

## **Ito Chiropractic and Nutritional Therapy**

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### **WHY SHOULD I DO A PURIFICATION PROGRAM?**

- The Environmental Protection Agency reports that the average American consumes four pounds of pesticides each year.
- Cancer and cardiovascular disease, arthritis, allergies, obesity and many skin problems are the result of increased toxicity.
- More than 3,000 chemical additives are found in the foods we eat.
- A wide range of symptoms, such as headaches, fatigue, pains, coughs, gastrointestinal problems and problems from immune weakness can all be related to toxicity.
- The toxins that are in our bodies are held primarily in our fat tissue, therefore making it more difficult to lose weight.
- The average American diet is loaded with added and hidden sugars, unhealthy trans fats, and highly processed foods that are nutritionally void.

***The good news is, you can do something about it.***

Learn how easy and enjoyable it is to make healthy choices. With the **Standard Process 21-Day Purification Program**, you can turn those choices into habits and turn those habits into meaningful, healthy change.

### **Change your habits. Change your life.**

The Standard Process 21-Day Purification Program supports the whole body's natural toxin-metabolism processes. Patients who have finished the purification program found:

- Weight Loss of 5 –15 pounds
- Reduced inches in waist / hips
- Decreased Aches and Pains
- Reduced GERD / heartburn
- Improved Mental Clarity
- Improved Sleep
- Reduced Body Fat
- Decreased allergies to food and pollen
- Normal cholesterol blood levels
- Normal blood sugar levels
- Increased Energy
- Clearer Skin

Find out if you can benefit from a purification program!

By filling out the Toxicity questionnaire, Dr. Kerry will be able to assess your potential need for the purification program or other Standard Process products. The Toxicity questionnaire only takes a few minutes of your time. After you fill out the questionnaire, call the clinic to set up a free consultation with Dr. Kerry.

**Fill out the Toxicity questionnaire now to discover your Toxicity level!**

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### **STANDARD PROCESS PURIFICATION AND WEIGHT LOSS PROGRAM**

This program is a 21-day system to Purify and Detoxify your body. The program includes eating whole, organic, and unprocessed foods; taking supplements made from organic foods (not synthetic supplements made in a lab); and drinking plenty of water. You will eat a variety of veggies, fruit, and nuts for the first 10 days, before adding chicken and fish for the remaining days.

The Purification Program kit contains (1) SP Complete with protein, (1) SP Cleanse capsules, (2) Whole Food Fiber powder, (1) Cod Liver oil capsules, (2) Greens First powdered mix, a hardbound Purification Cookbook, and an instruction booklet. The Standard Process supplements are made from foods grown at an organic farm in Wisconsin, and processed on site. Also, your Purification Program will include 3 consultations with Dr. Kerry.

While on the Purification and Weight Loss program, patients experience increased energy, clearer thinking, weight loss, lower cholesterol / triglyceride levels, lower blood pressure, improved sleep, and clearer skin. Many patients also find that their joint pain / arthritic pain, and allergy symptoms are gone!

### **PURIFICATION PROGRAM SUMMARY**

1. You will take a **Toxicity Questionnaire** before beginning your Purification / Detox program. If possible, get a blood test before beginning your Purification. Dr. Kerry will take your body measurements and weight.
2. **SP Complete** shakes will be used throughout the Purification / Detox Program. The shake consists of:
  - a. **SP Complete Powder** – a vegetarian product that contains 30% whey protein, along with whole food nutritional supplementation. Provides anti-oxidants.
  - b. **Greens First Powder** – 15+ servings of organic veggies, with pro-biotics.
  - c. **SP Whole Food Fiber** – contains organic rice bran, oat bran, beets, carrots, and apple pectin.
  - d. Cold, refrigerated water
3. Days 1 – 10, you have 2-4 **SP Complete** shakes per day, along with organic vegetables and fruits (ones that are low in the glycemic index). Of all the fruits and veggies you eat, try for 75% vegetables and 25% fruits. You can also have ½ cup of cooked brown rice or 1 cup of cooked lentils per day. Use organic extra-virgin olive oil, organic coconut oil, tamari (non-gluten soy sauce), various spices and organic fresh herbs to cook with. Quinoa is an excellent, non-gluten source of protein.

