



Shea Lynn Baird & Stephen J. Barlow

colon hydrotherapy & cleansing programs  
food allergy & sensitivity testing  
d-tox foot baths & infrared sauna

## We Call This 'Booty Boot Camp' For A Reason...

We LOVE bringing clients through Booty Boot Camp -

But know this: We call this Booty Boot Camp for a reason - good, thorough cleansing can be intense!

And to prove it we're going to make you sign several intakes and releases for services (enclosed).

### **Before scheduling your 10-Day Booty Boot Camp:**

- Go to our website and read the Contraindications list for each of the included services.
- Go to our website and read any of the information sheets for each of the included services.
- Please call us with any questions you might have before your Boot Camp starts - we want to help you put a Boot Camp together that works best for you!

### **When you call to schedule your 10-Day Booty Boot Camp:**

- Decide what your 10-Day Booty Boot Camp food plan/program will be, and which cleanse supplements (version of Boot Camp) you are choosing- we are here if you need suggestions and support.
- Choose appointment times work for you - Boot Camps are complicated scheduling. Once we get you scheduled in we can't guarantee that changes can be made if needed.

### **The day of your first 10-Day Booty Boot Camp session:**

- Please have the following (enclosed) paperwork filled out and with you at the first of your appointments: 10-Day Booty Boot Camp Intake, D-Tox Foot Bath Intake, Infrared Sauna Intake & Liver & Gallbladder Flush Intake.

### **During your 10-Day Booty Boot Camp:**

- It is very important to take a **probiotic supplement** during your Boot Camp and for awhile after the session(s), but you can also begin beforehand. Probiotics are the helpful, healthy bacteria and microorganisms that should live in the digestive system.
- Whatever your food plan is - stick with it! And if you are going to be eating cooked foods during your Boot Camp, consider a good broad spectrum **enzyme supplement**. Please arrive in a calm, relaxed state and be on time for your appointments.

**If you have any questions or concerns before your 10-Day Booty Boot Camp begins, please do not hesitate to call us.**

Woo hoo - this is exciting!

A handwritten signature in black ink, appearing to read "SLB", is shown on a light-colored background.

Shea Lynn Baird

Because the Road to Health is Paved with Good Intestines!!!!



# EBCS Chart Form : Intake - 10-Day Booty Boot Camp

**CONTACT INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing address (inc zip) \_\_\_\_\_

PH #'s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**GENERAL INFORMATION:**

I have \_\_\_\_\_ (# of) bowel movements a day / week. This is typical for me: Yes / No

When was your last bowel movement? \_\_\_\_\_ It was: easy / difficult / painful / soft / loose/ hard

**10-DAY BOOTY BOOT CAMP INFORMATION:**

What are your reasons for starting Booty Boot camp today? \_\_\_\_\_

I understand that the services included in the 10-Day Booty Boot camp are: Colon Hydrotherapy, Infrared Sauna &amp; D-Tox Foot Bath - and also includes a Liver &amp; Gallbladder Flush: YES / NO

I have read (and understand) the Contraindications list for each of these services, and do not have any of the conditions on these lists: YES / NO Are you pregnant: Yes / No

I understand that I will be given three types of Colon Implants (chlorophyll, coffee &amp; probiotics), and I am stating here that I don't have any known allergy or reaction to any of these three substances: YES / NO

I understand that I will be taking malic acid for my Liver &amp; Gallbladder Flush and I am stating here that I don't have any known allergy or reaction to this supplement: YES / NO

For my Booty Boot Camp I have chosen, and know how to use (circle one)

Oxy-Powder (standard) / Blessed Herbs (upgrade)

I understand that the same Policy Agreement I signed for Colon Hydrotherapy on my first visit applies to the 10-Day Booty Boot Camp, and I will be given a copy of my signed Agreement upon request: YES / NO

Please describe the diet or food plan you have chosen to follow for your 10-Day Booty Boot Camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current weight: \_\_\_\_\_ Water consumed in last 24 hours: \_\_\_\_\_ oz typical? : \_\_\_\_\_

Have you started under any kind of Dr.'s care? Yes / No If yes, please list physician's and treatments: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ AND SIGN BELOW:** I understand that the 10-Day Booty Boot Camp is not a replacement for medical care and that no diagnosis will be made. I understand that if I have any question as to the appropriateness of the 10-Day Booty Boot Camp for myself at this time it is up to me to consult with my doctor.

