid is an endocrine gland that manages almost every organ and system. So for the "body system that has failed" in the programme sheet, your finding for most thyroid clients is the **endocrine (thyroid) system and the metabolism it runs**, with the immune, adrenal (stress) or gut system added where the root cause table shows them. The chakra linked to it is Vishuddhi, the throat chakra (see Section 3.2.5). This is a coach finding, never a question you put to the client.

Sheenu: yes, thyroid can be reversed. It takes time, and it happens only if you work on all of it together: nutrition, herbs, chanting and humming, naturopathy, stress and sleep.

Word	Sheenu's meaning
Remission	Comes first. The client is better, and is looked after until the next stage
Reversal	**One full year with no medication and no symptoms, after remission.** The client must be looked after and tracked for that whole year before you can call it reversed
Timeline	Six months to two and a half years to reach remission, and then one year on top to confirm reversal

The mistake clients make: the moment they reach remission they think they are reversed, and go straight back to the old lifestyle. Tell them clearly: "You are in remission. Reversal will take a year." Keep tracking them through that year.

The medicine decision is always the doctor's. Reversal is a result you describe afterwards, never a promise made on the call.

2.6.10 The medicines you will see (knowledge only)

Medicine	What it is for	Side effects to know
Levothyroxine (Thyronorm, Eltroxin, Euthrox)	Hypothyroidism. Dose 25 to 150 mcg daily, decided by the doctor from the TSH level	If the dose is too high or taken very long: palpitations, insomnia, weight loss, risk of osteoporosis
Methimazole (Tapazole)	Hyperthyroidism	Liver toxicity, agranulocytosis (a dangerous drop in white blood cells), rashes
PTU (propylthiouracil)	Hyperthyroidism	Liver damage, joint pain, nausea
Radioactive iodine, beta blockers	Other treatments a doctor may use: the first for the gland, the second to manage symptoms	For your knowledge. The doctor decides

What Sheenu says to a client: start the medicine as the doctor advises, and alongside it we will work holistically and slowly bring the levels into balance.

If you guide them properly you will usually see the TSH start moving within a month. It will not become fully normal in that time, but it will start moving. Then watch whether they are actually following: you will know within one to two weeks. Counselling matters as much as the plan. A perfect plan that nobody follows changes nothing.

2.6.11 Food and medicine: what interferes

This is the part that decides whether your plan helps or quietly cancels the doctor's medicine.

With levothyroxine (hypothyroid)

Item	The problem, and what you do (Sheenu)
Soy products	Reduce absorption. Do not recommend regularly. If you give them, keep the intake consistent and monitor thyroid levels
Cotton seeds	Interfere with absorption
Walnut	Decreases absorption. Do not give daily. If given, give it in the evening (the medicine is taken in the morning), or on alternate days
High-fibre foods	Interfere with absorption. Keep a time gap from the medicine
Coffee	Slows absorption and reduces the medicine's effectiveness
Dairy products	Hinder absorption of thyroid hormones. Keep a gap
Iron and calcium supplements	At least **4 hours** away from the medicine, before or after
Cruciferous vegetables (broccoli, cabbage, cauliflower)	Goitrogenic when raw: they interfere with iodine absorption. Cooked or steamed, the goitrogenic effect is gone. **Never raw; always cooked**

With methimazole and PTU (hyperthyroid)

Medicine	What to know (Sheenu)
Methimazole	No significant food interaction observed so far. Berberine (a plant chemical sold as a supplement) has shown better results in Graves' disease: understand it properly and check it suits the person before using it
PTU	Iodine-rich foods (seafood, seaweed, iodised salt) reduce its effect: the medicine is there to bring an overactive thyroid down, and extra iodine works against it. Goitrogenic foods also interfere
PTU and herbs	**Arjuna bark** (often given for cholesterol) adds to PTU and can push the person towards hypothyroid: avoid. **Bugleweed with PTU** raises the risk of agranulocytosis: avoid

The safety rule. Always check with the individual: everyone's requirement is different. When you start any Ayurvedic herb, start with a small amount and test.

2.6.12 Herbs: what each does and the caution

Herb	Hypo	Hyper	What it does, and the caution (Sheenu)
Ashwagandha	Yes	**Avoid**	Adaptogen: relieves stress, improves sleep, helps regulate hormone production. In hyper it overstimulates the thyroid. Morning if the goal is metabolism and energy; night if the goal is stress relief and sleep. Check against levothyroxine
Guggulu	Yes, carefully	–	Stimulates thyroid function and metabolism; helps the sluggish metabolism and weight gain of hypo. Dose carefully and monitor: it can strengthen levothyroxine, so the dose may need adjusting by the doctor. Not too much
Brahmi (bacopa)	Yes	–	Helps the brain fog and fatigue of hypo. Can influence thyroid hormone levels
Triphala	Yes, safe	–	Amalaki, bibhitaki, haritaki. Helps digestion and raises metabolic rate. Can worsen diarrhoea: avoid with loose motions. Use a source you trust
Shatavari	Yes	Yes	Balances hormones. Useful in reproductive challenges, stress and menopause

Herb	Hypo	Hyper	What it does, and the caution (Sheenu)
Bugleweed	**Avoid**	Yes	Reduces thyroid function. Can reduce the effect of antithyroid medicine such as methimazole. With PTU: avoid
Motherwort	–	Yes	Also helps menstrual pain. Same caution with methimazole
St John's Wort	–	**Avoid**	Used for anxiety, but avoid in hyper, and with PTU
Turmeric	Yes	Yes	Anti-inflammatory, supports detoxification. **Do not give at night**

Other herbs that interact with levothyroxine (Sheenu): lemon balm (can alter thyroid function); licorice root, mulethi (affects adrenal function, which affects thyroid regulation); bladderwrack (contains iodine, so interferes with the medicine). Ashwagandha, bugleweed, shatavari and brahmi are on the same watch list: start small and test.

Two rules you must not break (Sheenu):

1. Never give all the herbs together. Pick one. Then plan the next: what you will give in week 2, week 3 and next month. Write it in brackets in your plan.

2. Keep a gap of a week between herbs (for example bugleweed one week, motherwort the next).

Sheenu's own note on the herbs (1 May session): herbs belong to the reversal route, after the medicine interaction has been checked. **From the 20 August 2026 case-study session (taught by Dt. Shweta, mistakes only):** the most common error across the breakout rooms was ashwagandha for a hyperthyroid client's stress. In hyper, give pranayama for stress instead.

2.6.13 Your scope, and where to refer

You do	You never do
Examine, read the reports, and find the root cause through the form	Diagnose, or name hypo, hyper, Hashimoto's or Graves' to a client as a medical fact

You do	You never do
Build food, routine, breath, stress work and naturopathy around the medicine	Prescribe, start, change, reduce or stop a medicine. The doctor decides the medicine
Know every medicine they take and what it does, so the food and herbs do not fight it	Give a herb or supplement on your own judgement without checking their medicine and reports
Send a high TSH with no medicine, a lump, or a swallowing problem to the doctor	Advise on medication for a client who is not yet on any. "Never take that into your own hands"
Say plainly where your line is	Promise a cure, a TSH number, or a date for stopping the tablet

Sheenu's rule: if you are not a doctor, you do not prescribe. This part exists so that you can plan food and herbs safely around what the doctor has given. If someone says "take your medicine and we will work alongside it", that is the sentence to use.

- **High TSH and no medicine yet** (Sheenu, the TSH 17 client): do not advise on medication. Send them to the doctor and let the doctor decide. Say: "start the medicine as the doctor advises, and alongside that we will work holistically."
- **A lump in the neck, voice change, trouble swallowing or breathing, a cough that never goes away, unexplained weight loss:** the doctor, before anything else.
- **Bulging eyes** (Graves'), or a fast heartbeat with palpitations: the doctor, and note it in the file.
- **Pregnant:** the doctor leads. Iron, calcium and multivitamins are prescribed and the need is higher: plan meal timings around them with a 3 to 4 hour gap from the thyroid medicine. Never tell the client to stop what the doctor gave (Section 3.2.5, thyroid in pregnancy).
- **Vitamin D very low** (the menopausal client with vitamin D at 4, in Sheenu's session): the doctor decides the dose or the injection. You do not.
- **Fibroid, cyst or any gynae condition on scan** (HFS Case 9): under a gynaecologist. Nutrition supports and does not treat these. Say it out loud.

- **Post-cardiac surgery, cancer survivor** (HFS Cases 5 and 6): conservative targets and the treating doctor in the loop.
- **Liver detox with Epsom salt while on other medicines** (BP, diabetes): share the medicine, dose and condition with Sheenu's team first. The medicine may have to be held. Do not decide it yourself.
- **Anything beyond your training:** say so, and involve the right professional. Do not turn clinical care into a sales feature (Sales Kit handbook).

Priority rule when several conditions stack (HFS Overlay System): treat the thing that can kill them first, then the thing that is medicated, then the chronic condition, then the symptom. The weight goal comes last, every time. Organ failure or surgery, then pregnancy or lactation, then acute or medicated, then chronic metabolic (thyroid, PCOD, cholesterol, fatty liver, uric acid), then symptomatic (gut, headache, joints), then goal (weight).

Two conflicts you will meet most (HFS): thyroid against gut or detox on cruciferous vegetables: thyroid wins, use permitted greens, cooked. Thyroid against cholesterol on oats: the HFS table says thyroid wins and oats go, but Sheenu lists oats as a selenium source. **Sheenu's card leads**.

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 (Thyroid prompt, only if missing)	Why it matters (Sheenu)
When the thyroid tablet is taken, with what, and what is eaten or drunk right after	Coffee and dairy slow absorption; high-fibre food interferes; iron and calcium must be 4 hours apart
Tea and coffee cups per day, and when	Coffee reduces the medicine's effect
Soy: tofu, soya chunks, soy milk, protein bars	Soy reduces absorption of levothyroxine
Raw cabbage, cauliflower, broccoli, kale in salad or juice	Goitrogenic when raw. Cooked is fine

Listen for (Thyroid prompt, only if missing)	Why it matters (Sheenu)
Salt: iodised, rock salt, black salt. Seafood	Iodine is the raw material of T4. Rock salt is not a safe swap
Milk, curd, buttermilk, paneer	Plain milk is avoided; curd and buttermilk are better; paneer is fine for vegetarians
Number of meals, and long gaps	Sheenu plans 4 to 5 meals a day
Sugar, refined food, packaged and processed food	Low-GI foods throughout; processed food is part of the toxin load
Toothpaste, drinking water, plastic containers, cosmetics	Fluoride blocks iodine; parabens and plastic add to the environmental load
Sleep time and hours	Fixing the sleep time is part of the plan
Sitting hours, movement, isolation	Moderate walking helps. If sedentary and isolated, a socialisation step is part of the treatment
Alcohol, smoking	Part of the lifestyle record

Example finding: "Thyronorm at 6 am with tea, breakfast at 7, soy milk daily, raw cabbage in salad, calcium tablet at 9 am, sleep at 1 am." 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 thyroid problem, which is on the root cause table in Section 2.6.5.

MESS	Form questions to use	Thyroid 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?	"Thyroid is for life, the tablet forever." Crash diets that made it worse. Stopping the tablet on their own. Sheenu: the knowing-doing gap. Brain fog itself makes routines hard: ask whether a reminder or a simple routine would help. 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)	Sustained stress is a root cause (cortisol). Low mood and depression (hypo) or anxiety and racing thoughts (hyper). Stress eating or not eating. Do not investigate trauma or begin release work on the sales call
Social	Who supports you and who makes it harder? Pressure at functions? Time for yourself? Someone to share feelings with?	Isolation and being sedentary (Sheenu: the socialisation step is part of the treatment). Who cooks, and whether the family eats what they eat. Confirm: "Is the difficulty pressure to join in, 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. No time or permission to rest. Sheenu's plan includes 15 minutes of stress practice every day: is that possible for them?

2.9 Section E · Making health a priority

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

> ⚠ The risks in Section 2.6.8 (heart, cholesterol, bones, swallowing) are for **your** knowledge. On the call use only the fear they name themselves. Never predict complications, never say their health will collapse, never imply that enrolling is the only safe choice. Sheenu: thyroid carries no immediate risk, so there is no need to frighten anyone.

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?
- **Thyroid prompts:** can they take the thyroid tablet at a fixed hour on an empty stomach and wait before eating? Can they get iodised salt and, where possible, organic vegetables? Can they find 15 minutes a day for stress practice, and 3 minutes for a throat towel (Section 3.2.5)? Do they travel for work?
- **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)
Tiredness, weight, cold, constipation; reports show raised TSH, low iron, B12 or vitamin D	Functional Nutrition Plan

What they told you (examples)	Programme feature (Disease Reversal)
Taking the tablet at odd times, late dinners, sleeping at 1 am	Your Daily Routine Plan
"I stop after one missed day." "Thyroid is for life, nothing works."	Habit and Mindset Coaching
Stress, anxiety or low mood, something that still feels heavy	Emotional Release and Stress Regulation
"I never get time for myself." Sedentary and isolated	Daily Stillness Practice
Weddings, travel, functions, eating out, family food	Travel, Festival and Eating-out Guides
"I follow for two weeks, then it falls apart."	Accountability
Has reports and does not understand TSH, T3, T4 and antibodies; tests every few months	Reports and Marker Review
The thyroid and the metabolism it runs; the throat; stress or gut as found	Life System and Chakra Healing
On levothyroxine with calcium, iron, coffee or herbs of their own	Medicine and Food Guide

Which programme? If they have a diagnosed condition, reports and medicines and the root cause involves a body system, offer the **Disease Reversal programme** (10 features). Most thyroid clients fit this. If the picture is mainly lifestyle and habit, with no reports or medicines to work around, the **MPESS programme** (8 features) is the honest fit. Say it from their record, not from price.

