

# Candida Detox Planner

**1 Week Health and  
Fitness Journal to:**

*Track* **>** *Track* **>** *Track*  
*Appointments* *Meals* *Exercise*



**canxida**

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# *Pledge to Myself...*

## **I Promise to...**

1. Talk **kindly** to myself.
2. Be **patient** with myself.
3. Not give up on myself.
4. **Prioritize** my health and body.
5. **Not** postpone visits to the doctor.
6. Practice **self-care** regularly.

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It is time for *a change* once and for all!



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

# Monthly Health Goals

Year of: \_\_\_\_\_

January

February

March

April

May

June

July

August

September

October

November

December

# Health Appointments at a Glance

Year of: \_\_\_\_\_

January

February

March

April

May

June

July

August

September

October

November

December

## Family Medical History

[illegible]

# Medical Insurance

**Provider:**

**Policy Number:**

**Plan Type:**

**Telephone:**

**Email:**

**Coverage:**

**Notes:**

## Pharmacy Information

Name

Name

Address/ contact

Address/ contact

Name

Name

Address/ contact

Address/ contact

# Emergency Contact List

First Aid Kit Location:

## Emergency Numbers

Ambulance:

Fire Dept:

Police:

Pharmacy:

Pediatrician:

Dentist:

Obstetrician:

Psychologist:

Vet:

Psychiatrist:

## Relatives

Name:

Address/ Contacts

Name:

Address/ Contacts

Name:

Address/ Contacts

Name:

Address/ Contacts

## Other

Name:

Address/ Contacts

Name:

Address/ Contacts

Name:

Address/ Contacts



# Illness Tracker

Year of: \_\_\_\_\_

[illegible]

## Healthy Resources

## Books

[illegible]

## Podcasts

[illegible]

## Videos

[illegible]

## Film/ Documentation film

[illegible]

Other

[illegible]

## Health Checkup Log

[illegible]

# Dental Checkup Log

|                  |            |
|------------------|------------|
| Name:            | Dentist:   |
| Date:            | Next Appt: |
| Dentist's Notes: |            |

|                  |            |
|------------------|------------|
| Name:            | Dentist:   |
| Date:            | Next Appt: |
| Dentist's Notes: |            |

|                  |            |
|------------------|------------|
| Name:            | Doctor:    |
| Date:            | Next Appt: |
| Dentist's Notes: |            |

# *Vision Checkup Log*

|                        |                   |
|------------------------|-------------------|
| <b>Name:</b>           | <b>Doctor:</b>    |
| <b>Date:</b>           | <b>Next Appt:</b> |
| <b>Doctor's Notes:</b> |                   |

|                        |                   |
|------------------------|-------------------|
| <b>Name:</b>           | <b>Doctor:</b>    |
| <b>Date:</b>           | <b>Next Appt:</b> |
| <b>Doctor's Notes:</b> |                   |

# Medication Tracker

Year of: \_\_\_\_\_

[illegible]

# Nutrition Tracker

Month: \_\_\_\_\_

What I'm working for this month: \_\_\_\_\_

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|            | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Vegetables |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Protein    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Good fat   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Water      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Sleep      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Other carb |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Vegetables |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Protein    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Good fat   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Water      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Sleep      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Other carb |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

My reward for a great job: \_\_\_\_\_

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# Clean Eating Food List\*

## Brassica (best veggies for Candida)

Arugula, Bok, Choy, Broccoli, Brussels sprouts, Cabbage, Cauliflower, Collard Greens, Horseradish, Kale (be sure to cook or steam), Kohlrabi, Mustard greens, Radishes Rutabaga, Turnips, Watercress.

## Other Vegetables

Artichoke, Asparagus, Beet greens Celery, Chard, Cucumber, Dandelion greens, Eggplant, Fennel, Lettuce, Okra, Beet greens, Celery, Chard, Cucumber, Dandelion greens, Eggplant, Fennel, Lettuce, Orka, Peppers, Spinach, Sprouts such as lentils, alfalfa, Broccoli, Radish, Sunflower Potatoes, Zucchini.

## Allium Vegetables

Garlic, Green onions, Leeks, Onions, Scallions, Shallots.

## Plant Sources of Protein

Beans, Chia seeds, Hemp seeds Lentils, Peas (green or yellow), Quinoa, Sprouts, Tempeh, Tofu.

## Fruits

Avocado, Bilberry, Blackberry, Blueberry, Boysenberry, Cranberry, Currant, Goji berry, Grapefruit, Green Apple, Kiwi, Kumquat, Lemon, Lime, Mulberry, Pomegranate, Raspberry, Strawberry.

## Animal Protein

Anchovies, Beef, Bone broth, Cheese (Goat`s Mozzarella, Feta & Gauda are best), Duck, Eggs (chicken or duck), Fatty fish like mackerel, Fish roe, Game meat (rabbit, venison, quail), Goat, Lamb, Liver, Organic chicken, Pheasant, Pork, Sardines, Turkey, Venison, Wild salmon.