\_\_\_\_\_  
Signature of Client\_\_\_\_\_  
Date of Signature\_\_\_\_\_  
Signature of Therapist\_\_\_\_\_  
Date of Signature



# EBCS Chart Form : Intake - D-Tox Foot bath

**CONTACT INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing address (inc zip) \_\_\_\_\_

PH #'s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ May I send you an e-newsletter? YES / NO

**GENERAL INFORMATION:**

Have you ever had an ionic detox foot bath session before? YES / NO

If yes, when was your last session? \_\_\_\_\_ Where? \_\_\_\_\_

What are your reasons for wanting a session today? \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Supplements: \_\_\_\_\_

What are you eating? (Be honest....) what have you had in the last 24 hours?

For breakfast: \_\_\_\_\_ lunch: \_\_\_\_\_ dinner: \_\_\_\_\_

Is this typical? If not, what is? \_\_\_\_\_

Do you: coffee / tea / soda / dairy / meat / grains / sugar / fried food / fast food / alcohol / tobacco / drugs

Current weight: \_\_\_\_\_ Water consumed in last 24 hours: \_\_\_\_\_ oz typical? : \_\_\_\_\_

Are you under any kind of Dr.'s care? Yes / No If yes, please list physician's and treatments: \_\_\_\_\_

**CONTRAINDICATIONS:**

Ionic Foot Baths are not suitable for everyone, If you have the following conditions, we recommend that you do not use the ion spa. If you have any other concerns regarding the use of the spa for health reasons, we recommend that you consult your doctor.

Do you wear a pulse adjuster, pace maker, metal or other electromagnetism devices? \_\_\_\_\_

Have you undergone heart transplantation? \_\_\_\_\_ Do you have hypertension? \_\_\_\_\_

Do you have open wounds on your feet.? \_\_\_\_\_ (If so, you may soak your hands instead)

Are you a blood cancer patient? \_\_\_\_\_ Are you suffering from fever? \_\_\_\_\_

Have you been diagnosed with serious illness? \_\_\_\_\_ If so, what? \_\_\_\_\_

Women only: Are you pregnant? Yes / No

Anything else you'd like me to know? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW: I understand that a D-Tox Foot Bath is not a replacement for medical care and that no diagnosis will be made. I understand that if I have any question as to the appropriateness of a D-Tox Foot Bath for myself at this time it is up to me to consult with my doctor.**

\_\_\_\_\_  
Signature of Client\_\_\_\_\_  
Date of Signature\_\_\_\_\_  
Signature of Foot Bath Attendant\_\_\_\_\_  
Date of Signature



## EBCS Chart Form : Intake - Infrared Sauna

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### CONTACT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing address (inc zip) \_\_\_\_\_

PH #'s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ May I send you an e-newsletter? YES / NO

### GENERAL INFORMATION:

Have you ever had an Infra Red Sauna Session before? YES / NO

If yes, when was your last session? \_\_\_\_\_ Where? \_\_\_\_\_

What are your reasons for wanting a session today? \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Supplements: \_\_\_\_\_

Do you: coffee / tea / soda / dairy / meat / grains / sugar / fried food / fast food / alcohol / tobacco / drugs

Current weight: \_\_\_\_\_ Water consumed in last 24 hours: \_\_\_\_\_ oz typical? : \_\_\_\_\_

Are you under any kind of Dr.'s care? Yes / No If yes, please list physician's and treatments: \_\_\_\_\_

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### CONTRAINDICATIONS:

Saunas are not suitable for everyone, If you have the following conditions, we recommend that you do not use the Infrared Sauna. If you have any other concerns regarding the use of the sauna for health reasons, we recommend that you consult your doctor.

DO NOT attempt to self-treat any disease with an Infrared Sauna without direct supervision of a certified physician. If you have a disease, be certain to consult with your primary-care physician before using an Infrared Sauna. In all situations, hydration is a requirement for sauna use. Drinking advanced electrolyte replacement water is recommended before and after sauna use.

**Medications:** Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for possible changes in the drugs effect when the body is exposed to Far infrared waves or elevated body temperature. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms. Some over the counter drugs such as antihistamines may also cause the body to be more prone to heat stroke.

