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NATURAL REMEDIES & HERBAL RECIPES

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Healing Ingredients,
Herbal Recipes &
Daily Remedies

Simple
Ingredients.
Powerful
Healing.



Herbal
Remedies



Healing
Recipes



Natural
Ingredients



30-Day
System

Welcome

A kitchen-focused guide to simple herbal beverages, flavor combinations, recipe planning, and safety-first use.

Educational resource only. It does not diagnose, treat, or cure disease. Seek individualized professional care when needed.

Your Baseline

Category	Examples	My favorites
Fresh herbs	Mint, parsley, rosemary	_____
Spices	Ginger, turmeric, cinnamon	_____
Aromatics	Garlic, lemon	_____
Bases	Water, yogurt, grains, vegetables	_____

Herbal Safety Rules

- Check the exact ingredient.
- Distinguish culinary use from concentrated supplements.
- Check medication interactions when relevant.
- Use extra caution during pregnancy/breastfeeding.
- Label and store homemade mixtures safely.

Ginger & Lemon Tea

Slice fresh ginger, steep in hot water, then add lemon. Optional honey can be used for taste.

Ingredient	Amount
Ginger	_____
Water	_____
Lemon	_____
Honey	optional

Garlic Herb Dressing

Mix olive oil, lemon or vinegar, garlic, oregano/parsley, salt and pepper. Use with salads, vegetables, beans, grains, or protein.

Weekly Planner

Day	Priority	Movement	Food	Recovery
Mon	—	—	—	—
Tue	—	—	—	—
Wed	—	—	—	—
Thu	—	—	—	—
Fri	—	—	—	—
Sat	—	—	—	—
Sun	—	—	—	—

Meal Planner

Day	Breakfast	Lunch	Dinner
Mon	—	—	—
Tue	—	—	—
Wed	—	—	—
Thu	—	—	—
Fri	—	—	—
Sat	—	—	—
Sun	—	—	—

Grocery Planner

Produce	Protein	Staples	Flavor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Movement Planner

Day	Activity	Minutes	Note
Mon	_____	____	_____
Tue	_____	____	_____
Wed	_____	____	_____
Thu	_____	____	_____
Fri	_____	____	_____
Sat	_____	____	_____
Sun	_____	____	_____

Sleep & Recovery

- Keep a consistent sleep/wake rhythm when practical.
- Create a simple wind-down cue.
- Get daytime light and movement.
- Make the bedroom comfortable.
- Seek professional advice for persistent problems.

Stress Reset

Step	Action
Pause	Stop and notice.
Name	Identify the feeling or trigger.
Breathe	Take several gentle breaths.
Choose	Pick one useful next action.
Reassess	Notice what changed.

Trigger Map

Trigger	Signal	Helpful response
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Self-Care Menu

Body	Mind	Connection
Walk	Read	Call
Stretch	Journal	Message
Rest	Music	Meet
Nourish	Quiet time	Support

Reflection

Question	Notes
What worked?	_____
What was difficult?	_____
What created friction?	_____
What will I repeat?	_____

Personal Rules

Area	Minimum version	Ideal version
Food	_____	_____
Movement	_____	_____
Sleep	_____	_____
Recovery	_____	_____
Connection	_____	_____

Habit Design

- Start smaller than your ambition.
- Attach a new habit to an existing cue.
- Prepare the environment in advance.
- Have a minimum version for difficult days.
- Review weekly and simplify.

Progress Log

Date	Win	Lesson	Next step
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Safety & Individual Needs

Individual needs vary with age, medical history, medicines, pregnancy, allergies, goals, and other factors. When those factors matter, use a qualified professional for personalized guidance.

30-Day Roadmap

- Days 1–7: observe and simplify.
- Days 8–14: build consistency.
- Days 15–21: remove friction.
- Days 22–28: strengthen what works.
- Days 29–30: review and choose what continues.

Habit Tracker • Days 1–15

Habit Tracker • Days 16–30

Habit	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Habit 1															
Habit 2															
Habit 3															

Weekly Reset

Review	Answer
Biggest win	_____
Hardest part	_____
One adjustment	_____
One priority	_____

Planner Page

Focus	Plan
Morning	_____
Meals	_____
Movement	_____
Recovery	_____
Connection	_____

Challenge Week

- Day 1: choose one priority.
- Day 2: make it easier.
- Day 3: repeat it.
- Day 4: protect recovery.
- Day 5: prepare tomorrow.
- Day 6: connect with someone.
- Day 7: review and keep two habits.

30-Day Review

Question	Answer
What improved?	_____
What became easier?	_____
What needs support?	_____
What will I keep?	_____

My Commitment

I choose realistic habits, flexible progress, and evidence-aware decisions.

My commitment: _____

Resources & Safety

This guide is educational. Do not use it to replace diagnosis, treatment, prescribed medication, or urgent medical care. Persistent, severe, unusual, or concerning symptoms should be discussed with an appropriately qualified professional.

NOTES & PERSONAL TAKEAWAYS

Use this page for ideas, questions, recipes, routines, or next steps.

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