4. Days 1-7, take 7 **SP Cleanse** capsules 3 times per day. SP Cleanse is only taken for the first 7 days. It is a vegetarian, detoxification supplement formulated to assist the body in removing toxins from the kidney, liver, and gastrointestinal system.
5. Days 1 -21, take 2 **Cod Liver Oil** capsules with your shakes (total of 4 capsules per day). Cod Liver Oil provides Omega-3 fatty oils, naturally occurring Vitamin A complex, and naturally occurring Vitamin D complex.
6. Drink 8 glasses of water per day throughout the program to flush out the toxins.
7. Days 11– 21, you continue with your **SP Complete** shakes and Cod Liver Oil. You now add meat protein to your diet (2 – 4 servings of wild fish, free-range chicken, or grass-fed beef per day - with most servings being fish). You continue to eat organic vegetables and fruits, and drink plenty of water.
8. During the entire program, you will be encouraged to exercise. You want to sweat out toxins and increase your metabolism.

#### Cost of the 21-Day Products

Product		
SP Complete	1 container	\$ 69.50
SP Cleanse	1 bottle	\$ 24.50
Whole Food Fiber	2 bottles	\$ 60 for two bottles
Cod Liver Oil capsules	1 bottle	\$ 44.50
Greens First	2 containers	\$ 89.00 for two containers
Purification Cookbook		\$ 11.00
Blender Bottle		\$ 7.00
Purification Daily Log		\$ 5.00
<b>Total Cost</b>		\$ 310.50 <b>Discount Price: \$267.00</b>

Included **FREE** with the Purification Program:

- Also, instructions on home therapies to increase the detoxification process and speed up weight loss.
- 3 consultations with Dr. Kerry (30-45 minutes each session). She will meet with you:
  - at the start of your Purification / Detox program (to take measurements, blood pressure, etc.)
  - after the first 10 days of the program (to monitor progress)
  - at the end of the program (to take post-purification measurements, and provide information on how to maintain your weight loss and health benefits!)

**While the initial cost of the 21-Day Program might seem high, our patients find that the amount of money spent eating out and on groceries is less during the Purification. So, the total cost of the Program and groceries during the 21 days is the same as your normal month's food bill.**

We want to help you reach your maximum health!

Take the free Toxicity questionnaire now to find out your Toxicity level.

**Call Dr. Kerry at (209) 473-3308 to start your Purification & Weight Loss Program!**

Name: \_\_\_\_\_

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

# Toxicity Questionnaire

The Toxicity Questionnaire is designed to aid the practitioner in assessing a patient's or client's potential need for a detoxification program.

## Section I: Symptoms

Rate each of the following based upon your health profile for the past 90 days.

Circle the corresponding number.	
0	Rarely or Never Experience the Symptom
1	Occasionally Experience the Symptom, Effect is Not Severe
2	Occasionally Experience the Symptom, Effect is Severe
3	Frequently Experience the Symptom, Effect is Not Severe
4	Frequently Experience the Symptom, Effect is Severe

### 1. DIGESTIVE

a. Nausea and/or vomiting	0	1	2	3	4
b. Diarrhea	0	1	2	3	4
c. Constipation	0	1	2	3	4
d. Bloating feeling	0	1	2	3	4
e. Belching and/or passing gas	0	1	2	3	4
f. Heartburn	0	1	2	3	4
Total: _____					

### 2. EARS

a. Itchy ears	0	1	2	3	4
b. Earaches or ear infections	0	1	2	3	4
c. Drainage from ear	0	1	2	3	4
d. Ringing in ears or hearing loss	0	1	2	3	4
Total: _____					

### 3. EMOTIONS

a. Mood swings	0	1	2	3	4
b. Anxiety, fear, or nervousness	0	1	2	3	4
c. Anger, irritability	0	1	2	3	4
d. Depression	0	1	2	3	4
e. Sense of despair	0	1	2	3	4
f. Uncaring or disinterested	0	1	2	3	4
Total: _____					

### 4. ENERGY / ACTIVITY

a. Fatigue or sluggishness	0	1	2	3	4
b. Hyperactivity	0	1	2	3	4
c. Restlessness	0	1	2	3	4
d. Insomnia	0	1	2	3	4
e. Startled awake at night	0	1	2	3	4
Total: _____					

### 5. EYES

a. Watery or itchy eyes	0	1	2	3	4
b. Swollen, reddened, or sticky eyelids	0	1	2	3	4
c. Dark circles under eyes	0	1	2	3	4
d. Blurred or tunnel vision	0	1	2	3	4
Total: _____					

### 6. HEAD

a. Headaches	0	1	2	3	4
b. Faintness	0	1	2	3	4
c. Dizziness	0	1	2	3	4
d. Pressure	0	1	2	3	4
Total: _____					