**Children:** The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. Consult with the child's Pediatrician before using the sauna.

**The Elderly:** The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes in order to maintain core body temperature.

**Cardiovascular Conditions:** Individuals with cardiovascular conditions or problems (hypertension / hypo tension), congestive heart failure, impaired coronary circulation or those who are taking medications, which might affect blood pressure, should exercise extreme caution when exposed to prolonged heat. Heat stress increases cardiac output, blood flow, in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart

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## EBCS Chart Form : Intake - Infrared Sauna

rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.

**Alcohol / Alcohol Abuse:** Contrary to popular belief, it is not advisable to attempt to “Sweat Out” a hangover. Alcohol intoxication decreases a person’s judgment; therefore they may not realize it when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.

**Chronic Conditions / Diseases Associated With A Reduced Ability To Sweat Or Perspire:** Parkinson’s, Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating. Hemophiliacs / Individuals Prone To Bleeding The use of Infrared should be avoided by anyone who is predisposed to bleeding.

**Fever:** An individual that has a fever should not use the Solo™ or any other type of sauna.

**Insensitivity to Heat:** An individual that has insensitivity to heat should not use the Solo™ or any other type of sauna.

**Pregnancy:** Pregnant women should consult a physician before using the Solo™ or any other type of sauna because fetal damage can occur with a certain elevated body temperature.

**Menstruation:** Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow. Some women endure this process to gain the pain relief commonly associated with their cycle whereas others simply choose to avoid sauna use during that time of the month.

**Joint Injury:** If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the hot and swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind. Vigorous heating is strictly contraindicated in cases of enclosed infections be they dental, in joints or in any other tissues.

**Implants:** Metal pins, rods, artificial joints or any other surgical implants generally reflect Far infrared waves and thus are not heated by this system, nevertheless you should consult your surgeon prior to using an Infrared Sauna. Certainly, the usage of an Infrared Sauna must be discontinued if you experience pain near any such implants. Silicone does absorb Far infrared energy. Implanted silicone or silicone prostheses for nose or ear replacement may be warmed by the Far infrared waves. Since silicone melts at over 200°C (392°F), it should not be adversely affected by the usage of an Infrared Sauna. It is still advised that you check with your surgeon and possibly a representative from the implant manufacturer to be certain.

**Pacemaker / Defibrillator:** The magnets used to assemble our units can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

**PLEASE READ AND SIGN BELOW: I understand that an Infrared Sauna is not a replacement for medical care and that no diagnosis will be made. I understand that if I have any question as to the appropriateness of an Infrared Sauna for myself at this time it is up to me to consult with my doctor.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Sauna Attendant

\_\_\_\_\_  
Date of Signature



Because the Road to Health is Paved with Good Intestines!!!!



# EBCS Chart Form : Intake - Liver & Gallbladder Flush

## CONTACT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing address (inc zip) \_\_\_\_\_

PH #'s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ May I send you an e-newsletter? YES / NO

## GENERAL INFORMATION:

Have you had a colonic since our last session? YES / NO If yes, when was your last session? \_\_\_\_\_

What are your reasons for wanting a session today? \_\_\_\_\_

What are your goals for doing a liver & gallbladder flush? \_\_\_\_\_

Have you done a liver & gallbladder flush before? YES / NO

If so, when? \_\_\_\_\_ Where you happy with the results? \_\_\_\_\_

I have \_\_\_\_\_ (# of) bowel movements a day / week. This is typical for me: Yes / No

When was your last bowel movement? \_\_\_\_\_ It was: easy / difficult / painful / soft / loose/ hard

### Please fill in CHANGES in your health since your last session *with me*.

Bowel issues or tendencies: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Supplements: \_\_\_\_\_

What are you eating? (Be honest....) what have you had in the last 48 hours?

