

GO CLEAN AND LEAN Health Profile



Do You Have Chronic Inflammation?

The ancient Greeks described inflammation as "the internal fire". Anyone who has cut, sprained, or burned themselves has experienced pain, heat, redness, and swelling - the sure signs of acute inflammation. Inflammation is one of the body's natural ways of protecting itself from foreign invaders like viruses, fungi, bacteria, chemicals, toxins, etc. In all these cases, inflammation is a good and natural thing. Without it, wounds would never heal, and germs would win the war. Unfortunately, as with any process in the body, it is possible to have too much of a good thing.

Doctors are now recognizing chronic inflammation as the link between many debilitating diseases. Chronic inflammation is very different from acute inflammation. Chronic inflammation is not the kind you can feel or even something you can see under a microscope.

"It's very subtle," says Professor Joel Mason, M.D., director of the Vitamins and Carcinogenesis Laboratory at the Jean Mayer USDA Human Nutrition Research Center on Aging (HNRCA) at Tufts. "It's inflammation on a biochemical level." Mason says "There is a lot of research going on into what role inflammation plays in a lot of the chronic degenerative diseases that our society falls prey to."

***"Inflammation is a "hot" topic in medicine.
It appears connected to almost every known chronic disease."***

~ Dr. Mark Hyman

Your Name: _____ Phone: _____ Email: _____

Referring HBN Member: _____ Phone: _____ Email: _____

Disclaimer: This document is for your private use should you wish to complete it. Our intent is that this guide is helpful in revealing the value and correlation of nutrition and overall health. Should you choose to create and implement a nutritional protocol, you can use this guide to monitor your results over the next 6 months.

Instructions: Rate the symptoms below, based upon your typical health profile over the past 30 days, using the following scale:

0 Never or almost never have	1 Occasionally have, effect is not severe	2 Occasionally have, effect is severe	3 Frequently have, effect is not severe	4 Frequently have, effect is severe
<p>HEAD</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Faintness</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Insomnia</p> <p><input type="checkbox"/> Total</p> <p>EYES</p> <p><input type="checkbox"/> Watery or itchy eyes</p> <p><input type="checkbox"/> Swollen/red/sticky eyelids</p> <p><input type="checkbox"/> Bags/dark circles under eyes</p> <p><input type="checkbox"/> Blurred or tunnel vision</p> <p><input type="checkbox"/> Total</p> <p>MOUTH/THROAT</p> <p><input type="checkbox"/> Chronic coughing</p> <p><input type="checkbox"/> Frequent need to clear throat</p> <p><input type="checkbox"/> Sore throat, hoarseness</p> <p><input type="checkbox"/> Discolored tongue/gums/lips</p> <p><input type="checkbox"/> Canker sores</p> <p><input type="checkbox"/> Total</p> <p>NOSE</p> <p><input type="checkbox"/> Stuffy nose</p> <p><input type="checkbox"/> Sinus problems</p> <p><input type="checkbox"/> Hay fever</p> <p><input type="checkbox"/> Sneezing attacks</p> <p><input type="checkbox"/> Excessive mucus formation</p> <p><input type="checkbox"/> Total</p>	<p>SKIN</p> <p><input type="checkbox"/> Acne</p> <p><input type="checkbox"/> Hives, rashes, dry skin</p> <p><input type="checkbox"/> Hair loss</p> <p><input type="checkbox"/> Flushing, hot flashes</p> <p><input type="checkbox"/> Excessive sweating</p> <p><input type="checkbox"/> Total</p> <p>WEIGHT</p> <p><input type="checkbox"/> Craving certain foods</p> <p><input type="checkbox"/> Excessive weight gain</p> <p><input type="checkbox"/> Water retention</p> <p><input type="checkbox"/> Underweight</p> <p><input type="checkbox"/> Total</p> <p>ENERGY/ACTIVITY</p> <p><input type="checkbox"/> Fatigue, sluggishness</p> <p><input type="checkbox"/> Apathy, lethargy</p> <p><input type="checkbox"/> Hyperactivity</p> <p><input type="checkbox"/> Restlessness</p> <p><input type="checkbox"/> Total</p> <p>DIGESTIVE TRACT</p> <p><input type="checkbox"/> Nausea, vomiting</p> <p><input type="checkbox"/> Belching, passing gas</p> <p><input type="checkbox"/> Heartburn</p> <p><input type="checkbox"/> Bloating feeling</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Intestinal/stomach pain</p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Total</p>	<p>EARS</p> <p><input type="checkbox"/> Ears itch</p> <p><input type="checkbox"/> Earaches, ear infections</p> <p><input type="checkbox"/> Drainage from ear</p> <p><input type="checkbox"/> Ringing/hearing loss</p> <p><input type="checkbox"/> Total</p> <p>EMOTIONS</p> <p><input type="checkbox"/> Mood swings</p> <p><input type="checkbox"/> Anxiety, fear, nervousness</p> <p><input type="checkbox"/> Anger, irritability, aggression</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Total</p> <p>LUNGS</p> <p><input type="checkbox"/> Chest congestion</p> <p><input type="checkbox"/> Asthma, bronchitis</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Difficulty breathing</p> <p><input type="checkbox"/> Total</p> <p>JOINTS & MUSCLES</p> <p><input type="checkbox"/> Joint pain or aches</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Joint stiffness</p> <p><input type="checkbox"/> Muscle pain or aches</p> <p><input type="checkbox"/> Weakness or tiredness</p> <p><input type="checkbox"/> Total</p>	<p>MIND</p> <p><input type="checkbox"/> Poor memory</p> <p><input type="checkbox"/> Stuttering or stammering</p> <p><input type="checkbox"/> Poor concentration</p> <p><input type="checkbox"/> Slurred speech</p> <p><input type="checkbox"/> Poor physical coordination</p> <p><input type="checkbox"/> Learning disabilities</p> <p><input type="checkbox"/> Difficulty making decisions</p> <p><input type="checkbox"/> Poor comprehension</p> <p><input type="checkbox"/> Total</p> <p>HEART</p> <p><input type="checkbox"/> Irregular or skipped beat</p> <p><input type="checkbox"/> Rapid or pounding heart</p> <p><input type="checkbox"/> Chest Pain</p> <p><input type="checkbox"/> Total</p> <p>OTHER</p> <p><input type="checkbox"/> Frequent illness</p> <p><input type="checkbox"/> Frequent or urgent urination</p> <p><input type="checkbox"/> Genital itch or discharge</p> <p><input type="checkbox"/> Total</p>	