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

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 function table; the destination lines use Sheenu's own words on remission, reversal and the first month.

Point A: what the client reports	System behind it	Point D: what is possible
Tiredness, afternoon crash, brain fog	Slow metabolism; low T3 activation, iron, B12, vitamin D	Energy and clarity improve as the markers move
Weight gain, hard to lose (hypo); weight loss (hyper)	Metabolism: slow in hypo, fast in hyper	Inches and fat reduce in hypo; steadier weight and calmer body in hyper. Weight itself is slow
Constipation, bloating	Slow gut and liver; hypo slows digestion	Digestion improves first, often in the early weeks
Cold hands and feet, dry skin, hair fall	Slow metabolism; low iron and zinc	Hair, skin and warmth improve over months
Mood swings, poor sleep, palpitations, sweating (hyper)	Stress, cortisol, over-active gland	Sleep and calm settle; heart and BP go to the doctor first
High cholesterol, high lipids	Thyroid and cholesterol move together	Lipids improve as the thyroid improves, in two to three months
High TSH, anti-TPO or Reverse T3 on the report	Thyroid, immune and conversion markers	TSH usually starts moving within a month. Remission first; the doctor decides the medicine

Say it as possible, never as promised. Sheenu: remission comes first, in six months to two and a half years. Reversal is one full year with no medication and no symptoms after that. 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). Thyroid wording is from Sheenu's Thyroid card.

3.1.1 Stage 3 · Bridge

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

1. Say it back, in their words. Example (illustration only): "You have had hypothyroidism for six years. You take Thyronorm every morning and your TSH is still up. You gained 12 kg, your hair is falling, your hands and feet are cold and you are tired by afternoon. Every doctor said it is for life. Did I understand you correctly?" Wait for "yes, exactly".

Picture	What you say, filled from their words
Tree A: today	Where they are now. "12 kg gained, hair falling, cold hands and feet, tired by afternoon, told it is for life."
The falling tree	Their own fear from Section E, in their exact words. "You told me that in a year, [their fear]. That is where it falls if nobody works on the roots."

Picture	What you say, filled from their words
Tree D: what is possible	Where they can be in twelve months, in their words, from Section A. "Energy back, weight and inches moving, hair stronger, and the tablet reduced or stopped if your doctor agrees."

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

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

Reason	In thyroid words
Treating the fruit, not the roots	"TSH high, the dose goes up. Hair falling, a shampoo. Weight, a diet. The iodine, selenium and iron, the stress, the gut and the toxins underneath are never touched." (Sheenu: you cannot reverse anything until you know which root cause is driving it.)
Fixing only one part	"Only the tablet. Only a diet. Only a supplement. The thyroid manages almost every organ, so it will not come right from one place. Sheenu: it works only if nutrition, herbs, humming, naturopathy, stress and sleep are worked on together."
Doing it alone	"No system, no one who knows your case, no one to keep it going. Motivation comes and goes."

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

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

> ⚠ Never speak ill of their doctor or their medicine. The Disease Reversal promise says medicines are "reduced or stopped by the doctor". The doctor decides.

3.1.2 Stage 4 · Offer

Their journey, in the approved promise lines

Point	Approved line	What you may add in thyroid words
Relief · 3 months	Energy, sleep and cravings settle, and the first visible change comes	The first change is usually in digestion and energy; the TSH can begin to move within a month (Sheenu), but will not be normal yet
Correction · 6 months	Markers move, and the first medicine conversation with the doctor	Reports (TSH, T3, T4, antibodies, iron, B12, vitamin D) are reviewed and the plan adjusted; the first conversation with the doctor about the dose
Freedom · 12 months	Markers held, medicines reduced or stopped by the doctor, and it holds on its own	Remission that holds without you. Stay honest: reversal means one more full year with no medication and no symptoms (Sheenu)
Kickstart · 1 month	The body starts responding, and the routine begins to hold	

How to present each feature, always in this order: remind the client what they told you; the problem; the solution and how it reaches them; the benefit; the value. Describe the solution without delivering it: "We will build it and review it with you", never the plan itself. Never promise that a pattern or the condition will disappear.

3.1.3 The ten features, presented for thyroid

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 weight, the cold hands and the tiredness, and that your reports show a high TSH and low iron.

The problem: A generic diet does not feed the thyroid: iodine, selenium, zinc and iron are the raw material, and some foods work against your tablet.

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

The benefit: Fills the nutrition gaps behind the system that has failed, so the markers can move, not only the weight and the energy.

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

Remind: The tablet at 6 am with tea, lunch at 3 pm, sleep at 1 am.

The problem: Irregular meals, tablet timing and late nights keep a sluggish metabolism sluggish.

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

The benefit: The body goes into repair mode.

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

Remind: You said that after one missed day you leave the whole week, and that thyroid is for life.

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

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

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

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

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

The problem: Long stress keeps cortisol high, and in Sheenu's root cause list it is one of the things that slows the thyroid.

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

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

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

Remind: You said you never get time for yourself.

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

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

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

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

Remind: Weddings, family food, work trips.

The problem: Plans break on exactly these days, and the tablet timing breaks with them.

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 TSH, T3, T4 and the antibodies mean.

The problem: Without reading them, nobody sees what is moving, or what a "normal TSH" is hiding.

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 tiredness, weight, hair and cold hands all point to the thyroid and the metabolism it runs.

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

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

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

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

Remind: You take Thyronorm, and calcium and ashwagandha on your own.

The problem: Some foods and herbs work against the medicine, or against each other.

The solution and how it reaches them: Which foods and supplements to keep away from the medicine, and at what gap.

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

Feature	12 months	6 months	3 months	1 month
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 hers to break. Use reasonable supportable values and do not count the same session several times.

3.1.5 Bonuses

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

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

3.1.6 Stage 5 · Close: urgency, packages, objections

Urgency: two real reasons, both true

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

The close: one package at a time

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

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

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

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

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

What they say	What you say	Then you ask
"It is too expensive."	What they already spend each year on medicines, doctor visits, tests and supplements, for ever, against this, once	"If it were spread over three months, would that work?" Then the milestone route
"I do not have the time."	It is built around the week they already have. Then their own fear, in their words	"How much time can you give in a day, honestly?"
"I need to ask my family."	Offer to be in that conversation so they do not carry your answers alone	"What will their first question be?" Answer it now
"I have tried before." / "Thyroid is for life."	Why each past attempt stopped: symptom only, one thing only, or nobody keeping it going. Sheenu: yes, thyroid can be reversed. It takes time, and only if everything is worked on together. Remission comes first; reversal is one full year with no medication and no symptoms. Never promise it	"Of those three, which one was yours?"
"Let me think about it."	"Just so I know I explained it well, what is the part you want to think about?"	Almost always it is one of the four above. Then fix the date
"I am already on Thyronorm / thyroid tablets."	The medicine stays with the doctor. Start and continue it as the doctor says; alongside it we work holistically and slowly bring the levels into balance (Sheenu). The Medicine and Food Guide is there so the food does not fight the tablet	"Would it help if we worked with your doctor's plan, not against it?"
"My TSH is normal now, so why do I need this?"	A normal TSH on a tablet does not mean every symptom is gone. Sheenu: if TSH is normal and you still have symptoms, look at T3, iron, selenium and the antibodies. Ask: "Are you free of the tiredness, the weight, the hair fall?"	"Which of these is still there?" Then show the gap

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

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

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

Source: Promise lines: Sales Kit programme documents. Remission and reversal, the six-month to two-and-a-half-year timeline, and "TSH starts moving within a month": Dr. Sheenu (Thyroid sessions). Timelines for lipids, vitamins and weekly weight: HFS Journey Tracker and Case Study Pack. Treat the 3, 6 and 12 month map, and the "what the client should notice" column (built by reversing Sheenu's function table), as a guide to set honest expectations, never as a guarantee.

Say this in week zero. Weekly weight change is 200 g to 2 kg, and gains happen. Travel happens. Breaks happen. In thyroid the weight is slow-moving: **lead with inches** (HFS overlay). Every wobble in the HFS tracker is from a client who went on to a real result.

Digestion and energy move first. The scale moves less. Sheenu: you will usually see the TSH start moving within a month. It will not be normal yet, and the doctor, not you, decides the medicine.

Source: Dr. Sheenu, Thyroid protocol card (nutrition plan, seven-parameter holistic plan, pregnancy, remission and reversal), Body Types card (iodised salt), and the 1 May 2025 implementation session; HFS Overlay System (conflicts); Sales Kit (delivery system, onboarding form). The week-by-week order in 3.2.4 is built around Sheenu's rules. Soy, gluten and the mistakes list are labelled where they come from the 20 August 2026 case-study session (Dt. Shweta).

3.2.1 The journey on one page

	Relief · 3 months	Correction · 6 months	Freedom · 12 months
Approved promise	Energy, sleep and cravings settle, and the first visible change comes	Markers move, and the first medicine conversation with the doctor	Markers held, medicines reduced or stopped by the doctor, and it holds on its own

	Relief · 3 months	Correction · 6 months	Freedom · 12 months
What the client should notice (thyroid)	Less constipation and bloating; better energy and fewer afternoon crashes; fewer cold hands and feet; clearer head; better sleep and mood; inches coming down before the scale does. TSH may have started to move (Sheenu: within a month)	Reports move: TSH, T3, T4, iron, B12, vitamin D; lipids improve as the thyroid improves. The doctor has been shown the records and the first medicine conversation has happened. Weight and inches continue; hair and skin improve	The changes hold without constant coaching. **Remission first.** Reversal is one full year with no medication and no symptoms, and the client is tracked through that year (Sheenu)
What you do	Set the rhythm: medicine routine, 4 to 5 meals, iodised salt, goitrogens cooked, soy and coffee re-timed. First three asanas, Ujjayi, throat towel, mud pack. First herb, one only. First liver detox. Baseline reports	Review reports at every test. Plan adjusted from the markers. Herbs rotated one at a time with a week's gap. Doctor conversation prepared (they carry your records; the doctor decides)	Maintenance and independence: they run their own plan. Travel, festival and eating-out routines proven. Keep tracking into the reversal year. Maintenance diet, then membership
What you track	Seven physical metrics monthly; symptom diary; their own words; medicine time and gap	Thyroid panel before and after, with medicine status beside each reading	Total result with time taken; promise met yes, partly or no; remission date; assets captured
Realistic numbers (HFS)	3 months: weight 3.2 to 7.5 kg; 10 to 23 inches. Lipids move in 2 to 3 months; vitamin D and B12 in 3 months	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 thyroid only. Weight is only one of seven metrics. For hyper clients the direction is gain, not loss: Zeenat's 10.5 kg in 5 months is the Sales Kit's example.

> **The timeline Sheenu gives:** six months to two and a half years to reach remission, and then one year on top to confirm reversal. A client who reaches remission at month 9 has not finished at month 12. Say this in week zero and again at remission.

3.2.2 Month by month

When	Coach	Client	Check
Before day 1	Blueprint sent. Onboarding form. Reports and medicine list collected. Promise written: one number, one feeling, a date	Starts the Blueprint's first steps	Baseline captured: 7 metrics, panel, their words, MPESS baseline
Week 1	Medicine routine and gap. Meals 4 to 5. Iodised salt. Cruciferous cooked. Soy, coffee, walnut, supplements re-timed. One herb chosen and the next written in brackets. Tracker on	Follows the first plan; logs the tablet time and symptoms	Medicine check before any herb
Week 2	First three asanas, Ujjayi, throat towel, mud pack. Stress practice 15 minutes	Practises daily	Are they following? You will know (Sheenu). Expect a weight wobble (HFS Case 7: 65.5 then 66.2)
Week 3 to 4	Specific compliance review. Adjust plan. Change the postures. Next herb after a week's gap	Continues; asks questions	First month checkpoint: 7 metrics, photos, words. Lead with digestion, energy and inches
Month 2	Liver detox with very light food before and after. Chakra work; emotional work as found. Review travel and events ahead	Builds habits one at a time	Symptom diary reviewed: cold, constipation, fog, hair, energy
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	TSH, T3, T4 at month 3 (HFS); vitamin D, B12 where tested
Month 4 to 6 (Correction)	Reports reviewed. Plan adjusted. Herbs rotate. Doctor conversation prepared	Takes reports to their doctor	Thyroid panel, lipids, iron; medicine status next to each
Month 7 to 12 (Freedom)	Reduce your own involvement. They run the plan. Proof it holds through festivals and travel	Independent practice	Monthly 7-metric report; promise met?

When	Coach	Client	Check
After remission	"You are in remission. Reversal will take a year." Keep tracking. Maintenance diet. Membership: monthly meeting, everything else the same	Keeps the habits; does not slip back to the old lifestyle	The date the medicine stopped, and symptoms, month by month for a year

If they are hyperthyroid

The direction reverses: the aim is weight gain and a calm heart and sleep. No ashwagandha; Bhramari for stress. Less selenium. No excess iodine-rich food; with PTU, seafood, seaweed and extra iodised salt work against the medicine. A heart that races, or bulging eyes, goes to the doctor. Their first win is often sleep and calm, not weight. Say so at the start.