For breakfast: \_\_\_\_\_ lunch: \_\_\_\_\_ dinner: \_\_\_\_\_

For breakfast: \_\_\_\_\_ lunch: \_\_\_\_\_ dinner: \_\_\_\_\_

Is this typical? If not, what is? \_\_\_\_\_

Do you: coffee / tea / soda / dairy / meat / grains / sugar / fried food / fast food / alcohol / tobacco / drugs

Current weight: \_\_\_\_\_ Water consumed in last 24 hours: \_\_\_\_\_ oz typical? : \_\_\_\_\_

Have you started under any kind of Dr.'s care? Yes / No If yes, please list physician's and treatments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List year and ALL operations and / or major illnesses (since out last visit): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Women only: Are you pregnant? Yes / No

Circle anything you'd like a reminder about during our session: digestion & pH / nutritional info

Is there anything else you'd like me to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**CONTRAINDICATIONS:**

Some health conditions are considered contraindications for Liver & Gallbladder Flushing. If you have any of the following conditions, or any other concerns regarding the use of Liver & Gallbladder Flushing for health reasons, we recommend that you consult with your doctor.

**Indications where Liver & Gallbladder Flushing is not appropriate:**

- Severe Constipation (it may be necessary to do a number of colonics prior to your flush so that the pathways of elimination are clear)
- Calcium Channel Blockers (taking for high blood pressure)
- Children
- Frequent Loose or Bloody Stools
- Nausea or Vomiting
- Pregnant or Lactating
- Severe Parasitic Infection
- Sick or Ill
- Stomach, Liver or Gallbladder Pain

**LIVER & GALLBLADDER FLUSHING IS NOT SUITABLE FOR EVERYONE.**

**Again, if you have a concern about your health or the appropriateness of Liver & Gallbladder Flushing for you, please consult with your doctor.**

**PLEASE READ AND SIGN BELOW:**

**I understand that a Liver & Gallbladder Flush is not a replacement for medical care and that no diagnosis will be made. I understand that if I have any question as to the appropriateness of a Liver & Gallbladder Flush for myself at this time it is up to me to consult with my doctor.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date of Signature



**Because the Road to Health is Paved with Good Intestines!!!!**



The following protocol was developed by Andrea Moritz, the author of “The Amazing Liver & Gallbladder Flush”. (Ener-Chi.com) We **HIGHLY RECOMMEND** that you read this book before undertaking a Flush.

### **THE IMPORTANCE OF LIVER & GALLBLADDER CLEANSING:**

People with acute, chronic and degenerative illnesses are likely to have a large amount of stones congesting the liver and gall bladder and their ducts. This in turn affects the entire digestive function. By removing the stones through a series of liver cleanses, as outlined in the next section, and maintaining a healthy diet and lifestyle as outlined in *Heal From the Inside Out*, the liver and gall bladder have the ability to be restored to their natural efficiency.

Symptoms of discomfort and disease are given the chance to subside and health regained. Allergies and back pain may also lessen or even disappear. Energy and the sense of well-being are encouraged to miraculously return. Cleansing the liver and gall bladder from stones is one of the most important therapies to do for improving health.

Andreas Moritz, author of “The Amazing Liver Cleanse” and a health consultant and a practitioner of Ayurvedic Medicine, outlines the importance of liver cleansing very succinctly. He writes, “Because the liver is the main organ responsible for processing, converting, distributing and maintaining the body’s fuel supply, obstructive gallstones can greatly impair the capacity to deliver the right amount of nutrients and energy to the right places at the right times. This can upset the very delicate balance in the body, i.e., homeostasis, and disrupt any of its systems and organs. Freeing the liver and gallbladder from all stones, not only helps to restore balance and set the precondition for the body to heal itself, but is perhaps one of the best precautions one can take to protect oneself against illness in the future.”

You can often expect dramatic results even from the first cleanse. The morning after, you will have bowel movements mixed with food particles and floating green and tan colored stones in all shapes and sizes. The ones that float contain cholesterol and the ones that sink contain heavier toxic metals.

### **THE “NO APPLE JUICE’ LIVER & GALLBLADDER FLUSH:**

To flush your liver and gall bladder of stones successfully, you must soften the stones so that they can leave your body easily. The easiest way to do that naturally is with high doses of malic acid. Most liver & gall bladder flushing protocols use large quantities of apple juice over a period of 1 – 5 days to soften stones, as apples have a high malic acid content. As wonderfully as this works to achieve the goal of stone softening, the high sugar content of that much apple juice also tends to serve as a great source of food for candida (yeast) and this can cause as many problems as it solves. Now there is a way to cleanse the liver without using apple juice as the way to soften the deposits in the liver and gallbladder. No more bloating, feeding candida and other infestations or imbalancing your blood sugar levels... The “No Apple Juice” Liver Cleanse uses Malic Acid powder mixed with water. This supplement softens the stones in the liver and gallbladder without the complications of apple juice.

