



Build Your Own Anti-Inflammatory Glow Plan

	BREAKFAST	SNACK 1	SNACK 2	LUNCH	DINNER
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

Breakfast

Example: Overnight oats + blueberries + chia seeds + almond milk + cinnamon

Protein

Eggs
Plant Protein Powder
Non-Dairy Yogurt
Turkey

Carbs

Oats
Sweet Potato
Fruit
Sprouted Toast

Healthy Fat

Chia Seeds
Almond Butter
Almond Milk
Avocado

Bonus

Cinnamon, Turmeric
Greens, Ginger

Snacks

Snack Pairing Ideas

Apple + Almond butter or PB2
Carrots + Hummus
Boiled egg + Cucumber slices
Coconut yogurt + Berries
Chia pudding with cinnamon
Celery sticks + Almond Butter
Bell Peppers + Guacamole
Rice cakes + PB2 + Banana
Edamame with sea salt

Glow Boosters

10 min walk
Ginger or Tumeric Tea
Golden milk latte
Bone broth in a mug
Lemon Water
Epson salt bath
Dry brushing
Gua Sha

Lunch & Dinner

Example: Grilled salmon + spinach salad + sweet potato + olive oil & lemon

Protein

Chicken
Turkey
Salmon
Lentils

Carbs

Quinoa
Sweet Potato
Brown Rice

Fats

Olive Oil, Avocado, Tahini

Veggies

Spinach
Broccoli
Mushrooms

Bonus

Turmeric, garlic, ginger,
parsley, cilantro

7-Day Anti-Inflammatory Grocery List

Protein

- ☐ Chicken breast
- ☐ Egg Whites
- ☐ Lean Turkey
- ☐ Almond or coconut yogurt
- ☐ Tuna
- ☐ Hard Boiled Eggs
- ☐ Salmon
- ☐ Plant based protein
- ☐ _____
- ☐ _____

Carbs

- ☐ Sweet Potato
- ☐ Brown rice
- ☐ Quinoa
- ☐ Oatmeal
- ☐ Sprouted or sourdough bread
- ☐ _____
- ☐ _____

Fruits

- ☐ Blueberries
- ☐ Strawberries
- ☐ Bananas
- ☐ Apples
- ☐ Lemons
- ☐ _____
- ☐ _____

Veggies

- ☐ Spinach
- ☐ Broccoli
- ☐ Mushrooms
- ☐ Bell peppers
- ☐ _____
- ☐ _____

Healthy fats

- ☐ Olive oil (extra virgin)
- ☐ Avocados
- ☐ Nut butters
- ☐ Chia seeds
- ☐ Hemp seeds
- ☐ Almond milk
- ☐ _____
- ☐ _____

Snack Pantry

- ☐ Hummus
- ☐ Raw almonds
- ☐ Pumpkin seeds
- ☐ Herbal Teas
- ☐ Apple cider vinegar
- ☐ Bone broth
- ☐ _____
- ☐ _____