If they are pregnant or planning to be

The doctor leads. Plan around the prescribed iron, calcium and multivitamins with a 3 to 4 hour gap from the thyroid tablet. No deficit. First trimester: nothing hot, stretching only. Check T3 (Section 3.2.5). Promise no outcome and no date.

If the TSH is high and they are on no medicine yet

Do not start. Send them to the doctor first, then work alongside. Their first month is your chance to show what the programme does while the doctor starts the treatment. Thyroid carries no immediate risk, so you have room, but not room to skip the doctor.

The ladder: why packages are stacked

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

3.2.3 How delivery runs

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

Teach only a small number of relevant practices at a time, and review how each one works for them. Sheenu: start with three asanas and change the postures every week. Tools support routine and awareness; they do not replace medical or mental-health treatment.

3.2.4 The first four weeks

When	What you deliver
Before the plan	**Examine first, then read the reports** (Section 2.6.7). List the nutrition the person needs **first**, then spread it across the meals. Sheenu: do the listing first, then the meal plan, never the other way round
Week 1	Set the medicine routine (same time, empty stomach, plain water, gap before food). Meals 4 to 5 a day. Iodised salt. Raw cruciferous out, cooked in. Soy, coffee, walnuts and supplements re-timed. Tracker on. **Check every medicine against Section 2.6.10 to 2.6.12 before any herb.** Plan which one herb comes first, and write the next ones in brackets

When	What you deliver
Week 2	First three asanas and Ujjayi pranayama. Hot-and-cold towel on the throat. Mud pack on the neck and abdomen (Sheenu: start with the mud pack). Stress practice, 15 minutes a day. You will know by now whether they are following (Sheenu: within one to two weeks)
Week 3 to 4	Review what was actually followed, specifically (what was skipped, how many days), not "good" or "bad". Adjust the plan. Change the postures. Next herb if the first was tolerated, after a week's gap. First month checkpoint with all seven metrics and their own words (Section 3.3). The TSH can begin to move by now; retest only when the doctor says
Month 2 to 3	First liver detox, once in one to three months, with very light food before and after. Chakra work. Emotional work as found

3.2.5 Feature by feature

1. Functional Nutrition Plan

What you build: foods for the thyroid and the metabolism it runs, and its nutrition gaps. First decide: **hypo or hyper.** They are not the same plan.

	Hypothyroid	Hyperthyroid
Iodine	Essential. Include iodine-rich foods **two to three times a week**; more is not better	Avoid excess iodine-rich food. With PTU, seafood, seaweed and iodised salt in excess work against the medicine
Selenium, zinc, iron	Give them full attention	Give much less selenium
Flax seeds	Work very well. They are hot in nature	Avoid
Coriander seed water	Give	Do not give
Coconut milk	Very helpful	Very helpful. Works in both
Weight	Hypo means overweight: a weight-loss base, with inches leading	Hyper means underweight: the weight-gain base (HFS Base 2); the enemy is meal skipping

	Hypothyroid	Hyperthyroid
Animal food	Hormonal challenge: normally avoid. Give it grilled or as soup only if the person is very weak	If very weak and losing weight, give it grilled or as soup, from a source that does not treat animals hormonally
Stress	Ashwagandha, pranayama	**No ashwagandha.** Pranayama (Bhramari) for stress

The nutrients that matter, and where to get them (Sheenu)

Nutrient	Why	Sources and the rule
Iodine	The raw material for T4	Iodised salt (all salt is sodium chloride; whatever salt is used should be iodine-fortified), seafood, fish, shellfish, seaweed, dairy such as curd, buttermilk and paneer, egg yolk. Fruits and vegetables carry iodine only if grown in iodine-rich soil, which is near the sea. So if someone says "strawberries fix iodine", ask where it was grown. Hypo: with a little iodised salt on a cut banana (Sheenu's example)
Selenium	Converts T4 into active T3	Brazil nut (**do not soak it**), egg white, spinach and green leafy vegetables, brown rice, oats, mushroom, sunflower seeds, seafood. Hyper: give much less
Zinc	Needed for production and function	Chickpeas, lentils, beans. Moderate amounts: more causes gas
Iron	Also needed to convert T4 to T3. Low iron makes hypo symptoms worse	Iron-rich food **with vitamin C in the same meal**. Check iron and Hb every time. Vegetarian: amla, beetroot and carrot juice (not apple) when the need is high
Vitamin D	Immune function, and directly linked to autoimmune thyroid disease	Sunlight, mushrooms, fatty fish, fortified dairy. Supplement if required, on the doctor's word. Hyper: may stay low whatever is given, because cholesterol is too low to absorb it (Section 2.6.3)
Vitamin B12	Hypo already slows metabolism; low B12 makes the lethargy worse	Always check it. Give the foods your diet type allows; supplement only on the doctor's advice
Low-GI foods	Throughout	Millets, pulses, vegetables, whole grains

Specific foods, with the reason (Sheenu)

Food	Rule
Cruciferous (cabbage, cauliflower, broccoli, kale)	**Never raw; always cooked or steamed.** Cooking removes the goitrogenic effect. (HFS removes them completely: Sheenu's ruling leads, see the conflicts box)
Soy	Reduces levothyroxine absorption. Do not give regularly. If given, keep the intake consistent and monitor levels. **From the 20 Aug 2026 case-study session (mistakes list):** do not ban all soya for a vegetarian whose protein options are already few. Avoid soy protein isolate; well-cooked and fermented soy once a week or once in fifteen days. If you take soy away, put protein back
Dairy	Avoid giving plain milk directly. Curd and buttermilk are the better forms. Paneer is fine for vegetarians. If vegetarian, do not stop dairy altogether. Keep a gap from the medicine
Coconut milk, almond milk	Coconut milk helps thyroid clients a lot and works in both hypo and hyper. Almond milk is a good substitute
Ragi	Two views: calcium-rich, so it can interact with the medicine, and a higher GI. Decide person by person and season by season
Millets	Soak for 3 to 4 hours before cooking. Easier to cook and digest
Nuts	Soak before eating. **Exception: Brazil nut, never soaked.** Walnut: evening, alternate days, not daily (it reduces absorption)
Halim seeds	Avoid in thyroid: they interfere with thyroid hormone control
Sattu	Barley sattu in summer (more fibre), gram sattu otherwise, or alternate. With buttermilk and cumin. Keep a gap from the medicine (Sheenu, 1 May)
Coffee	Slows absorption. **From the mistakes list:** "black coffee burns fat" is not true. If the client will not give it up, control the quantity, give a small banana or apple with nuts first, then the coffee 30 minutes later
Gluten	**From the mistakes list:** do not ban gluten for every thyroid client. Restrict it only if there is a gluten allergy or autoimmune thyroid. Otherwise gluten foods are allowed
Peanut	**From the mistakes list:** there is no research that peanut is bad for the thyroid, and no single food causes weight gain. A normal quantity is fine

Food	Rule
"I feel hungry, so reduce the dal"	**From the mistakes list:** wrong. Cutting protein slows the result. Keep the protein, increase the vegetables, and tell the client in those words
Non-vegetarian food	See the table above. From a place that does not treat animals hormonally; many apps now state this
Green charged water	A green glass bottle of water in sunlight all day, covered with muslin cloth (never plastic or cellophane). 30 ml twice the next day. It helps energy, immunity and circulation. **It does not give vitamin D** (that is a myth: vitamin D is fat soluble)

Meals: 4 to 5 a day, sized to the person's weight and calorie requirement. Low glycaemic index throughout. Do the nutrition listing first, then distribute it across breakfast, mid-morning, lunch, evening and dinner. The full set of options is in the food kit (Sections 3.2.6 to 3.2.9).

The medicine, and the day around it

Time	What you set up	Why
On waking	Thyroid tablet with **plain water only**, at the same time every day, as the doctor said	Coffee, dairy, fibre, calcium and iron slow absorption. Section 2.6.11
After the gap	Only then tea, coffee, breakfast. HFS overlay: watch the gap between the medicine and breakfast. A gap of 30 to 60 minutes is the usual instruction (Healthyfy Meal Kit and Mealie guide); the doctor's instruction on the prescription decides	Absorption
Any time of day	Calcium, iron and multivitamin supplements **4 hours** from the tablet, before or after	Sheenu
Evening	Walnuts, if given, in the evening on alternate days	Reduces absorption
Night	Ashwagandha, if used, at night when the goal is sleep and stress relief (hypo only). **No turmeric at night**	Sheenu

When conditions stack (HFS overlays and Sheenu)

Situation	What you do
Thyroid and PCOD together	Thyroid wins on goitrogens. Use permitted greens, cooked. The PCOS guide covers the rest
Thyroid and gut symptoms	The gut overlay wants cruciferous vegetables for fibre: thyroid wins. Use isabgol, and cooked vegetables at dinner; ajwain or jeera water after dinner. Keep isabgol and other fibre away from the medicine time
Thyroid and high cholesterol	Flax and soluble fibre help cholesterol. Fibre interferes with the tablet: keep the gap. Walnut in the evening on alternate days. Oats: see the conflicts box
Thyroid and anaemia	Iron with vitamin C in the same meal. Calcium and iron supplements 4 hours from the thyroid tablet. Tea and coffee away from iron-rich food. Dairy removal against calcium need: separate by timing (HFS)
Thyroid and high uric acid (HFS Case 12)	Uric acid changes the protein strategy: do not load protein just because the client is losing weight. Decide which condition leads and say so in the plan
Thyroid and hypertension (HFS Case 3)	BP at every visit with the medicine status written beside it
Thyroid with pregnancy or lactation	No calorie deficit, whatever the weight goal. See the pregnancy table below
Hyperthyroid with weight loss	Use the weight-gain base. The thyroid overlay still applies

Conflicts to note. Where HFS and Sheenu differ, Sheenu leads. These rows are marked in the plan.

Changed: cooked cruciferous vegetables. The HFS overlay removes them; Sheenu's card allows them cooked and says never raw. **Changed:** soy. HFS removes soy and tofu; Sheenu allows it, not regularly, with a consistent intake. **Changed:** oats. HFS's conflict table removes oats where thyroid and cholesterol meet; Sheenu lists oats as a selenium source. **Changed:** bran-mix roti. HFS adds it to every weight-loss plan; Sheenu says high fibre interferes with the tablet, so keep the gap from the medicine.

Thyroid in pregnancy (Sheenu: special care)

Point	What to do
First trimester	Nothing hot: no turmeric milk with nutmeg or any hot item. There is a real risk of miscarriage
Morning sickness	Start with simple lemon water (two to four drops will not cause acidity). Coconut water is also good
Herbs	Very carefully. Cumin, fennel and similar herbs cause uterine contraction: only in very limited quantity. Check coriander seed water before giving. Flax is hot in nature: give less, or avoid
Halim seeds	Only after four months, with lemon water, and check that the potency is not hot. The doctor is already giving folic acid and iron
Iodine	The requirement is higher in pregnancy when the thyroid is involved. Plan for it
Iron, calcium, multivitamins	Prescribed, and the need is genuinely higher. Plan meal timings around them with a 3 to 4 hour gap from the thyroid medicine. **Never tell the client to stop what the doctor gave**
Tests	Always check T3: it often fails to activate even when TSH reads normal
Yoga	First trimester: stretching only. Do not make her sit with the neck bent. Keep it comfortable
Chakra healing	All the chakras, not only the throat: grounding is also needed. Let her lie down, or sit with legs up, whichever she can manage
Calories	No deficit. In Sheenu's 1 May case (hyperthyroid, first trimester, weight loss, morning sickness) the plan had to hold pregnancy-safe foods, gentle exercise and stress relief together

2. Your Daily Routine Plan

Wake, medicine, meal, movement and sleep times. Anchor it to the medicine routine above. Meals 4 to 5 a day, dinner light. **Sheenu's parameter 7: fix the sleeping time** so the habit forms and the client wakes at the right time in the morning.

3. Habit and Mindset Coaching

One habit at a time, and the belief under it ("thyroid is for life"). Teach restart-after-a-slip. Set the expectation before week one: weight is slow-moving in thyroid, so **lead with inches** (HFS overlay); Preeti S. lost 2.6 kg on the scale but 7.5 kg of fat; Mamta S. lost about 1 kg and three years of body age. And the remission message: **"You are in remission. Reversal will take a year."** Say it from the start, so that remission is not mistaken for the finish.

4. Emotional Release and Stress Regulation

Stress management is **15 minutes every day** (Sheenu): meditation, a mantra they can repeat instantly, journaling, gratitude, affirmations. If the person is sedentary and isolated, add a socialisation step: it is part of the treatment, not an extra. Pranayama is the first tool for stress, especially in hyper, where ashwagandha is out. Shirodhara for stress where available. Emotional release work only as needed and within your training; if a need exceeds your competence, involve the right professional.

5. Daily Stillness Practice

A daily stillness and purpose practice, plus the Blueprint's affirmations, meditation and breathing, kept going inside the programme. A salt foot bath also reduces stress (Sheenu).

6. Travel, Festival and Eating-out Guides

Build the travel version before it is needed (HFS Case 17: 11.2 kg lost across constant travel because the plan was built around hotels and flights). For thyroid, also settle the medicine: carry the strip, and keep the same time and the same empty-stomach routine. Use the Eating-out guide bonus. Ask every month what is coming in the next 90 days.