### **HERE’S AN OVERVIEW OF HOW IT WORKS:**

Depending on your health and cleansing history, and your colon’s transit time (the time it takes for food to move through you), you would do at least one, if not two, colon hydrotherapy sessions the week prior to beginning the actual flush products to help empty out your colon of any accumulated waste.



## EBCS Info Sheet : Liver & Gallbladder Flush Protocol

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On day one of your actual flush, you begin drinking 1 quart of malic acid water a day, for six days, while avoiding acid forming foods. The natural acids in the malic acid powder are used to soften hardened bile and other waste products that have collected in the liver and gall bladder. An optimal diet during this time would be a raw veggie diet, with a high percentage of blended (or 'soft') foods, and lots of

fresh veggie juice. The raw foods diet may not be possible for some people, so at least avoiding the obvious acid-forming foods is wise. (No coffee, tea, soda, alcohol, sugar, animal products (this means flesh *and* fluids), flour, fried foods, heavy nuts, and smoking. It is also best to avoid foods that are cold or have been chilled. (Cold or chilled foods or drinks chill the liver, thereby making cleansing more difficult.) If you've only had one of your colon therapy sessions prior to beginning the flush protocol, then you can schedule your second one during the first 5 days of this six-day period.

The sixth day of the flush, the day you begin the remaining products, is the perfect day to schedule your third colon therapy session. That evening magnesium (Epsom salts) is ingested to relax the smooth muscle lining in the bile ducts, making it possible for larger stones to pass, without pain. Before bed on the sixth day you will also drink the olive oil, grapefruit juice and walnut hull tincture solution. The oil acts as the stimulant for gall bladder contraction, forcing the loosened bile and waste materials out of the gall bladder and liver through the relaxed bile ducts. The citrus juice acts to help draw stones out of the gallbladder, and the walnut hull tincture helps to cleanse potential parasites. Finally, on the morning of day seven you finish your magnesium (Epsom salts) solution. Also this is the perfect day for your fourth and final colon hydrotherapy session, although you can schedule it any time up to day ten, to release any remaining wastes from the liver, gall bladder and lower G.I. tract.

Andreas Moritz, author of "The Amazing Liver & Gallbladder Flush," highly recommends that you repeat this flush every 3-4 weeks until you have completed at least two consecutive flushes with no stones being produced. He says this can take from up to 8 - 12 flushes. At that point you can decide to do yearly or twice yearly flushes.

Andreas also highly recommends that if you decide to truly commit to a liver and gallbladder flushing protocol like this that you take a break after the first 2 - 4 flushes to spend some time cleansing your kidneys, and again after the liver has been completely cleaned out. In addition to this, you may also drink the kidney tea for 3 - 5 days after each flush. The kidney cleansing protocol he suggests is very simple, and consists of drinking a specific kidney flush herbal tea preparation for about 21 days. His recommended supplier is Present Moment Books and Herbs, 800-378-3245, or PresentMoment.com



Because the Road to Health is Paved with Good Intestines!!!!



The following protocol was developed by Andrea Moritz, the author of “The Amazing Liver & Gallbladder Flush”. (Ener-Chi.com) We HIGHLY RECOMMEND that you read this book before undertaking a Flush.

### DOING A LIVER & GALLBLADDER FLUSH YOU WILL NEED:

- 1 gallon of water
- 6 Teaspoons of Malic Acid powder\*
- 4 Tablespoons Epsom salts\*
- ½ cup cold-pressed organic extra virgin olive oil
- ¾ cup grapefruit juice (fresh or bottled), or fresh orange and lemon juice combined.
- Oxy-Powder Capsules (Optional - but highly recommended)\*

\* When liver & gall bladder through my office, the items marked w/ an \* are provided by me. Everything else you provide.