## Nuts and seeds

Almonds, Brazil Nuts, Cashews, Chestnuts, Coconuts, Flax Seeds, Hazelnuts, Nutmeats, Pine Nuts, Pumpkin Seeds, Sesame Seeds, Sunflower Seeds.

## Cultured & Fermented Foods

Miso, Plain unsweetened goat yogurt, Sauerkraut, Sour Greek yogurt, Tempeh, Unsweetened coconut yogurt.

## Oils & Fats

Coconut oil, Extra virgin olive oil, Flaxseed Oil Rice, Bran Oil, Sesame Seed Oil, Sunflower Oil, Walnut Oil.

## Grains, Pasta & Noodles

Brown rice, black rice, red rice, etc. Buckwheat, Millet, Rice noodle, Rice vermicelli, Soba, Sourdough, Udon, Whole oat flakes, Wild rice, Yeast free, gluten free, sugar-free bread & bread products.

## Dairy Alternatives

Almond milk, Flax milk, Hemp milk, Oat milk, another unsweetened nut/seed milk, Rice milk, Unsweetened coconut milk.

## Fresh Herbs & Spices

Anise, Basil, Bay leaf, Cacao, Cayenne, Chives, Coriander, Cinnamon, Cloves, Coriander, Cumin, Dill, Garlic, Ginger, Ground black pepper, Marjoram, Mint, Nutmeg, Oregano, Paprika, Parsley, Red chili flakes, Rosemary, Sage, Sea salt, Stevia, Tarragon, Thyme, Turmeric, Vanilla.

## Seaweeds

Arame, Dulse, Hijiki, Kelp, Kombu, Nori, Wakame.

## Snacks & Other

Apple Cider Vinegar, Buckwheat or millet cookies, Japanese rice crackers, Muesli, Seaweed crackers, Hummus & nut butters

## Snacks & Other

Bananas, Carrots, Other fruits (banana & pineapple are some of the best for feeding good bacteria), Pineapples, Potato & sweet potato, Sourdough & other grain products, Squash.

**\*by Eric Bakker**



# Health and Fitness goals

## Weekly Checklist

Week of: \_\_\_\_\_

|                          | M | T | W | T | F | S | S | M | T | W | T | F | S | S |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 Glasses of water       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Exercise 30+ min         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3 Servings Fruit/Veggies |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| No eating after 9pm      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| No treats on weekdays    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 treat on weekends      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

My reward for a great work or penalty for bad work \_\_\_\_\_

Week of: \_\_\_\_\_

|                          | M | T | W | T | F | S | S | M | T | W | T | F | S | S |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 Glasses of water       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Exercise 30+ min         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3 Servings Fruit/Veggies |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| No eating after 9pm      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| No treats on weekdays    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 treat on weekends      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

My reward for a great work or penalty for bad work \_\_\_\_\_

# Sleep Tracker

Month \_\_\_\_\_

Month / \_\_\_\_\_

## Hours of Sleep

[illegible]

## Daily Vitamins & Supplements Tracker

Month \_\_\_\_\_

[illegible][illegible]

# Mood Tracker

Track your mood at the end of your day

|    | J | F | M | A | M | J | J | A | S | O | N | D |
|----|---|---|---|---|---|---|---|---|---|---|---|---|
| 1  |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  |   |   |   |   |   |   |   |   |   |   |   |   |
| 4  |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  |   |   |   |   |   |   |   |   |   |   |   |   |
| 8  |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  |   |   |   |   |   |   |   |   |   |   |   |   |
| 10 |   |   |   |   |   |   |   |   |   |   |   |   |
| 11 |   |   |   |   |   |   |   |   |   |   |   |   |
| 12 |   |   |   |   |   |   |   |   |   |   |   |   |
| 13 |   |   |   |   |   |   |   |   |   |   |   |   |
| 14 |   |   |   |   |   |   |   |   |   |   |   |   |
| 15 |   |   |   |   |   |   |   |   |   |   |   |   |
| 16 |   |   |   |   |   |   |   |   |   |   |   |   |
| 17 |   |   |   |   |   |   |   |   |   |   |   |   |
| 18 |   |   |   |   |   |   |   |   |   |   |   |   |
| 19 |   |   |   |   |   |   |   |   |   |   |   |   |
| 20 |   |   |   |   |   |   |   |   |   |   |   |   |
| 21 |   |   |   |   |   |   |   |   |   |   |   |   |
| 22 |   |   |   |   |   |   |   |   |   |   |   |   |
| 23 |   |   |   |   |   |   |   |   |   |   |   |   |
| 24 |   |   |   |   |   |   |   |   |   |   |   |   |
| 25 |   |   |   |   |   |   |   |   |   |   |   |   |
| 26 |   |   |   |   |   |   |   |   |   |   |   |   |
| 27 |   |   |   |   |   |   |   |   |   |   |   |   |
| 28 |   |   |   |   |   |   |   |   |   |   |   |   |
| 29 |   |   |   |   |   |   |   |   |   |   |   |   |
| 30 |   |   |   |   |   |   |   |   |   |   |   |   |
| 31 |   |   |   |   |   |   |   |   |   |   |   |   |

😊 Joyful, happy, amazing, energetic, healthy, in love.