7. Accountability

The tracker is the accountability. Log compliance specifically, not as good or bad. Watch the drop-off sequence and step in at the first stage (Section 3.3.4). Sheenu: you will know within a week or two whether the client is following. A perfect plan that nobody follows changes nothing.

8. Reports and Marker Review

Review reports at every test. Track the thyroid panel in Section 3.3.2, with the medicine status written next to every reading. If TSH is normal and the client still has symptoms, ask for T3, iron, selenium and the antibodies (Section 2.6.7). HFS tracks TSH, T3 and T4 at baseline and at month 3; the doctor decides when to retest.

9. Life System and Chakra Healing, with yoga, pranayama, naturopathy and the environment

Chakra	Why in thyroid	How to work	Bija mantra
Vishuddhi (throat)	The thyroid sits in the throat	Make the humming sound in the throat while stretching: that brings the balance. 2 to 5 minutes on each chakra is enough when you start. If you connect with yourself, give more time	HAM
In pregnancy	Grounding is also needed	Work on all the chakras, lying down or sitting with legs up	–

(The bija mantra HAM is the traditional mantra of the throat chakra; it is not in Sheenu's transcript. Remove it if Sheenu prefers.)

Yoga (anything that stretches the neck and throat): Matsyasana (fish), Sarvangasana (shoulder stand), Halasana (plough), Bhujangasana (cobra), camel pose, cat and cow, Setu Bandhasana (bridge), Dhanurasana, neck exercises, Malasana if there is constipation, and moderate walking. **Start with three asanas and change the postures every week.**

Pranayama	Use
Ujjayi	Give to **every** thyroid client
Nadi Shodhana	Planned by the person's need
Bhramari	The humming sound, with light pressure at the ceiling of the palate. Very helpful for stress. In hyper, this is what you give in place of ashwagandha

Detoxification and naturopathy (Sheenu)

Therapy	How and when
Liver detox and organ cleansing	Essential in thyroid. Once in one to three months, never constantly. Keep the food very light before and after. Epsom salt liver detox can still be used if the gallbladder has been removed. Check other medicines first (Section 2.6.13)
Hydrotherapy on the throat	Hot towel for 3 minutes, then cold towel or normal water for 1 minute (the 3 to 1 ratio). It helps activate the thyroid hormone
Mud pack	On the neck and abdomen. Start with the mud pack: it is very effective
Wet sheet pack	On the neck, and on the abdomen for liver detox
Hip bath	Where periods are irregular
Foot bath with salt	To reduce stress
Shirodhara	For stress

Environment (Sheenu, parameter 6)

Reduce toxin exposure: fluoride (water, daily fluoride toothpaste), pesticides, heavy metals. Paraben-free creams, shampoos and cosmetics. Organic vegetables and products where possible. Avoid plastic and carcinogenic materials. This is not a small point: fluoride, pesticides and heavy metals are on the root cause list.

10. Medicine and Food Guide, and the herb plan

Use Section 2.6.10 to 2.6.12 as your working sheet: every medicine, its timing, what interferes, and the gap between them. **Plan the herbs one at a time**, with a week's gap, and write the next ones in brackets: for example, week 1 ashwagandha (hypo), week 3 (guggulu, if the dose allows), next month (brahmi for fog). Never all together. Hyper: no ashwagandha, no St John's Wort; bugleweed or motherwort only with the methimazole caution. Medicine changes stay with the doctor; your job is the food.

3.2.6 The food kit: meal options for every slot

Source: HFS Overlay System (the 9-slot day and the hypothyroid overlay); HFS Indian Food Swap Guide (50 swaps); Dr. Sheenu's Thyroid card and 1 May 2025 implementation session (foods, rules, cases); the HFS thyroid case-study deck; the Healthyfy Disease-Specific Meal Kit (hypothyroid section). HFS thyroid client plan sheets were not found, so the options are built from these. Where HFS and Sheenu differ, Sheenu leads.

The HFS day has nine slots. The client picks one option per slot, so the plan fits their kitchen. These options are for a **hypothyroid** client on levothyroxine, the commonest picture. For hyper, read the "hyper" notes. Use them after enrolment, not on the Clarity Call.

Tags: (G) contains gluten: restrict only for autoimmune thyroid or gluten allergy (mistakes list, 20 Aug 2026). **(E)** egg. **(F)** fish or seafood: one of the 2 to 3 iodine feeds a week (hypo). **(W)** walnut: evening only, alternate days. **(C)** cooked cruciferous: always cooked, never raw. **(Hy)** not for hyperthyroid. Mealie rules (HMRE): one non-veg item a day, at most four in ten days; no dairy in the same meal as egg, fish or meat; no two grains in one meal.

Slot	Options	Rule that goes with it
1 · Early morning	**On waking: the thyroid tablet with plain water only, as the doctor said** After the gap: lukewarm water with 2 to 4 drops of lemon Coriander seed water **(Hy)**: hypo only Jeera water Green charged water, 30 ml, morning and evening 4 to 5 soaked almonds Then tea, coffee or breakfast, not before the gap	Medicine first, alone. The gap before food is the doctor's instruction; 30 to 60 minutes is the usual figure. Coffee slows absorption: if they will not stop, small banana or apple with nuts first, coffee 30 minutes later (mistakes list). Ashwagandha, if used, is a separate plan

Slot	Options	Rule that goes with it
2 · Breakfast	Moong dal chilla with vegetables and mint chutney Besan vegetable chilla Vegetable poha with fresh grated coconut, 3 parts vegetables to 1 part poha Vegetable upma with fresh grated coconut **(G)** Vegetable omelette with sautéed vegetables **(E)** Ragi idli or dosa with sambar (see the ragi rule) Vegetable daliya **(G)**; quinoa or millet porridge Vegetable oats chilla (see the conflicts box). Never with an omelette: together they are heavy and over-fibre (Sheenu)	Protein at every meal. If the plate is eggs, add vegetables; if it is an omelette, make it a vegetable omelette (Sheenu). Hyper with diarrhoea: curd rice with poha, no raw salad. Skipping breakfast is delayed overeating (HFS)
3 · Mid-morning	1 to 2 Brazil nuts, **not soaked**, with 1 tbsp pumpkin or sunflower seeds One whole fruit with vitamin C: guava, orange, kiwi, papaya, pomegranate, strawberries A small banana with a pinch of iodised salt **(Hy)** (Sheenu, for hypo) Coconut water; buttermilk with roasted cumin Beetroot, carrot and amla juice if iron is low (vegetarian), not apple	Selenium and zinc here. Brazil nut: do not soak it. Hyper: much less selenium. Whole fruit, not packaged juice. Iron foods go with vitamin C in the same meal

Slot	Options	Rule that goes with it
4 · Before lunch	1 glass of water, 30 minutes before Isabgol (husk) in water if constipated: **never near the tablet**	Fibre interferes with absorption, so keep it far from the morning tablet. Water before meals, not during
5 · Lunch (start with a bowl of cooked or steamed vegetables, or cucumber, tomato, carrot)	Jowar, bajra or soaked-millet roti with dal and a cooked sabzi Small bowl of brown rice with a medium bowl of dal and sabzi Vegetable khichdi or sambar with brown rice Rajma or chana with a millet roti Cooked cauliflower or cabbage sabzi **(C)** Grilled fish with sautéed vegetables **(F)**; egg curry **(E)** Buttermilk with cumin; sattu drink (barley in summer, gram otherwise)	No raw cabbage, cauliflower, broccoli or kale in the salad. Millets soaked 3 to 4 hours before cooking. Dal stays: cutting protein slows the result (mistakes list). Fish or egg: no curd or buttermilk in the same meal. Hyper: iron and magnesium foods, much less selenium; no excess iodine
6 · Evening	Roasted chana with sunflower seeds Roasted makhana Sprouts chaat with lemon Coconut milk with soaked almonds 2 walnuts **(W)**, evening, alternate days Tulsi tea or ginger tea (turmeric in the daytime only) Green tea, not near iron or calcium	A planned snack stops an oversized dinner (HFS). Never packaged namkeen or biscuits. Walnuts reduce absorption: evening, alternate days, not daily. Coconut milk works in both hypo and hyper

Slot	Options	Rule that goes with it
7 · Before dinner	1 glass of water, 30 minutes before Clear homemade vegetable soup, cooked vegetables, no cream, no corn flour	Vegetables for the soup are cooked, so cruciferous ones are safe here
8 · Dinner (the lightest meal, by 8 pm)	Moong dal khichdi with vegetables and cumin buttermilk Quinoa with lauki or tinda sabzi Moong dal chilla, stuffed with vegetables Millet roti with dal and cooked palak Grilled fish or egg bhurji with sautéed vegetables **(F) (E)** Vegetable daliya khichdi **(G)**	Dinner at least 90 minutes before sleep. Buttermilk, not curd, at night (HFS). Iron-rich food with vitamin C, and a 4-hour gap from any calcium or iron supplement and from the tablet
9 · After dinner and night	100 to 200 steps Ajwain or jeera water, 30 minutes later Warm water Ashwagandha at night (hypo only, one-herb rule), if sleep and stress are the goal Navara potli, foot bath with salt, for stress	**No turmeric at night**. Hyper: no ashwagandha; Bhramari instead

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

Every day, the same: the tablet on waking with plain water, then the gap; iodised salt in the cooking; water before every meal; 100 to 200 steps after every meal; mid-morning Brazil nut and seeds (hypo); ajwain or jeera water after dinner. Three to four litres of water, but ask the doctor first if the client is pregnant or has a kidney problem.

This is a sample to show a **hypothyroid** client what a week looks like. The real plan is written after the reports, medicines, type and prakriti are known, and after the nutrition listing is done (Section 3.2.4). Fish on days 2 and 5, egg on days 1 and 4: four non-veg items in the week, as HMRE allows.

Day	Breakfast	Lunch	Evening	Dinner
1	Vegetable omelette with sautéed vegetables **(E)**. Vegetarian: moong dal chilla	Cooked vegetable salad, jowar roti, palak dal, lauki sabzi, cumin buttermilk	Roasted chana and sunflower seeds, tulsi tea	Moong dal khichdi, clear vegetable soup
2	Besan vegetable chilla, mint chutney	Cooked salad, small bowl brown rice, grilled fish with sautéed beans **(F)** (no curd). Vegetarian: rajma and sabzi	Coconut water, 2 walnuts **(W)**	Quinoa with tinda sabzi, clear soup
3	Vegetable poha with fresh grated coconut, 3:1	Cooked salad, bajra roti, masoor dal, cooked cauliflower sabzi **(C)**, buttermilk	Roasted makhana, ginger tea	Millet khichdi, clear soup
4	Vegetable upma with grated coconut **(G)** and 1 boiled egg **(E)**. Vegetarian: with paneer cubes	Cooked salad, jowar roti, chana dal, bhindi, buttermilk	Sprouts chaat with lemon, mint tea	Moong dal chilla, stuffed with vegetables, clear soup
5	Moong dal chilla, green chutney	Cooked salad, bajra roti, small bowl rajma, cooked methi sabzi, buttermilk	Coconut milk with soaked almonds	Grilled fish with sautéed vegetables **(F)**. Vegetarian: paneer bhurji with vegetables
6	Ragi idli, sambar (check ragi suits them)	Cooked salad, small bowl brown rice, dal, tori sabzi, curd	Roasted chana and pumpkin seeds, 2 walnuts **(W)**	Quinoa khichdi, cumin buttermilk
7	Vegetable daliya **(G)**, green chutney	Cooked salad, jowar roti, masoor dal, palak sabzi, buttermilk	Seed mix, tulsi tea	Millet khichdi, clear soup

Gluten appears on two days only, and is dropped completely for autoimmune thyroid (swap quinoa, rice or millet). Mid-morning on every day is a Brazil nut with seeds and one whole fruit with vitamin C, and coconut water on some days.

3.2.8 The swap guide for thyroid

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). Six HFS swaps are changed here because Sheenu's thyroid rules differ, and several new swaps are added for the tablet and the thyroid itself. Both are marked.