### DIRECTIONS:

#### The week prior to the cleanse:

Begin to practice the recommended dietary guidelines explained in the following section (“Days 1 - 6 of the cleanse protocol”). Have one or two of your colon hydrotherapy sessions to start to cleanse your colon of potentially accumulated waste that can obstruct the stones. If you have decided to use the product Oxy-Powder to help flush your system, begin this week to find your good flushing dose. Start

with 2 or 3 capsules at least 2 hours after eating, but one hour before bed. Take with water with half a lemon or lime squeezed in. (The lemon or lime help your body produce hydrochloric acid, which helps to activate the Oxy-Powder.) When you find the number of capsules that produces 3 - 5 loose stools the next day, stick with taking that number of capsules nightly.

#### Days 1 – 6 of the cleanse protocol:

Add 1 teaspoon Malic Acid powder to 1 quart (32 ounces) of water. Drink one quart of this solution throughout the day, preferably before and in between meals, for 6 days. IF it is too strong, you can add more water to the solution. Eat lighter than usual, preferable ‘raw’, ‘vegan’ and ‘soft’ foods - avoiding coffee, tea, soda, alcohol, sugar, animal products (this means flesh *and* fluids), flour, fried foods, heavy nuts, and smoking. It is also best to avoid foods that are cold or have been chilled. (Cold or chilled foods or drinks chill the liver, thereby making cleansing more difficult.) This will yield the best results.

#### The morning of the third day:

If you’ve only had one of your three colon hydrotherapy session, this is a great day to have your second session. If you’ve had two already, but feel clogged, you may decide to book an additional session for right now. Or, you can always do a very thorough enema.

It is not uncommon to notice greenish objects in the waste expelled during the colonic, measuring from 1/8 to ¾ inch in diameter. Many will be quite soft, while others may be hard and stone-like. Sometimes, they are seen in the stool for several days following the flush. If you are unable to schedule colon hydrotherapy, you should do an enema. Ideally, for best results, doing some type of colon cleansing before the liver cleanse is optimal. This just insures that the liver/gallbladder congestion has a way out! Make sure to drink at least ½ ounce of water, per pound of body weight, each day for flushing purposes...



## EBCS Info Sheet : Liver & Gallbladder Flush Protocol

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### Day six:

At **1PM** on the sixth day of drinking your Malic Acid preparation, stop eating. You may drink plain water or up to 1 quart (32 ounces) of fresh green veggie juices the rest of the day.

At **6PM**, mix the 4 tablespoons of Epsom salts in 3 cups of water. Drink  $\frac{3}{4}$  cup now. Have another  $\frac{3}{4}$  cup at **8PM**. If you have not had a bowel movement it is a good idea to do an enema now... If you have been taking Oxy-Powder during your flush, you will **NOT** take it tonight.

At **9:30 – 10PM** mix the olive oil, grapefruit juice/or fresh lemon and orange combined (all organic when possible) in a jar with a lid. Stand by the side of your bed, shake the mixture well and drink it, all of it... Then, retire for the night. Lie on your right side with your right knee drawn up to your chest or on your back. **DO NOT MOVE or speak** for at least 20 minutes. This will help facilitate the movement of the oil from the stomach into the small intestine. You may have occasional episodes of nausea or cramping as the gall bladder periodically contracts, or as toxins pour out of your liver. At this point just RELAX and try to fall asleep.

If at any time during the night you feel the urge to have a bowel movement, do so. Check to see if there are already small gallstones (pea green or tan colored ones) floating in the toilet.

### Day 7:

Drink your third dose of  $\frac{3}{4}$  cup Epsom salt water at **6:00AM**. You may go back to sleep at this time **AS LONG AS YOU ARE SITTING UP**. Drink your final  $\frac{3}{4}$  cup does of Epsom salt water at **8:00 AM**. Stay close to the toilet for the next several hours. **10 - 10:30 AM** you may drink fresh pressed fruit juices at this time. One half-hour later you may eat one or two pieces of fresh fruit. One hour later you may regular (but light) food. This the best day to have your third colon hydrotherapy session (up to day ten is good – depending on transit time). By the evening or the next morning you should be back to normal and feel signs of improvement.

Continue to eat light meals during the following 2-3 days.

*Note: drink water whenever you are thirsty, except for right after taking the Epsom salts and for the first two hours after drinking the olive oil mixture.*

**Caution: Do not do this liver cleanse if you are sick or have any other medical concerns. Always consult your physician or health care professional first.**



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