😌 Relaxed, great, happy.

😞 Tired, lazy, unmotivated, bored

😞 Sick, lonely, sad anxious, annoyed, unhappy, grumpy.

# Blood Pressure Tracker

[illegible]

# Daily Log Pages Example

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

| Meal 1 / Location  | Mood/ Signs/ Symptoms/ Reactions |
|--|----------------------------------|
| <i>Breakfast with eggs, bacon , tomatoes, coffee with cake.</i><br><br>Time: 9:20 am | <i>Sleepy, tired,</i>            |
| Bowel movement type  | 1 2 3 4 5 6 7                    |
| Notes:   |                                  |

| Meal 2 / Location   | Mood/ Signs/ Symptoms/ Reactions                       |
|---|--|
| <i>Lunch at the office, bread, salad, chicken , juice.</i><br><br>Time: 2:00 pm | <i>Fine, better than the morning, happy and light.</i> |
| Bowel movement type   | 1 2 3 4 5 6 7  |
| Notes:  |  |

| Meal 3 / Location  | Mood/ Signs/ Symptoms/ Reactions                  |
|--|---|
| <i>Dinner at the restaurant, I had pizza and beer</i><br><br>Time: | <i>Feeling happy but too full , hard to move,</i> |
| Bowel movement type  | 1 2 3 4 5 6 7                                     |
| Notes:   |   |

| Snack 1 / Location / Notes                      | Mood/ Signs/ Symptoms/ Reactions |
|---|----------------------------------|
| <i>Cookies at the office</i><br>Time:           |                                  |
| Snack 2 / Location / Notes                      | Mood/ Signs/ Symptoms/ Reactions |
| <i>Cheese with bread at home</i><br>Time: 11 pm |                                  |

| Last Night`s Sleep: |                |
|---------------------|----------------|
| Bedtime: 11 pm      | Waketime: 7 am |
| Sleep quality:      |                |

[illegible]

# Daily Log Pages

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

| Meal 1 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 2 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 3 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |





# Daily Log Pages

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

| Meal 1 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 2 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 3 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |



# Daily Log Pages

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

| Meal 1 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 2 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 3 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |



# Daily Log Pages

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

| Meal 1 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 2 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 3 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |



# Daily Log Pages Example

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

| Meal 1 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---|----------------------------------|
| <i>Breakfast with eggs, bacon, tomatoes, coffee with cake.</i><br><br>Time: 9:20 am | <i>Sleepy, tired,</i>            |
| Bowel movement type   | 1 2 3 4 5 6 7                    |
| Notes:  |                                  |

| Meal 2 / Location  | Mood/ Signs/ Symptoms/ Reactions                       |
|--|--|
| <i>Lunch at the office, bread, salad, chicken, juice.</i><br><br>Time: 2:00 pm | <i>Fine, better than the morning, happy and light.</i> |
| Bowel movement type  | 1 2 3 4 5 6 7  |
| Notes:   |  |

| Meal 3 / Location  | Mood/ Signs/ Symptoms/ Reactions                 |
|--|--|
| <i>Dinner at the restaurant, I had pizza and beer</i><br><br>Time: | <i>Feeling happy but too full, hard to move,</i> |
| Bowel movement type  | 1 2 3 4 5 6 7                                    |
| Notes:   |  |



| Snack 1 / Location / Notes                                 | Mood/ Signs/ Symptoms/ Reactions |
|--|----------------------------------|
| <p><i>Cookies at the office</i></p> <p>Time:</p>           |                                  |
| Snack 2 / Location / Notes                                 | Mood/ Signs/ Symptoms/ Reactions |
| <p><i>Cheese with bread at home</i></p> <p>Time: 11 pm</p> |                                  |

| Last Night`s Sleep: |                |
|---------------------|----------------|
| Bedtime: 11 pm      | Waketime: 7 am |
| Sleep quality:      |                |

[illegible]

# Daily Log Pages

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

| Meal 1 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 2 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |

| Meal 3 / Location   | Mood/ Signs/ Symptoms/ Reactions |
|---------------------|----------------------------------|
| Time:               |                                  |
| Bowel movement type | 1 2 3 4 5 6 7                    |
| Notes:              |                                  |
| Time:               |                                  |



[illegible]

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