6 Month Health Journal

DISCLAIMER: This document is for your private use should you wish to complete it. Our intent is that this guide is helpful in revealing the value and correlation of nutrition and overall health. Should you choose to create and implement a nutritional protocol, you can use this guide to monitor your results over the next 6 months. **INSTRUCTIONS:** Rate the symptoms below, based upon your typical health profile over the past 30 days, using the following scale:

0
Never or almost never have
1
Occasionally have, effect is not severe
2
Occasionally have, effect is severe
3
Frequently have, effect is not severe
4
Frequently have, effect is severe

HEAD	1	2	3	4	5	6	WEIGHT	1	2	3	4	5	6	LUNGS	1	2	3	4	5	6
Headache							Craving certain foods							Chest congestion						
Faintness							Excessive weight gain							Asthma, bronchitis						
Dizziness							Water retention							Shortness of breath						
Insomnia							Underweight							Difficulty breathing						
TOTAL							TOTAL							TOTAL						
EYES	1	2	3	4	5	6	ENERGY/ACTIVITY	1	2	3	4	5	6	JOINTS & MUSCLES	1	2	3	4	5	6
Watery or itchy eyes							Fatigue, sluggishness							Joint pain or aches						
Swollen/red/sticky eyelids							Apathy, lethargy							Arthritis						
Bags/dark circles							Hyperactivity							Joint stiffness						
Blurred or tunnel vision							Restlessness							Muscle pain or aches						
TOTAL							TOTAL							TOTAL						
MOUTH/THROAT	1	2	3	4	5	6	DIGESTIVE TRACT	1	2	3	4	5	6	TOTAL						
Chronic coughing							Nausea, vomiting							MIND	1	2	3	4	5	6
Frequent need to clear throat							Belching, passing gas							Poor memory						
Sore throat, hoarseness							Heartburn							Stuttering/stammering						
Discolored tongue/gums/lips							Bloated feeling							Poor concentration						
Canker sores							Diarrhea							Slurred speech						
TOTAL							TOTAL							TOTAL						
NOSE	1	2	3	4	5	6	Constipation							Learning disabilities						
Stuffy nose							TOTAL							Difficulty making decisions						
Sinus problems							EARS	1	2	3	4	5	6	Poor comprehension						
Hay fever							Ears itch							TOTAL						
Sneezing attacks							Earaches, ear infections							HEART	1	2	3	4	5	6
Excessive mucus formation							Drainage from ear							Irregular or skipped beat						
TOTAL							Ringing/hearing loss							Rapid or pounding heart						
SKIN	1	2	3	4	5	6	TOTAL							Chest Pain						
Acne							EMOTIONS	1	2	3	4	5	6	TOTAL						
Hives, rashes, dry skin							Mood swings							OTHER	1	2	3	4	5	6
Hair loss							Anxiety, fear, nervousness							Frequent illness						
Flushing, hot flashes							Anger, irritability, aggression							Frequent/urgent urination						
Excessive sweating							Depression							Genital itch or discharge						
TOTAL							TOTAL							TOTAL						

TRACK HBN PRODUCTS USED

	1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6
Mind							Calm							Pink Grapefruit						
Body							DyGest							Prosper						
Soul							Eucalyptus Radiata							Protector						
Nourish							Focus							Ravintsara						
Slimmer							Frankincense							Rose Geranium						
VitaliTea							HepaDetox							Still						
Sesso Dolce							Kids Wellness							Sweet Marjoram						
Adult Wellness							Lavender Ice							Sweet Orange						
Align							Lavender, Vera							Tea Tree						
Black Spruce							Lemon							Trauma Relief						
Breathe							Peppermint							Tri Remedy						