

SYMPTOM LIST

Before using Vibes, take the self-evaluation...then take again after six weeks to see how supplementing your diet with enzymes alleviated any symptoms. This list can be found at www.ourspirit.com

- | | | |
|---|--|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Cold-Temperature | <input type="checkbox"/> Hyper/hypothyroidism |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Colic | <input type="checkbox"/> Impotence |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Colon | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Adrenal glands | <input type="checkbox"/> Constipation | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Coordination | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Cough | <input type="checkbox"/> Intolerance of heat or cold |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cravings | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Dandruff | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Kidney issues |
| <input type="checkbox"/> Appetite | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney stones |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Laryngitis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Digestion | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Ear infection | <input type="checkbox"/> Loss of balance |
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Ear ringing | <input type="checkbox"/> Lung issues |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Edema | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Bell's Palsy | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Lymph glands |
| <input type="checkbox"/> Bites | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Memory loss/confusion |
| <input type="checkbox"/> Black, tarry stools | <input type="checkbox"/> Eyesight | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Menstrual cramps |
| <input type="checkbox"/> Bloating | <input type="checkbox"/> Fertility | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Blood in urine | <input type="checkbox"/> Fever | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Blood pressure HIGH | <input type="checkbox"/> Flu | <input type="checkbox"/> Mouth sores |
| <input type="checkbox"/> Blood pressure LOW | <input type="checkbox"/> Frequent-urgent urination | <input type="checkbox"/> Mucous |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Gallstones | <input type="checkbox"/> Nails |
| <input type="checkbox"/> Boils | <input type="checkbox"/> Gangrene | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Bones | <input type="checkbox"/> Gas | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Night sweats |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Gout | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Bruises | <input type="checkbox"/> Gums | <input type="checkbox"/> Parasites |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Hair issues | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Perspiration |
| <input type="checkbox"/> Candida | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> PMS/Perimenopausal |
| <input type="checkbox"/> Canker sores | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Polyps |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Herpes | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Chest congestion | <input type="checkbox"/> Hiatal hernia | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Hives | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Hormones | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Cold-Common | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Rectal bleeding |
| | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Regurgitation |

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| <input type="checkbox"/> Reproductive | <input type="checkbox"/> Swelling of ankles/feet |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Swollen glands |
| <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Teething |
| <input type="checkbox"/> Ring worm | <input type="checkbox"/> Tennis Elbow |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Shingles | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Urinary issues |
| <input type="checkbox"/> Skin issues | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Weight-OVERWEIGHT |
| <input type="checkbox"/> Speech difficulties | <input type="checkbox"/> Weight-UNDERWEIGHT |
| <input type="checkbox"/> Spitting up blood | <input type="checkbox"/> Weight-RECENT |
| <input type="checkbox"/> Stomach | CHANGES |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Yeast infections |
| <input type="checkbox"/> Sty | |

**Others, not mentioned above,
or explanations below:**