Instead of	Swap to	Why
Straight out of bed to the kitchen	The thyroid tablet with plain water, at the same time every day, and then the gap before anything else **(new)**	Coffee, dairy, fibre, calcium and iron slow absorption (Sheenu)
Bed tea with biscuits	Tea or coffee only after the gap; a handful of roasted chana or makhana in place of biscuits	Coffee slows absorption; biscuits are maida and sugar
Sugar in tea, sweets	Halve it for two weeks, halve again, then none. Fruit when a sweet is wanted	Low-GI throughout (Sheenu)
Nothing before tea	4 to 5 soaked almonds	Soak nuts before eating (Sheenu)
Aloo paratha, white-flour roti	Stuffed roti with methi, palak or onion, roasted not fried. Gobhi only **cooked**; millet roti on most days	HFS listed gobhi: cooked only for thyroid **(changed)**
Plain white-flour roti	Millet roti. Bran-mix roti only with a gap from the tablet	HFS adds bran-mix to every weight-loss plan; Sheenu says high fibre interferes with the tablet **(changed)**
Bread toast with jam	Besan or moong chilla with vegetables and green chutney	Protein breakfast, no maida
Poha with a lot of oil	Vegetable poha with fresh grated coconut, poha the smaller part of the bowl	Fibre and healthy fat

Instead of	Swap to	Why
No breakfast, or only tea	Something with protein within two hours of waking, after the gap	Skipping is delayed overeating (HFS)
Packaged juice, any fruit juice	The whole fruit, or fresh coconut water	Juice removes the fibre and leaves the sugar
Third cup of tea or coffee	Green tea with lemon, away from iron and calcium	Coffee reduces the medicine's effect
Black coffee "to burn fat"	Control the quantity; small banana or apple with nuts first, coffee 30 minutes later **(new)**	Mistakes list (20 Aug 2026): it does not burn more fat
Namkeen at 11 am	A Brazil nut with a spoon of pumpkin or sunflower seeds. Walnuts only 2, in the evening, on alternate days	Selenium and zinc. HFS used walnuts here; they reduce absorption **(changed)**
Starting the meal with roti	A big bowl of cooked or steamed vegetables first, or cucumber, tomato, carrot	HFS listed raw cabbage in the salad: raw cruciferous is out **(changed)**
Raw cabbage, cauliflower or broccoli in salad or juice	The same vegetable as a cooked or steamed sabzi **(new)**	Cooking removes the goitrogenic effect (Sheenu)
Two large bowls of rice	One small bowl of rice with a medium bowl of dal; brown rice; millets on other days	Portion, not ban
Aloo sabzi most days	Lauki, tori, bhindi, tinda, parwal, kaddu, beans	Potato, arvi and jimikand are starchy (HFS)
Sabzi swimming in oil	One measured teaspoon of oil	HFS removes ghee from weight-loss plans; the HFS thyroid deck allows a small amount; Sheenu is silent. Decide with their weight and lipids
Soy chunks, tofu or soy milk every day	Dal, paneer, egg white; soy not regularly, and if kept, consistent in amount **(new)**	Soy reduces absorption (Sheenu). HFS removes soy completely **(changed)**
Cream soup, packet soup	Clear homemade vegetable soup of cooked vegetables	No corn flour, no cream

Instead of	Swap to	Why
Chhole bhature, puri	Chhole with one millet roti and a bowl of cooked salad	Keep the chhole, drop the fried bread
Raita with boondi	Cucumber or lauki raita with curd in the daytime, or chaach	Curd and buttermilk are the better dairy forms (Sheenu)
Papad and pickle with every meal	Green chutney	Sodium and preservatives
Samosa, kachori, pakora	Bhuna chana, murmura chaat, sprouts chaat	Same crunch, no deep frying
Nothing in the evening, then a huge dinner	A planned snack at 4:30 to 5 pm	An empty evening causes an oversized dinner (HFS)
Dinner at 9:30 pm	Dinner by 8 pm, the lightest meal	Late dinners and a sluggish metabolism do not mix
Nothing after dinner	Ajwain or jeera water 30 minutes later; 100 to 200 steps after the meal	The most repeated HFS advice for gas and bloating
Full-cream or toned milk straight from the packet	Curd, buttermilk, paneer, or coconut or almond milk. Keep dairy away from the tablet	Sheenu: avoid plain milk directly. HFS suggested toned milk **(changed)**
Curd at night	Curd in the daytime, chaach at night	Gut (HFS)
Dropping iodised salt for rock or black salt	Keep iodised salt, in the usual amount	Rock salt is not a safe swap; all salt is sodium chloride (Sheenu, Body Types)
Calcium or iron tablet with the thyroid tablet or breakfast	At least 4 hours apart, before or after	Sheenu
"I feel hungry, so cut the dal"	Keep the protein, add vegetables	Mistakes list: cutting protein slows the result
Cola and packaged drinks	Lemon water, coconut water, chaach, jeera water	Sugar load

Instead of	Swap to	Why
Plastic bottles and containers; ordinary creams and shampoo	Steel or glass; paraben-free products **(new)**	Environmental load (Sheenu, parameter 6)
Weighing every day	Once a week, same day, same time. Lead with inches	Daily weight shows water, not fat. Inches lead in thyroid (HFS)

3.2.9 What leads the first month, by thyroid type

Every client gets the same base: the medicine routine, 4 to 5 meals, iodised salt, goitrogens cooked, supplements re-timed, no sugar. The type decides what you lead with. This table is the guide's arrangement of Sheenu's hypo and hyper plans, herb table, pregnancy rules and the HFS case-study deck. A client can be two types at once: lead with the one their biggest complaint points to.

Type	Lead with	Food and practice (all from Sheenu)	Watch
Hypothyroid	The medicine routine, then nutrients and the metabolism	Iodine two to three times a week; selenium, zinc, iron with vitamin C; protein every meal; goitrogens cooked. Flax, coriander seed water. One herb: ashwagandha, guggulu (carefully), brahmi or triphala. Ujjayi, neck asanas, throat towel, mud pack	TSH, T3, T4; inches before weight; lipids; B12, D, iron. Guggulu and levothyroxine: dose may need the doctor
Hashimoto's (autoimmune hypo)	Inflammation, gut and stress	All of the hypothyroid plan, plus: gluten out, processed food and sugar out; homemade curd, buttermilk, fermented foods; selenium and vitamin D; sunlight 15 to 20 minutes; anti-TPO tracked. Stress is a trigger: pranayama, 15 minutes daily. Licorice is not a default herb (it interacts with levothyroxine)	Anti-TPO, anti-TG; vitamin D; joint pain, fog, gut

Type	Lead with	Food and practice (all from Sheenu)	Watch
Hyperthyroid	Calm the system and rebuild weight	Weight-gain base. Much less selenium; no excess iodine (none in excess with PTU); no flax, no coriander seed water, no ashwagandha, no St John's Wort. Coconut milk, whole grains, iron and magnesium. Bhramari for stress; sleep. One herb: bugleweed or motherwort, a week apart, with the methimazole caution	Heart rate, sleep, sweating, weight, diarrhoea (Triphala out). Vitamin D may stay low: cholesterol is low
Graves'	The doctor, then calm	As hyper. Berberine has shown better results with Graves' under methimazole: check it suits the person first. Bulging eyes go to the doctor	Eyes, heart, TSH-receptor and antibody reports as the doctor orders
Thyroid in pregnancy	The doctor and safety	No deficit. First trimester: nothing hot, stretching only, lemon water or coconut water for sickness. Higher iodine need. Plan the prescribed iron, calcium and multivitamin 3 to 4 hours from the tablet. Check T3	T3 activation; hydration; never stop what the doctor gave

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); HFS Overlay System (the MONITOR lines). The thyroid-specific fields are built from Sheenu's test list, symptoms and herb rules.

How to read the star. A field marked * is held in Mealie. These are the fields the HFS hypothyroid overlay lists as monitored on the client record: **TSH, T3, T4** (baseline and month 3), **weight**, and **total inch loss**, because the overlay says weight is slow-moving here and to lead with inches. Fields marked * (when stacked) are on the record only when that other overlay is also on the client: vitamin D and B12, haemoglobin and iron, the lipid profile, BP with medicine status. Everything else stays in the tracker sheet and the coach's record. Nothing in this section has been removed.

3.3.1 Layer 1 · Seven physical metrics

Metric	Unit	Why
Weight loss or gain *	kg	The headline number; least informative alone. Slow in hypo; for hyper the aim is gain
Total inch loss *	inches	The lead metric in thyroid (HFS overlay). What they see in the mirror; moves when weight stalls
Abs inch loss	inches	Visceral change; the health number
Total fat loss	kg	The real outcome
Visceral fat reduced	%	Belly fat is part of the thyroid-body picture
Body age reduced	years	The best testimonial line. Mamta S.: about 1 kg on the scale, three years of body age
Muscle gain	kg	Tells whether the loss was fat or tissue. Preeti S.: 2.6 kg lost, 7.5 kg of fat, muscle up 4.9

Why seven: Preeti S. (hypothyroid and hypertension, 122.6 kg) lost 2.6 kg on the scale but 7.5 kg of fat because muscle rose 4.9. Mamta S. (hypothyroid) shows body fat down 2.4 points and body age down three years while the weight moved about 1 kg. Himani lost 5.7 kg in month one and still left in month three. Results alone do not retain.

3.3.2 Layer 2 · Clinical panel for thyroid

Always write the medicine status next to the reading, and the time of day the tablet is taken. A number that improved while a medicine was reduced is proof; the same number without the note is just a number.

Group	What to record
Thyroid	TSH *, Free T3 *, Free T4 * (fasting), Total T3, Total T4; anti-TPO and anti-TG, Reverse T3 where a functional panel was done; calcitonin and thyroglobulin where tested. Note which level of test it was
Lipids	Total cholesterol, LDL, HDL, triglycerides * (when stacked). Thyroid moves the lipids both ways (Section 2.6.3)
Iron and blood	Haemoglobin *, iron, TIBC, transferrin saturation * (when stacked). Low iron blocks T4 to T3

Group	What to record
Vitamins	Vitamin D *, B12 * (when stacked: baseline and month 3). Always check both in a thyroid client
Calcium and bone	Calcium where tested. Hypo pulls calcium out of the bones; too much levothyroxine risks osteoporosis
Inflammation	ESR, CRP
Heart and BP	Heart rate and BP at every visit, with the medicine dose noted * (when stacked)
Sugar	Fasting sugar and HbA1c, if diabetic or pre-diabetic

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

Track	How
Tablet time and the gap before food	The time taken, what it was taken with, and the minutes before the first food or drink. Weekly
Supplement times	Calcium, iron, multivitamin: the time, and the 4-hour gap from the tablet
Symptom diary	Short weekly note (better, same, worse): cold hands and feet, constipation, bloating, fog, hair and skin, energy, mood, sleep. For hyper: heart rate, sweating, anxiety, sleep, weight
Herb plan	Which one herb this week, which is next (written in brackets), the date, and any reaction. One at a time, a week's gap (Sheenu)
Detox dates	Date of each liver detox and the light food before and after. Once in one to three months
Practice log	The three asanas of the week, Ujjayi, throat towel, mud pack, stress practice, humming
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"
Remission and the reversal clock	Date remission was reached. Then the date the medicine was stopped by the doctor, and a symptom check each month for the full year (Sheenu)

Track	How
Their own words	Write what they said. "No gas, acidity, can climb stairs." "Jeans 38 to 36 inches." Clients renew on how they feel

3.3.4 Who tracks what, and what you watch for

Who	Tracks
The client	The daily Yes or No habit sheet; tablet time; symptoms in their words
You, the coach	Weekly weigh-in; compliance specifically; monthly 7 metrics; reports with medicine status; the herb plan; the promise; assets; the next action and date after every contact
Their doctor	The medicine decision. You give them the numbers and records, never the medicine advice

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

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

- **A pending payment is a retention alarm** (Cases 9, 16, 18). Tie instalments to attended reviews.
- **Read their intake as a retention document.** A long work day, constant travel, "low motivation" written on the form: the client tells you their risk on day one.
- **Life events are the competition** (house move, Diwali, a wedding, Covid). Ask every month what is coming.
- **For thyroid, a missed tablet time is an early warning too.** Sheenu: you will know within one to two weeks whether the client is following.

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 thyroid, for example: "waist down 4 inches and no afternoon crash by day 90". Not "TSH normal", and not "weight loss and clinicals".
- **Capture assets at the month 3 checkpoint,** not the last day: photos, video, Google review, written testimonial with picture, a reference. Get consent before any case is used externally.
- **Result and time together.** Never a number alone.
- **Add a twelfth, thyroid-only, marker:** the remission date, and the monthly reversal check for one year after it.

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SECTION 4

Real cases and quick reference

4.1 HFS thyroid case studies, and Sheenu's implementation cases

Source: HFS case studies (the Diamond Council thyroid case-study deck, and the HFS Case Study Pack of 24 client files) and Dr. Sheenu's own implementation cases of 1 May 2025. Cases are for teaching. Names are anonymised. Get client consent before any external use. These are not treatment claims.

Case	Presented with	The plan, and what it teaches
Anamika, 38 · hypothyroid	Weight gain, fatigue, hair fall, constipation, cold intolerance. TSH 7.5 (high), T3 low-normal, T4 low. Sedentary, high refined carbs	Iodised salt in moderation, egg yolk; selenium (Brazil nuts, sunflower and pumpkin seeds, eggs, fish); iron with vitamin C; protein every meal; **cooked** broccoli, raw cabbage, broccoli and cauliflower out; excess soy out. 30 to 40 minutes brisk walking plus strength work; Sarvangasana, Bhujangasana; Ujjayi and bee breath; mud therapy and liver detox; throat chakra. **The deck lists five herbs together** (ashwagandha, guggul, brahmi, triphala, shatavari). Sheenu's rule leads: one herb at a time, a week's gap, the rest written in brackets
Female, 34 · Hashimoto's	Fatigue, brain fog, weight gain, joint pain. TSH 6.2, anti-TPO high	Anti-inflammatory foods (turmeric, ginger, olive oil); selenium; iron; gut-healing foods (homemade curd, buttermilk, fermented vegetables); gluten-free grains (quinoa, brown rice, rajgira, kuttu); **gluten, processed food and excess sugar out**; sunlight 15 to 20 minutes; Anulom Vilom, Ujjayi, bee breath. Teaches that **autoimmune thyroid is the case where gluten is restricted** (Section 3.2.5). The deck uses licorice (mulethi); Sheenu lists it as an adrenal-affecting herb that interacts with levothyroxine: avoid by default

Case	Presented with	The plan, and what it teaches
Male, 42 · hyperthyroid	Rapid heartbeat, weight loss, anxiety, sweating. TSH very low, T3 and T4 high	Calming, nutrient-dense foods: whole grains, sweet potato, brown rice; iron, magnesium; fruits like banana, mango, pear. **Caffeine, alcohol, spicy food, refined sugar and excess iodine (seaweed) out.** Light yoga, walking, meditation, 8 hours of sleep. The deck lists bugleweed, lemon balm, motherwort and passionflower together: Sheenu says one at a time, a week apart, and with methimazole the bugleweed and motherwort caution applies

Where the deck and Sheenu differ, Sheenu leads. The deck groups several herbs in one plan; Sheenu's card says never all together. The deck lists oats and cooked broccoli as allowed in places; the HFS overlay removes them. These are marked "changed" in Section 3.2.5.

