100 SOC CHALLENGE

NTRODUCTION

The following pages allow you to keep track of your progression while using SOC applications on yourself or on others. Below, we have provided a key for shortened applications and entry abbreviations. On the next pages, we have also included an example entry. To submit your experiences, visit **symphonyofthecells.com/journal.**

Application Abbreviations:

Basic	Bas	ID	ID
Cardio	Car	Inflammatory	Inf
Cellular	Cell	Lymphatic	Lym
C2	C2	Maxim	Max
Chi	Chi	Neurological	Neuro
Digestive	Dig	Osteo	Ost
Emobic	Emo	Respiratory	Res
Forgiveness	For	Sensory	Sen
Hormone Balance	HB	Solar	Sol

Entry Abbreviations:

Week	Wk	Month	Mn
Alternating	Alt	3 times per week, alternating	3x's/wk-alt
3 times per week	3x's/wk		

Entry Key:

- **"Name"** refers to the name of the individual on whom you applied SOC.
- **"Day 1"** refers to the first day you applied SOC on the individual.
- **"Freq."** refers to however many times and how often you used any of the speci applications on the individual. See "Entry Abbreviations" on the previous page.
- **"Total"** refers to the total amount of times you applied SOC on the individual.
- **"SOC App"** refers to which of the SOC applications you used on the individual.
- **"Condition"** refers to any possibly associated condition(s) the individual has/h
- **"Report"** refers to the results that the individual experienced after using SOC applications at the end of the specified period of time.
- **The "Submit"** box on the top right corner allows you to keep track of which experiences you have submitted online at symphonyofthecells.com/journal.

Workbook sample

X. Name: Karoline Koe — Submitted: ☑

SOC App: Lym	Day 1: 3 / 25 / 20	Condition: Congestion
SOC App: Chi	Freq: 3x's/wk-alt	Condition: Anxiety
SOC App: Rsp	Total: 𝍸 𝍸 II	Condition: Weight

Report: Karoline experienced less congestion, better sleep, less anxiety, and her desired weight loss, over the course of 4 weeks. She was able to take less over-the-counter medications to treat her symptoms.

Y. Name: Tedward Smith — Submitted: ☑

SOC App: Inflam	Day 1: 4 / 10 / 20	Condition: Lower Back Condition
SOC App: Chi	Freq: 2x's/wk-alt	Condition: Leg Spasms
SOC App: Dig	Total: 𝍸 𝍸	Condition: Constapation

Report: Tedward felt less tension in his back, and was able to move with much more motion. Leg spasms have lessened, will also apply oils directly to his legs. Felt relief from occasional constapation.

Z. Name: Samantha Jones — Submitted: ☑

SOC App: For	Day 1: 7 / 28 / 20	Condition: Stress
SOC App: HB	Freq: 3x's/wk-alt	Condition: Depression
SOC App: Emo	Total: 𝍸 IIII	Condition: Anxiety

Report: Samantha is feeling much more relaxed and calm. Sad and anxious feelings reduced; she really enjoys HB app, will continue for two more weeks. See more notes on page 139 in journaling.

Workbook

1. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

2.Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

3. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

4. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

Workbook

5. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

6.Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

7. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

8. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

Workbook

9. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

10.Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

11. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

12. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

Workbook

13. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

14.Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

15. Name: Submitted: ☐

SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

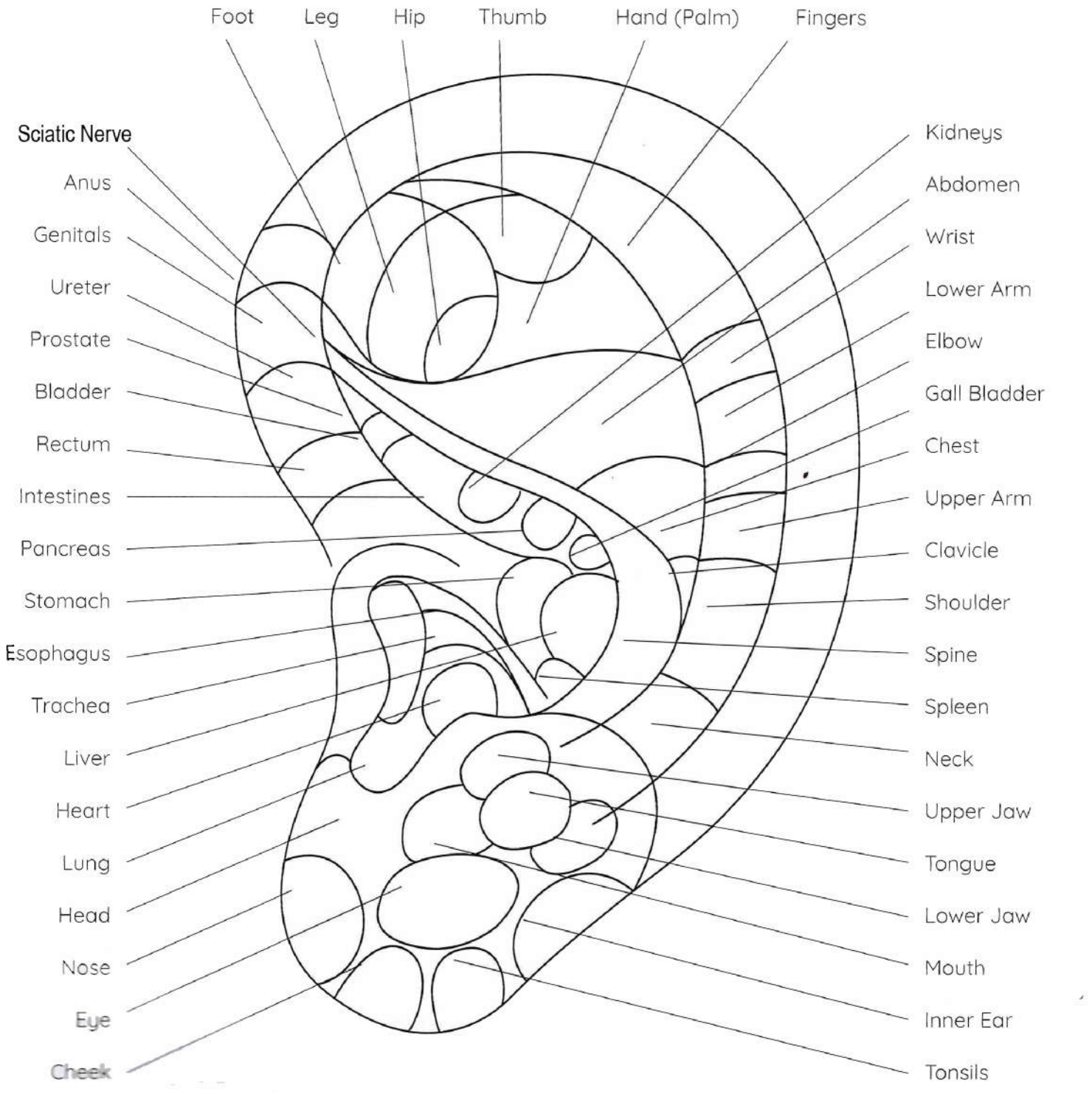
Report:

