

**Checklist**

Phase		Remove			Replace				Repair				Post Phase			
Day of the week		S	Sn	M	T	W	Th	F	S	Sn	M	T	W	Th	F	S
Number		1	2	3	4	5	6	7	8	9	10	11	12	13	14	
<b>Home Wellness guidelines</b>																
	Three meals															
	Water intake in ounces															
	Self-massage															
	Steam or shower															
	Yoga															
	Breathwork															
	Meditation															
	Hydration therapy															
<b>Daily Routines</b>																
	Rising time															
	CCF tea															
	Lunch time															
	Bed time															
	Recapitulation															
<b>Before every meal</b>																
Sweet ease	Blood sugar															
<i>Pitta</i> digest	Digestion															
<b>After every meal</b>																
Kidney F.	Lymph/Adrenal															
Immune	Bile/Liver															
Turmeric	Colon															
Shilajit	Energy															
<b>Other /Evening:</b>																
Triphala	Bowel															
<b>Other:</b>																