Case	Presented with	What it teaches (Sheenu)
Sushma, 35 · hypothyroid	Fatigue, weight gain, cold intolerance, slow metabolism, constipation, muscle weakness, brain fog. Thyronorm 50 mcg. Sedentary, poor diet, stressed, 6 hours of sleep. Low vitamin D, B12 and iron	**List the nutrition first, then plan the meals.** Iodine-rich food two to three times a week, selenium, zinc, iron, vitamin D, B12, low GI. One herb only. Neck-stretching asanas, Ujjayi, 15 minutes of stress practice daily, a fixed sleep time. Throat towel 3 to 1; liver detox; humming. A student gave both an egg omelette and oats chilla: Sheenu's correction is that together they are heavy and over-fibre; vegetables go with eggs
Rajesh, 42 · hyperthyroid	Weight loss despite more appetite, heat intolerance, sweating, irritability, tremor, tachycardia, high BP, frequent diarrhoea. Methimazole 5 mg. Active but stressed; has just started a high-intensity workout	Give no ashwagandha. Pranayama for stress. Less selenium; no excess iodine. Bugleweed and motherwort one week each, never together, with the methimazole caution. Triphala out because of the diarrhoea

Case	Presented with	What it teaches (Sheenu)
Priya, 29 · Graves', first trimester	Rapid weight loss despite appetite, anxiety, sweating, tachycardia, pregnant. Tapazole (methimazole) 10 mg. Stress, morning sickness	Pregnancy-safe foods, gentle exercise, stress relief. Lemon water (two to four drops) or coconut water for morning sickness. Nothing hot in the first trimester. Coriander seed water is not given in hyper. Check herbs very carefully; cumin and fennel cause uterine contraction. Chakra work on all chakras, lying down. Green charged water for energy, not for vitamin D
Sunita, 50 · hypothyroid and menopause	Weight gain despite dieting, fatigue, cold intolerance, dry skin, hair thinning, hot flushes, mood swings, irregular periods. Levothyroxine 75 mcg. Sedentary, family stress, poor sleep	Ashwagandha in the morning for metabolism and energy; **at night when sleep is the biggest challenge**, as it is in menopause. Seed cycling in menopause. Ask for T3: it often fails to activate in menopause even when TSH reads normal. Hip bath for irregular periods, shirodhara for stress
A client with TSH 17, no medicine	Report came two days ago. Not on any medication	**Send them to the doctor. Never take it into your own hands.** Start the medicine as the doctor says and work alongside. The TSH usually starts moving within a month. You will know in one to two weeks whether they follow

4.2 HFS client files (2018 to 2023)

Case	Presented with	Result and lesson
Sujata R., 37 (anchor case)	Hypothyroid and PCOS, constipation, low Hb, iron, B12 and D3 low. TSH 2.402, T3 77.26, T4 7.28 on file	Month 1: 3.7 kg, 16.5 inches, 7.5 abs inches, muscle +1.5. Four sequenced plans plus a detox week. **The goitrogen list lives in the avoid list: broccoli, cauliflower, cabbage, kohlrabi, Brussels sprouts, mustard greens, turnip, kale, and dairy, soya, oats and sugar.** Weight went 65.5 then 66.2 in week two: prepare every client for that week
Preeti S.	Hypertension and hypothyroid, 122.6 kg, fatigue, headache, ankle pain, low haemoglobin. On BP medicine throughout	Month 1: 2.6 kg on the scale, 7.3 inches, 2.5 abs inches, muscle +4.9, **7.5 kg of fat lost**. BP written "with medi" at every visit. The best case for teaching why the scale is not the outcome

Case	Presented with	Result and lesson
Megha J., 35	Hypothyroid, low BP, headache, acidity. 77.4 kg	Month 1: 2.7 kg, muscle 2.8. A near-flat curve with this compliance record: three days mid-morning skipped, four days no dinner soup, five days only 30 minutes' walk, one day puri chhole, one day ice cream. **Before you change a plan, check whether it was followed. Log compliance specifically**
Mamta S., 39	Hypothyroid, acidity, occasional constipation. Vitamin D, Hb and calcium low. Found the practice through a WhatsApp group	Weight moved about 1 kg; **body fat down 2.4 points, body age 54 to 51, visceral fat down.** Re-measure composition, not only weight. "Body age reduced by 3 years" is a better testimonial line than "lost 1 kg"
Dilpreet K.	Hypothyroid and high uric acid, low BP, tiredness, joint pain. 69.4 kg. Non-vegetarian plus egg	First weigh-in taken on day 2 of her period, and the file says so. **Uric acid changes the protein strategy:** two conditions pulling the plan opposite ways; decide which leads
Sumedha T.	Slip disc, hormonal imbalance, PCOD, past thyroid history. In the register as hypothyroid in 2017 and again in 2022	A five-year gap and she came back. Old client lists are not dead

4.3 What clients ask, and what you say

Source: Dr. Sheenu, Thyroid protocol card and the 1 May 2025 session; HFS Overlay System, client files and case studies; the mistakes list of the 20 August 2026 case-study session (Dt. Shweta), labelled where used. Every fact in the answers and scripts comes from those sources.

The client asks	You say (and stay inside this)
"Can I stop my thyroid tablet?"	Your doctor decides about the medicine. We work alongside the tablet, never instead of it. When the root causes are worked on, the doctor can look at the dose from your reports.
"Is thyroid curable?"	First comes remission: the reports and symptoms settle. Reversal means a full year with no medication and no symptoms. It is possible, and the time it takes is six months to two and a half years to remission, and then a year on top. No promise on a date.

The client asks	You say (and stay inside this)
"When will my TSH come down?"	The TSH usually starts moving within a month. It will not be normal yet. We check the panel at month 3 and your doctor reads it.
"My TSH is normal. Why do I still feel tired and cold?"	TSH is one number. We look at T3 and T4, iron, vitamin D and B12 too. T3 sometimes does not activate even when TSH reads normal, especially in pregnancy and menopause. Your doctor can advise on the other tests.
"Why is my weight not dropping?"	In hypothyroid, weight moves slowly. We track inches, fat, muscle and how you feel, together. Inches and energy come first.
"When do I take the tablet, and with what?"	As your doctor said: on waking, plain water, and a gap before food or tea. Iron and calcium stay four hours away from it. If it was missed or mistimed, tell us and the doctor, never double up on your own.
"Can I eat cabbage, cauliflower, broccoli?"	Cooked, yes. Raw, no. Cooking is what makes them fine.
"Is soya bad for me? Is gluten?"	Soya reduces absorption of the tablet, so not regularly; if you eat it, keep it consistent. Gluten is restricted only for autoimmune thyroid or a gluten allergy. Otherwise it is allowed.
"Should I use iodised salt?"	Yes, iodised salt, in moderation for hypothyroid. For hyperthyroid we keep extra iodine, such as seaweed, away.
"Can I take ashwagandha, or any herb, on my own?"	No. Each herb has a caution with thyroid medicine. We check your medicine first and give one herb at a time, a week apart. Ashwagandha is for hypothyroid only, not for hyperthyroid.
"I am pregnant (or planning). What changes?"	Your doctor leads. We plan around the prescribed iron, calcium and multivitamin with a gap from the tablet, and no calorie deficit. T3 is checked. No promise on any outcome.
"I am hyperthyroid. Why am I told to gain weight?"	Hyper makes the body burn too fast, so the aim is to settle the heart, sleep and weight. It is the opposite direction to hypo.

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

If you see this	What you do	From
Client is hyperthyroid	No ashwagandha. Bhramari for stress. Less selenium; no extra iodine-rich food. A racing heart or bulging eyes goes to the doctor	Sheenu
TSH is high and the client is on no medicine	Do not start. Send them to the doctor first, then work alongside. Never take it into your own hands	Sheenu (TSH 17 case)
Client takes iron, calcium or a multivitamin	Keep it four hours from the thyroid tablet. Do not stop the supplement yourself	Sheenu
A herb is wanted	Medicine interaction checked first. One herb, a week's gap, the next one written in brackets	Sheenu
Bugleweed or motherwort with methimazole	The caution applies. Check before any hyper herb	Sheenu (1 May)
Diarrhoea in a hyper client	No triphala	Sheenu (1 May)
Turmeric wanted at night	The card says not at night. The 1 May session allowed it once. Hold to the card until Sheenu rules	Sheenu, open
Pregnant, or planning	Doctor leads. No deficit. Cumin and fennel cause uterine contraction in pregnancy; coriander seed water not in hyper. First trimester: nothing hot, stretching only	Sheenu (1 May)
Menopause with hypothyroid	Check T3 even if TSH is normal. Seed cycling in menopause	Sheenu (1 May)
Uric acid or another condition pulls the plan the other way	Decide which condition leads; write it down; tell the client	HFS (Dilpreet K.)
Vitamin D, B12 or iron wanted as a supplement	Only after reports, as the doctor says; time the iron away from the tablet	Sheenu, HFS overlay
Detox or naturopathy for a weak, pregnant or palpitating client	Only with your own knowledge; very light food before and after; doctor first	Sheenu, Caution

4.5 Reading a report: a worked example

HFS client Sujata R., 37, hypothyroid with PCOS and constipation, on file: **TSH 2.402**, **T3 77.26**, **T4 7.28**, **Hb 11.8**, **vitamin D 22.1**, **B12 291**. Ranges differ by lab, so always read each number against the range printed on the report.

1. **Which test is it?** Normal panel. Functional markers (Reverse T3, anti-TPO, anti-TG) are not on file. Say so.
2. **Medicine first.** Write the tablet, the dose and the time taken beside the numbers. A TSH that sits well on medicine tells a different story from the same TSH off it.
3. **Do not stop at TSH.** Sheenu: look beyond TSH. A client can feel unwell with a TSH that looks acceptable if T3 is not activating.
4. **Look at what blocks T4 to T3.** Low iron does (Hb 11.8 here, with iron tested). Vitamin D 22.1 and B12 291 are both on the low side of most ranges: always check both in a thyroid client.
5. **Say it plainly.** "The thyroid number alone does not explain how you feel. Your iron, vitamin D and B12 need attention alongside the tablet. Your doctor reads the dose."
6. **Choose what leads.** Month 1 for Sujata was the stacked plan: constipation, iron, vitamin D and B12, with the goitrogen list in the avoid list. Month 1 result: 3.7 kg, 16.5 inches.

What should change (Sheenu and HFS): energy and bowel first, then hair, skin and inches; the panel retested at month 3. 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 moment	What you do	From
Tablet time keeps changing, or the gap is skipped	Early warning. Sheenu: you know within one to two weeks whether they follow. Name the one habit and restart with that alone	Sheenu, HFS
Pending payment	Treat it as a retention alarm. Tie instalments to attended reviews	HFS cases 9, 16, 18
"Low motivation", a long work day or constant travel on the form	It was your warning on day one. Build the plan around that day; ask every month what is coming	HFS
A life event (move, Diwali, wedding, illness)	Plan for it before it arrives	HFS
Weight not moving	Show inches, fat, muscle and body age. Mamta S.: about 1 kg, three years of body age. Check compliance specifically before changing the plan	HFS seven metrics, Megha J.
"My TSH has not gone normal in a month"	It starts moving in a month; normal takes longer. Remission is six months to two and a half years	Sheenu
Wants to drop all herbs, or take several at once	One at a time, a week apart. Herbs are the reversal route, not the start	Sheenu
Feels remission means finished	"You are in remission. Reversal will take a year." Keep tracking	Sheenu
Skipping the soup, snacks or walks	Name the one habit, restart with that alone, then add	HFS case (Sabiha)

4.7 Before every thyroid call

- Reports and medicine list asked for, including the time the tablet is taken. Registration verified.
- Section 2.6.2 (hypo against hyper) and 2.6.7 (tests) fresh in your head.
- Form open at section A. Findings in their words only.
- Remember: find gaps, do not deliver the plan. No herbs, no meal plan, no naturopathy on the sales call.
- Look silently: neck, face, hair, skin, eyes. Keep your opinion to yourself until you have seen the reports.
- Decision maker and commitment asked in Trust.