Spices

- ☐ Turmeric
- ☐ Cinnamon
- ☐ Ginger
- ☐ _____
- ☐ _____





LIMITLESS 7-Day Anti-Inflammatory Tracker

	SLEEP	EXERCISE	MEALS	ENERGY
MONDAY	<input type="checkbox"/> Poor sleep <input type="checkbox"/> Medium sleep <input type="checkbox"/> Good Sleep	<input type="checkbox"/> Class <input type="checkbox"/> Walk <input type="checkbox"/> Gym <input type="checkbox"/> Cardio <input type="checkbox"/> None	<input type="checkbox"/> Healthy Breakfast <input type="checkbox"/> Healthy Lunch <input type="checkbox"/> Healthy Snack <input type="checkbox"/> Healthy Dinner	<input type="checkbox"/> Low energy <input type="checkbox"/> Medium energy <input type="checkbox"/> High energy
TUESDAY	<input type="checkbox"/> Poor sleep <input type="checkbox"/> Medium sleep <input type="checkbox"/> Good Sleep	<input type="checkbox"/> Class <input type="checkbox"/> Walk <input type="checkbox"/> Gym <input type="checkbox"/> Cardio <input type="checkbox"/> None	<input type="checkbox"/> Healthy Breakfast <input type="checkbox"/> Healthy Lunch <input type="checkbox"/> Healthy Snack <input type="checkbox"/> Healthy Dinner	<input type="checkbox"/> Low energy <input type="checkbox"/> Medium energy <input type="checkbox"/> High energy
WEDNESDAY	<input type="checkbox"/> Poor sleep <input type="checkbox"/> Medium sleep <input type="checkbox"/> Good Sleep	<input type="checkbox"/> Class <input type="checkbox"/> Walk <input type="checkbox"/> Gym <input type="checkbox"/> Cardio <input type="checkbox"/> None	<input type="checkbox"/> Healthy Breakfast <input type="checkbox"/> Healthy Lunch <input type="checkbox"/> Healthy Snack <input type="checkbox"/> Healthy Dinner	<input type="checkbox"/> Low energy <input type="checkbox"/> Medium energy <input type="checkbox"/> High energy
THURSDAY	<input type="checkbox"/> Poor sleep <input type="checkbox"/> Medium sleep <input type="checkbox"/> Good Sleep	<input type="checkbox"/> Class <input type="checkbox"/> Walk <input type="checkbox"/> Gym <input type="checkbox"/> Cardio <input type="checkbox"/> None	<input type="checkbox"/> Healthy Breakfast <input type="checkbox"/> Healthy Lunch <input type="checkbox"/> Healthy Snack <input type="checkbox"/> Healthy Dinner	<input type="checkbox"/> Low energy <input type="checkbox"/> Medium energy <input type="checkbox"/> High energy
FRIDAY	<input type="checkbox"/> Poor sleep <input type="checkbox"/> Medium sleep <input type="checkbox"/> Good Sleep	<input type="checkbox"/> Class <input type="checkbox"/> Walk <input type="checkbox"/> Gym <input type="checkbox"/> Cardio <input type="checkbox"/> None	<input type="checkbox"/> Healthy Breakfast <input type="checkbox"/> Healthy Lunch <input type="checkbox"/> Healthy Snack <input type="checkbox"/> Healthy Dinner	<input type="checkbox"/> Low energy <input type="checkbox"/> Medium energy <input type="checkbox"/> High energy
SATURDAY	<input type="checkbox"/> Poor sleep <input type="checkbox"/> Medium sleep <input type="checkbox"/> Good Sleep	<input type="checkbox"/> Class <input type="checkbox"/> Walk <input type="checkbox"/> Gym <input type="checkbox"/> Cardio <input type="checkbox"/> None	<input type="checkbox"/> Healthy Breakfast <input type="checkbox"/> Healthy Lunch <input type="checkbox"/> Healthy Snack <input type="checkbox"/> Healthy Dinner	<input type="checkbox"/> Low energy <input type="checkbox"/> Medium energy <input type="checkbox"/> High energy
SUNDAY	<input type="checkbox"/> Poor sleep <input type="checkbox"/> Medium sleep <input type="checkbox"/> Good Sleep	<input type="checkbox"/> Class <input type="checkbox"/> Walk <input type="checkbox"/> Gym <input type="checkbox"/> Cardio <input type="checkbox"/> None	<input type="checkbox"/> Healthy Breakfast <input type="checkbox"/> Healthy Lunch <input type="checkbox"/> Healthy Snack <input type="checkbox"/> Healthy Dinner	<input type="checkbox"/> Low energy <input type="checkbox"/> Medium energy <input type="checkbox"/> High energy



LIMITLESS

7 Day Anti-Inflammatory Journal

Date: _____

How am I feeling today?

What went well?

Notes

✦ "Every small shift creates a ripple of change. Just begin."



LIMITLESS

7 Day Anti-Inflammatory Journal

Date: _____

How am I feeling today?

What went well?

Notes

✨ "You're not starting over—you're leveling up with every choice."



LIMITLESS

7 Day Anti-Inflammatory Journal

Date: _____

How am I feeling today?

What went well?

Notes

✨ "Nourish to glow. Fuel your body with love today."



LIMITLESS

7 Day Anti-Inflammatory Journal

Date: _____

How am I feeling today?

What went well?

Notes

✨ "Progress isn't perfect—it's consistent effort with grace."



LIMITLESS

7 Day Anti-Inflammatory Journal

Date: _____

How am I feeling today?

What went well?

Notes

✨ "Less inflammation = more energy, joy, and clarity. Keep going!"



LIMITLESS

7 Day Anti-Inflammatory Journal

Date: _____

How am I feeling today?

What went well?

Notes

✨ "The way you care for yourself shows the world how to treat you."



LIMITLESS

7 Day Anti-Inflammatory Journal

Date: _____

How am I feeling today?

What went well?

Notes

✨ "Look how far you've come. Let today be a celebration of your commitment."