### 7. LUNGS

a. Chest congestion	0	1	2	3	4
b. Asthma or bronchitis	0	1	2	3	4
c. Shortness of breath	0	1	2	3	4
d. Difficulty breathing	0	1	2	3	4
Total: _____					

### 8. MIND

a. Poor memory	0	1	2	3	4
b. Confusion	0	1	2	3	4
c. Poor concentration	0	1	2	3	4
d. Poor coordination	0	1	2	3	4
e. Difficulty making decisions	0	1	2	3	4
f. Stuttering, stammering	0	1	2	3	4
g. Slurred speech	0	1	2	3	4
h. Learning disabilities	0	1	2	3	4
Total: _____					

### 9. MOUTH/THROAT

a. Chronic coughing	0	1	2	3	4
b. Gagging or frequent need to clear throat	0	1	2	3	4
c. Swollen or discolored tongue, gums, lips	0	1	2	3	4
d. Canker sores	0	1	2	3	4
Total: _____					

### 10. NOSE

a. Stuffy nose	0	1	2	3	4
b. Sinus problems	0	1	2	3	4
c. Hay fever	0	1	2	3	4
d. Sneezing attacks	0	1	2	3	4
e. Excessive mucous	0	1	2	3	4
Total: _____					

### 11. SKIN

a. Acne	0	1	2	3	4
b. Hives, rashes, or dry skin	0	1	2	3	4
c. Hair loss	0	1	2	3	4
d. Flushing	0	1	2	3	4
e. Excessive sweating	0	1	2	3	4
Total: _____					

### 12. HEART

a. Skipped heartbeats	0	1	2	3	4
b. Rapid heartbeats	0	1	2	3	4
c. Chest pain	0	1	2	3	4
Total: _____					

### 13. JOINTS / MUSCLES

a. Pain or aches in joints	0	1	2	3	4
b. Stiffness or limited movement	0	1	2	3	4
c. Pain or aches in muscles	0	1	2	3	4
d. Recurrent back aches	0	1	2	3	4
e. Feeling of weakness or tiredness	0	1	2	3	4
Total: _____					

### 14. WEIGHT

a. Binge eating or drinking	0	1	2	3	4
b. Craving certain foods	0	1	2	3	4
c. Excessive weight	0	1	2	3	4
d. Compulsive eating	0	1	2	3	4
e. Water retention	0	1	2	3	4
f. Underweight	0	1	2	3	4
Total: _____					

### 15. OTHER:

a. Frequent illness	0	1	2	3	4
b. Frequent or urgent urination	0	1	2	3	4
c. Leaky bladder	0	1	2	3	4
d. Genital itch, discharge	0	1	2	3	4
Total: _____					

**Section I Total:** \_\_\_\_\_

## Section II: Risk of Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.

16. Circle the corresponding number for questions 16a-16f below.

<b>0</b>	Never	<b>1</b>	Rarely	<b>2</b>	Monthly	<b>3</b>	Weekly	<b>4</b>	Daily
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- |  |           |
|--|-----------|
| a. How often are strong chemicals used in your home?<br>(disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.) | 0 1 2 3 4 |
| b. How often are pesticides used in your home?   | 0 1 2 3 4 |
| c. How often do you have your home treated for insects?  | 0 1 2 3 4 |
| d. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office?                             | 0 1 2 3 4 |
| e. How often are you exposed to nail polish, perfume, hairspray, or other cosmetics?   | 0 1 2 3 4 |
| f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes?  | 0 1 2 3 4 |
| g. How often do you consume nonorganic foods?  | 0 1 2 3 4 |

Total: \_\_\_\_\_

17. Circle the corresponding number for questions 17a-17b below.

<b>0</b>	No	<b>1</b>	Mild Change	<b>2</b>	Moderate Change	<b>3</b>	Drastic Change
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- |   |         |
|---|---------|
| a. Have you noticed any negative change in your health since you moved into your home or apartment? | 0 1 2 3 |
| b. Have you noticed any change in your health since you started your new job?                       | 0 1 2 3 |

Total: \_\_\_\_\_

18. Answer yes or no and circle the corresponding number for questions 18a-18d below.

- |   | No | Yes |
|---|----|-----|
| a. Do you have a water purification system in your home?            | 2  | 0   |
| b. Do you have any indoor pets?                                     | 0  | 2   |
| c. Do you have an air purification system in your home?             | 2  | 0   |
| d. Are you a dentist, painter, farm worker, or construction worker? | 0  | 2   |

Total: \_\_\_\_\_

**Section II Total:** \_\_\_\_\_

**Grand Total (Section I & Section II)** \_\_\_\_\_

Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total. If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a detoxification program.