4.8 Always say, never say

Always say	Never say
"Your doctor decides the medicine. We work alongside it."	"Stop the tablet", "your doctor is wrong", any advice on medicine for a client not yet on any
"Remission comes first. Reversal means a full year with no medication and no symptoms."	"Cure", "reverse your thyroid in three months"
"Within a month the TSH can start to move. It will not be normal yet."	"Your TSH will be normal in 30 days"
"Weight is slow with a thyroid problem. We track inches, fat and how you feel."	"10 kg in a month"
"Let me check your reports and medicines first"	Any herb or supplement before that. Ashwagandha for a hyperthyroid client
"This is what you told me. Have I understood?"	A finding they did not say or agree to

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SECTION 5

Audience, pain points and content ideas

Source: Dr. Sheenu's Thyroid protocol card and her Diamond Council sessions of 3 April 2025 and 1 May 2025 (the hypo and hyper picture, the root causes, the symptoms, the nutrition and herb rules, her implementation cases); the HFS thyroid case studies and the HFS client files (Part 9 of this guide); the Sales Kit (the free 45-minute Clarity Call, programme names, Always say and Never say). Section 4.8 (Always say, never say) applies.

This section helps the coach find the right people, speak to the problem they feel, and make free offers, ads and posts about thyroid. **Everything here is built from this guide and its sources.** No medical fact is added from outside. The facts behind them come from Dr. Sheenu (her card, deck and sessions), the HFS case studies and client files, and the Sales Kit (the free 45-minute Clarity Call and the programme names).

Rules for every line in this section. (1) No client name, age, job or exact figure appears in a lead magnet idea, an ad angle or a post topic: only the pattern is used, for example "same food, weight going up, waking at night". (2) Real results, photos or stories need the client's written consent and are for showcase use only, not for these lines. (3) No cure, reversal, guaranteed result or "stop your medicine" wording: follow "Always say, never say" in Section 4.8 and Dr. Sheenu's scope. (4) For any herb, supplement or medicine, the line is always "ask your doctor", and no dose is given.

Order of problems. Problems are listed in the order the case profiles and Dr. Sheenu's material mention them most. This order is the guide's reading, not a survey. Confirm it by asking each client in Section B of the form.

5.1 Who has this problem

4 types of people, by age and life situation. Each type is built from the cases and Dr. Sheenu's material in this guide (the source is shown under each). Under each type are the top 5 problems, the one that troubles them most first. The full lead magnet, ad and post ideas for every problem are in Parts 2 and 3.

Type 1 · Adults with an underactive thyroid (hypothyroid), taking a tablet

Who they are: Men and women in their 30s and 40s who have been told the thyroid is low, or suspect it. They feel tired and cold, gain weight on normal eating, and notice hair and skin changes. They are usually taking a thyroid tablet and want to feel like themselves again.

Where this comes from: Dr. Sheenu's thyroid body type and her "hypo means overweight" rule; her first implementation case (fatigue, weight gain, cold, constipation, brain fog); the HFS thyroid case study and the HFS client files with hypothyroid, where inches, fat and body age moved more than the scale.

Rank	Problem	In the client's own words (pattern only)
1	Tiredness, especially in the afternoon	"I am exhausted by the afternoon, my muscles feel weak, and a night of sleep does not fix it."
2	Weight that goes up on normal eating	"I eat the same food and my weight keeps going up, and nothing I try works."
3	Hair fall, dry skin and brittle nails	"My hair is thinning, my skin is dry and my nails keep breaking."
4	Constipation and bloating	"I am constipated and bloated all the time, and I feel heavy."
5	Brain fog, forgetting and low mood	"I forget words, I cannot think clearly, and I feel low for no reason."

Type 2 · Adults whose thyroid problem is autoimmune (Hashimoto's)

Who they are: Adults in their 30s and 40s whose thyroid problem looks like an underactive thyroid but may be the body's own immune cells attacking the gland. They often feel tired, foggy and heavy, and may have a family history or another autoimmune condition.

Where this comes from: Dr. Sheenu's autoimmune root cause and her advice to run the antibody test (anti-TPO); the HFS Hashimoto's case study. This type has few cases: one case study and the card.

Rank	Problem	In the client's own words (pattern only)
1	Brain fog, forgetting and low mood	"I forget words, I cannot think clearly, and I feel low for no reason."
2	Tiredness, especially in the afternoon	"I am exhausted by the afternoon, my muscles feel weak, and a night of sleep does not fix it."
3	Weight that goes up on normal eating	"I eat the same food and my weight keeps going up, and nothing I try works."
4	Taking the tablet, and reports that do not match how they feel	"I take my tablet every day, my report says normal, and I still do not feel well."
5	Constipation and bloating	"I am constipated and bloated all the time, and I feel heavy."

Type 3 · Adults with an overactive thyroid (hyperthyroid)

Who they are: Adults in their 30s and 40s who feel hot, sweaty, restless and anxious, with a racing heart, poor sleep and weight loss even though they eat well. Their plan is the opposite direction to the underactive thyroid.

Where this comes from: Dr. Sheenu's hyper column and her second implementation case; the HFS hyperthyroid case study; the Sales Kit result used for the underweight direction. There are no HFS client files with hyperthyroid in this guide, so this type has few cases.

Rank	Problem	In the client's own words (pattern only)
1	Racing heart, heat, sweating and anxiety	"My heart races, I sweat all the time, I cannot sit still and I cannot sleep."
2	Weight loss and being too thin	"I eat well and still lose weight, and I look weak."
3	Taking the tablet, and reports that do not match how they feel	"I take my tablet every day, my report says normal, and I still do not feel well."
4	Tiredness, especially in the afternoon	"I am exhausted by the afternoon, my muscles feel weak, and a night of sleep does not fix it."
5	Irregular periods, pregnancy and the change of life	"My periods are irregular, I am planning a baby or am pregnant, or I am near menopause, and I worry about my thyroid."

Type 4 · Women who are pregnant, planning a baby, or near menopause, with a thyroid problem

Who they are: Women from their 20s to their 50s whose thyroid problem meets pregnancy or the change of life. The family and the doctor are closely involved, and food and tablet timing have to fit what the doctor has prescribed.

Where this comes from: Dr. Sheenu's pregnancy table and her implementation cases on a first-trimester client and on thyroid with menopause; her teaching that T3 often fails to activate in pregnancy and menopause even when TSH reads normal.

Rank	Problem	In the client's own words (pattern only)
1	Irregular periods, pregnancy and the change of life	"My periods are irregular, I am planning a baby or am pregnant, or I am near menopause, and I worry about my thyroid."
2	Taking the tablet, and reports that do not match how they feel	"I take my tablet every day, my report says normal, and I still do not feel well."
3	Tiredness, especially in the afternoon	"I am exhausted by the afternoon, my muscles feel weak, and a night of sleep does not fix it."
4	Weight that goes up on normal eating	"I eat the same food and my weight keeps going up, and nothing I try works."
5	Brain fog, forgetting and low mood	"I forget words, I cannot think clearly, and I feel low for no reason."

5.2 Lead magnets and ad angles, for each problem

A **lead magnet idea** is something free the client gets in exchange for their contact details (a checklist, a short guide, a quiz). An **ad angle** is the first line of an ad, or the point the ad starts from. Each problem has 5 of each. They are not pairs: line 1 of the ad column does not belong to line 1 of the lead magnet column. Every lead magnet is a free tool or guide for the client; none gives a medicine, a dose or a treatment. For the ads, the call to action is the free 45-minute Clarity Call (Sales Kit).

Problem 1 · Tiredness, especially in the afternoon

Source for this problem: Dr. Sheenu's thyroid body type (tired in the afternoon, weak muscles), her advice to check iron and B12 in every thyroid client, and her implementation cases. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week energy diary: when energy drops, what was eaten, when the tablet was taken and how well they slept.	Tired by mid-afternoon, even after a full night in bed? It may not be your age.
2	A short checklist of the reports to take to the doctor: thyroid tests, iron, vitamin B12, vitamin D and the lipid profile (blood fat levels).	The thyroid runs almost every organ. When it is off, energy is the first thing to go.
3	A one-page guide: "Why a normal TSH can still come with tiredness", in plain words from Dr. Sheenu's teaching.	Weak, cold and tired? Check more than one number on your report.
4	A short guide to the foods that carry the nutrients the thyroid needs, in plain words, with supplements left to the doctor.	You are not lazy. Find out what your body is asking for.
5	A simple daily-routine sheet with a fixed wake-up time, meals through the day and a fixed sleep time.	A free 45-minute Clarity Call to see what is really behind your tiredness, alongside your doctor.

Problem 2 · Weight that goes up on normal eating

Source for this problem: Dr. Sheenu's "hypo means overweight" rule and her teaching that metabolism slows; the HFS files on hypothyroid, where inches, fat and body age moved more than the scale; the HFS tracking lessons. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page guide: "Why weight moves slowly with a thyroid problem", in plain words, with the message that inches lead.	Same food, weight going up? A slow thyroid can be part of the reason.
2	A simple check of the day: meal gaps, tea and coffee, sugar and steps (a tracker the client fills in).	The scale is the slowest number to move. See what moves first.
3	A short guide on the measures that show change besides the scale: inches, fat, muscle and body age.	Crash diets and a thyroid problem do not mix. See what Dr. Sheenu does instead.
4	A low-GI (slow-releasing food) shopping list from millets, pulses, vegetables and whole grains.	Body age and inches down but the scale barely moved? That is real progress.
5	A short guide to four to five meals a day, and why long gaps between meals work against the plan.	A free 45-minute Clarity Call: a plan for the body you have now, with your doctor.

Problem 3 · Hair fall, dry skin and brittle nails

Source for this problem: Dr. Sheenu's low-thyroid symptom list (hair loss, thin hair and nails, dry skin) and her nutrition teaching; the symptom shows in the implementation cases, but no case in this guide is built around hair alone. Some material, little case detail.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page guide: "Why hair and skin change when the thyroid is slow", in plain words from Dr. Sheenu's function table.	Hair thinning and skin dry? Look at the thyroid before the shampoo.
2	A checklist of the reports to take to the doctor when hair fall comes: thyroid tests, iron, vitamin B12 and vitamin D.	Hair, nails and skin are some of the first places a slow thyroid shows.
3	A short guide to the nutrients linked to the thyroid (iodine, selenium, zinc, iron) and the everyday foods that carry them.	Spending on hair products with no change? Find the reason inside first.
4	A seven-day diary of hair fall, skin dryness, meals and stress.	Tired and losing hair together? These can share one root.
5	A short guide to the daily stress practice and what Dr. Sheenu says about stress and the thyroid.	A free 45-minute Clarity Call to see what is behind it, alongside your doctor.

Problem 4 · Constipation and bloating

Source for this problem: Dr. Sheenu's low-thyroid symptom list (constipation, bloating), her gut root cause (leaky gut and inflammation), and the HFS files with constipation. Plenty for the link to the thyroid; no case is built around this alone.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week bowel and food diary: meals, water, movement and how the stomach felt.	Constipated and bloated for months? The thyroid may be part of it.
2	A short guide: "Why a slow thyroid can slow the gut", in plain words from the function table.	The thyroid sets the pace of digestion. When it slows, so does the gut.
3	A one-page checklist of the gut signs Dr. Sheenu lists with the thyroid: bloating, constipation, acidity and food intolerance.	Heavy, bloated and tired? Look at the root, not only the stomach.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
4	A short guide to vegetables: cooked, not raw, for cabbage, cauliflower, broccoli and kale, and why.	A short checklist to take to your doctor about your gut and your thyroid.
5	A simple evening routine sheet with a light dinner and a fixed sleep time.	A free 45-minute Clarity Call to see the link between your gut and your thyroid.

Problem 5 · Brain fog, forgetting and low mood

Source for this problem: Dr. Sheenu's low-thyroid column (forgetfulness, brain fog, low mood), her teaching on stress as a root cause, and the MESS discovery prompts; the HFS Hashimoto's case study (fatigue, brain fog). Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-week log of fog and mood: when it is worst, what was eaten and how much they slept.	Losing words, losing focus? Your thyroid may be the reason.
2	A short guide: "Why a slow thyroid can slow the mind", in plain words from the function table.	Low mood with no clear cause? Check the thyroid and stress together.
3	A one-page "simple day" sheet with one small list, short breaks and a fixed sleep time.	You are not "getting old". The brain depends on the thyroid signal.
4	A short audio of slow breathing for a mid-day reset.	One simple list a day can help the fog. Start small.
5	A list of questions to take to the doctor about fog, mood and the thyroid reports.	A free 45-minute Clarity Call to see what is behind how you think and feel.

Problem 6 · Racing heart, heat, sweating and anxiety

Source for this problem: Dr. Sheenu's high-thyroid column and her second implementation case, the HFS hyperthyroid case study, and her rule that a racing heart or bulging eyes goes to the doctor. Few cases: no HFS client file in this guide is hyperthyroid.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page checklist of the signs that should go to the doctor first: a racing heart, bulging eyes, a lump or swelling in the neck.	Heart racing and sleep gone? It is not always "just stress".
2	A short guide: "Underactive and overactive thyroid are opposites", in plain words from the function table.	Hot, sweaty and restless? Know the difference between an overactive and an underactive thyroid.
3	A seven-day diary of heart rate feelings, sweating, sleep and food.	A racing heart goes to the doctor first. Here is what to take with you.
4	A short audio of the humming breath (Bhramari) for stress, with a note to stop if dizzy.	Anxious and thin though you eat well? Find out what may be behind it.
5	A short guide for the family: what an overactive thyroid feels like and how to help at home.	A free 45-minute Clarity Call, alongside your doctor, to see what is behind it.

Problem 7 · Weight loss and being too thin

Source for this problem: Dr. Sheenu's rule "hyper means underweight", the weight-gain base in the HFS overlay, her implementation cases on overactive thyroid, and the Sales Kit result used for the underweight direction. Few cases: no HFS client file here is hyperthyroid. Little source material beyond the card.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A short guide: "Why an overactive thyroid can bring weight loss", in plain words from the function table.	Eating well and still losing weight? Look at the thyroid.
2	A one-page checklist of the questions to ask the doctor about weight loss with a fast heart.	Hyper means the body burns too fast. The aim is to settle the heart, the sleep and the weight.
3	A simple daily meal-gap check: meals through the day, because skipping meals works against weight.	Too thin and anxious? Do not wait.
4	A short guide to calming foods and daily rest, kept inside the doctor's plan.	A plan to gain weight in a calm way, with your doctor leading.
5	A diary for appetite, weight feelings, sleep and heart rate.	A free 45-minute Clarity Call to see the whole picture.

Problem 8 · Taking the tablet, and reports that do not match how they feel

Source for this problem: Dr. Sheenu's teaching on the three levels of thyroid testing, "look beyond TSH", the timing and interaction rules for the tablet, and her instruction to send a client with a high TSH and no medicine to the doctor; the HFS tracking lessons and the Sales Kit Always say, never say. Plenty of material.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A one-page guide to the three levels of thyroid testing (normal, free, functional), in plain words.	Report normal, still tired and cold? There may be more to look at.
2	A "my tablet day" sheet: the time taken, what it is taken with and how long before food, to share with the doctor.	Where and when you take your tablet can matter. Ask your doctor.
3	A short guide to the foods and drinks that slow how the tablet is absorbed (coffee, plain milk, high-fibre food, soy), with the message that the doctor decides.	Do you know which thyroid test you had? There are three levels.
4	A checklist for calcium, iron and multivitamin timing, so the client can ask the doctor about the gap from the tablet.	Told it is for life? Learn what you can do alongside your tablet.
5	A list of questions to take to the doctor when the report is normal but the symptoms stay.	A free 45-minute Clarity Call. We work alongside your doctor and never instead of the tablet.

Problem 9 · Irregular periods, pregnancy and the change of life

Source for this problem: Dr. Sheenu's pregnancy table, her implementation cases on a first-trimester client and on thyroid with menopause, her note that T3 often fails to activate in pregnancy and menopause, and the hip bath for irregular periods. Some material; few cases. The doctor leads in every pregnancy line.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
1	A short guide: "Questions to take to your doctor about the thyroid in pregnancy or planning a baby".	Planning a baby with a thyroid problem? Start with the right questions for your doctor.
2	A one-page note on why T3 is checked in pregnancy and menopause even when TSH reads normal, in plain words from Dr. Sheenu's teaching.	Normal TSH, still feeling off in pregnancy or menopause? T3 may be worth asking about.
3	A three-month period calendar to share with the doctor.	Irregular periods and a thyroid problem often come together.

#	Lead magnet idea (free, for their contact details)	Ad angle (first line, or starting point)
4	A checklist of the medicines and supplements already prescribed and their timing, to share with the doctor.	Your doctor leads. We help you prepare and plan the daily routine.
5	A short guide for the family on how to support a pregnant client with a thyroid problem.	A free 45-minute Clarity Call, gentle and private, 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 · Tiredness, especially in the afternoon

The problem the client names: "I am exhausted by the afternoon, my muscles feel weak, and a night of sleep does not fix it."

The pain behind it: Feeling lazy or useless when the real cause is in the body. Fear of letting down the family or the job, and the quiet worry that this is how life will be now.

#	Post topic	The one point the post makes
1	"I crash every afternoon"	The same time every day, the energy goes. The point: afternoon tiredness is a common thyroid picture and has a reason in the body.
2	The report that says "normal"	Being told all is fine while exhausted is lonely. The point: TSH is one number, and Dr. Sheenu looks at T3, T4, iron and vitamin B12 as well.
3	Tired and cold together	Cold hands and feet with low energy are often seen side by side. The point: they can share one root, a slow thyroid.
4	You are not lazy	Self-blame makes tiredness heavier. The point: there is a body reason and a way through, with your doctor leading.

#	Post topic	The one point the post makes
5	One small routine	Big plans fail when energy is low. The point: a fixed wake-up time and meals through the day are a start anyone can keep.

Problem 2 · Weight that goes up on normal eating

The problem the client names: "I eat the same food and my weight keeps going up, and nothing I try works."

The pain behind it: Shame about the body, anger at every diet that failed, and the fear that the thyroid has taken control. Under it can be a loss of confidence.

#	Post topic	The one point the post makes
1	"I eat less and still gain"	The scale going up without a change in food is deeply discouraging. The point: with a low thyroid, the metabolism is slow, so weight gain on normal eating is common.
2	The diet that did not work	Another failed diet hurts confidence. The point: the thyroid sets the pace, so the plan has to work with it.
3	Inches before kilos	Chasing one number hides progress. The point: inches, fat, muscle and body age often change before the scale does.
4	Not "just eat less"	Cutting protein or skipping meals slows the result. The point: keep the protein, add vegetables and eat four to five meals a day.
5	A plan with your tablet	Many clients take a tablet already. The point: weight work follows the doctor's plan and the tablet comes first.

Problem 3 · Hair fall, dry skin and brittle nails

The problem the client names: "My hair is thinning, my skin is dry and my nails keep breaking."

The pain behind it: Feeling less attractive, avoiding mirrors and photos, and worry that others notice. Hair loss can feel like losing a part of who they are.

#	Post topic	The one point the post makes
1	"I stopped taking photos"	Hair loss quietly takes confidence. The point: it can be one sign of a slow thyroid, so it deserves a proper look.
2	The pillow full of hair	Seeing hair on the pillow is frightening. The point: hair, nails and skin all change when the thyroid runs low.

#	Post topic	The one point the post makes
3	Shampoo or the root?	Products treat the surface. The point: Dr. Sheenu looks at the thyroid, iron, B12 and vitamin D underneath.
4	Nutrients the thyroid needs	Iodine, selenium, zinc and iron help the body make and use the hormone. The point: food is where the plan starts, supplements only if your doctor says.
5	Stress and hair	Long stress is a root cause Dr. Sheenu names. The point: fifteen minutes of calm each day is part of the plan, not an extra.

Problem 4 · Constipation and bloating

The problem the client names: "I am constipated and bloated all the time, and I feel heavy."

The pain behind it: Feeling uncomfortable in clothes and in public, embarrassment about speaking of it, and tiredness of dealing with it every day.

#	Post topic	The one point the post makes
1	"I feel heavy all day"	Bloating and constipation affect the whole day. The point: digestion slows with a low thyroid, in Dr. Sheenu's words, "the traffic is slow".
2	The gut and the thyroid	The two are linked. The point: a leaky gut can bring inflammation, and inflammation affects the thyroid.
3	Raw or cooked?	Many eat raw cabbage and kale in salads. The point: raw is the problem, cooked is fine.
4	Dinner and sleep	A heavy late dinner makes everything harder. The point: a light dinner and a fixed sleep time are small, repeatable steps.
5	Talking about it	Embarrassment keeps people silent. The point: it is common, and your doctor is the right first stop.

Problem 5 · Brain fog, forgetting and low mood

The problem the client names: "I forget words, I cannot think clearly, and I feel low for no reason."

The pain behind it: Fear of losing sharpness at work, feeling like a different person, 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: Dr. Sheenu compares a weak thyroid to a weak wi-fi signal to the brain.
2	Low mood, no reason	Feeling low without a cause is confusing. The point: low mood is one of the signs of a slow thyroid.
3	The cup of coffee fix	Many fight fog with coffee. The point: coffee slows how the thyroid tablet is absorbed, so ask your doctor about timing.
4	One list, one day	Big plans fail when the mind is foggy. The point: a simple list and a reminder help the routine stick.
5	When stress comes first	Long stress is a root cause Dr. Sheenu names. The point: fifteen minutes of calm each day is part of the plan.

Problem 6 · Racing heart, heat, sweating and anxiety

The problem the client names: "My heart races, I sweat all the time, I cannot sit still and I cannot sleep."

The pain behind it: Feeling out of control in the body and the mind, being seen as nervous or short-tempered, and the fear that the heart is in danger.

#	Post topic	The one point the post makes
1	"I cannot switch off"	Racing thoughts and no sleep wear people out. The point: in Dr. Sheenu's picture, anxiety and no sleep are signs of a thyroid that is too fast.
2	Hot when everyone is cold	Sweating in a cool room gets noticed. The point: feeling hot and sweaty is one of the high-thyroid signs.
3	The heart comes first	A racing heart is not for guessing. The point: it goes to the doctor first, before any food plan.
4	Not the same as the slow thyroid	Many assume all thyroid problems are alike. The point: the two are opposite, so the plans are different.
5	Calm without a herb on your own	People reach for herbs to calm down. The point: each herb has a caution with thyroid medicine, so ask your doctor first.

Problem 7 · Weight loss and being too thin

The problem the client names: "I eat well and still lose weight, and I look weak."

The pain behind it: Being told to eat more by everyone, feeling weak and fragile, and fear that the body is wasting away.

#	Post topic	The one point the post makes
1	"Everyone says I am lucky to be thin"	Weight loss is not always a gift. The point: with an overactive thyroid, thin and weak go together.
2	Eating more, weighing less	A bigger appetite with weight loss confuses people. The point: this is the hyper pattern in Dr. Sheenu's table.
3	Skipping meals is the enemy	Busy people skip meals. The point: for an overactive thyroid, regular meals matter more than ever.
4	The opposite plan	Advice for weight loss does not fit this client. The point: the plan here goes in the other direction from the slow thyroid.
5	With your doctor	Weight loss can come with a racing heart. The point: the doctor stays in charge of the medicine and checks the heart.

Problem 8 · Taking the tablet, and reports that do not match how they feel

The problem the client names: "I take my tablet every day, my report says normal, and I still do not feel well."

The pain behind it: Feeling unheard, confused by numbers and the worry that they will depend on a tablet for life. Behind it, a loss of trust in their own body.

#	Post topic	The one point the post makes
1	"My TSH is normal but I feel unwell"	Many are told all is fine. The point: Dr. Sheenu says to look beyond TSH, to T3, T4, iron and the antibodies.
2	Your tablet in the morning	Small habits change absorption. The point: plain water, the same time daily and a gap before food, as the doctor said.
3	Coffee with the tablet	Many take the tablet with tea or coffee. The point: coffee and dairy slow absorption, so ask your doctor about the gap.
4	Three levels of tests	Few know there is more than one thyroid panel. The point: normal, free and functional tests show different depth.
5	High TSH and no tablet	Starting alone is risky. The point: a high report goes to the doctor first, and we work alongside.

Problem 9 · Irregular periods, pregnancy and the change of life

The problem the client names: "My periods are irregular, I am planning a baby or am pregnant, or I am near menopause, and I worry about my thyroid."

The pain behind it: Worry about the baby or about fertility, fear of doing something wrong, and feeling that everyone has an opinion but nobody explains.

#	Post topic	The one point the post makes
1	"Is my thyroid affecting my periods?"	Not knowing causes worry. The point: irregular periods are common with a thyroid problem, and the doctor reads the reports.
2	Pregnancy and the thyroid	Pregnancy brings extra care. The point: Dr. Sheenu says the doctor leads, with no calorie deficit and extra care with herbs.
3	T3 in menopause and pregnancy	A normal TSH can mislead. The point: T3 often fails to activate in both, so it is worth asking about.
4	Tablets and supplements	Iron, calcium and multivitamins are often prescribed. The point: keep them away from the thyroid tablet by the gap your doctor gives, and never stop them on your own.
5	Family support	A family that understands makes this easier. The point: a calm, informed home helps the client more than advice.

5.4 VSL script (video sales letter)

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

Block	What the coach says
1 · Hook (first 15 seconds)	"If you are tired by the afternoon, cold when others are not, gaining weight on the same food, losing hair, and your report says everything is normal, this is for you." "You are not lazy, and it is not your fault. In the next few minutes I will show you what may be really going on, and a way through, with your doctor beside you."

Block	What the coach says
2 · The problem	"Many people with a thyroid problem are told: it is just the thyroid, take the tablet. So they carry on alone. They try a new diet, a herb from a friend, a late-night video. One part at a time. And nothing holds." "Underneath, the thyroid is a small gland in the neck that manages almost every organ in the body. When it slows down, the body feels cold, the digestion slows, the mind gets foggy, the weight goes up, and hair and skin change. That is why these problems come together." "And underneath that, there is often something else: long stress, no time for yourself, and no one to guide you step by step."
3 · The solution	"At Healthyfy we look at the whole person, not one number. Dr. Sheenu looks at the thyroid, the reports, the food, the stress and the daily routine together." "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 and side effects, your lifestyle, the root cause, your first priority, and a Blueprint with an action plan 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."
4 · Testimonial, as a case study (no name)	**Their situation:** "[Describe a consented client as a pattern only: for example, tired in the afternoon, weight going up on the same food, hair thinning. No name, age or job.]" **What was done together:** "[In one or two lines: what the client and coach worked on together, for example the tablet routine as the doctor advised, meals at fixed times, a simple evening routine, and stress practice, alongside the doctor.]" **What changed, in their words:** "[In the client's own words, and with the time taken: for example, more energy, fewer inches, feeling clearer. 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 Thyroid Coach Guide

BY DR. DT. SHEENU SANJEEV

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

INSIDE THIS GUIDE

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



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