16. Name: Submitted: ☐

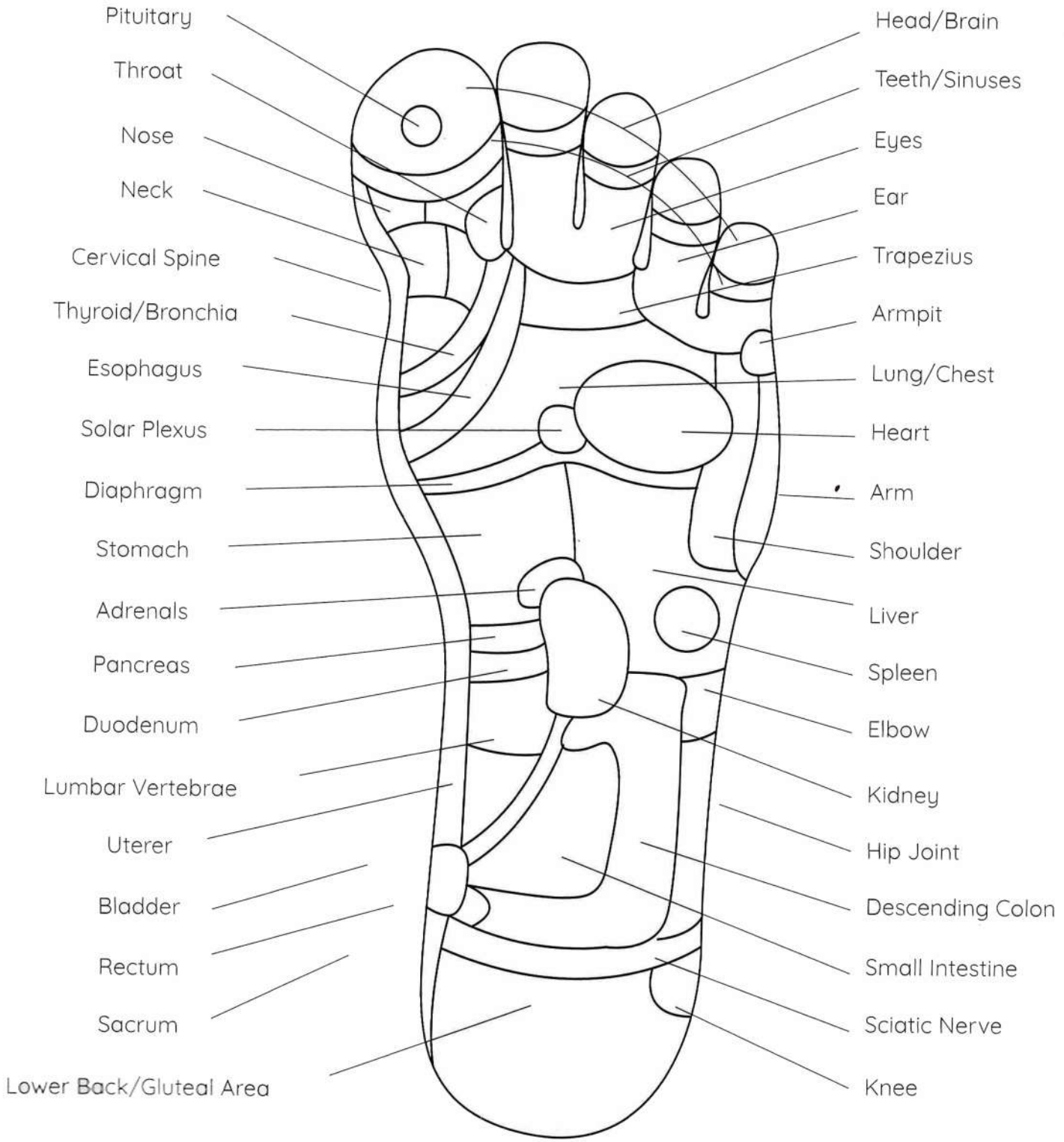
SOC App	Day 1:	Condition:
SOC App	Freq:	Condition:
SOC App	Total:	Condition:

Report:

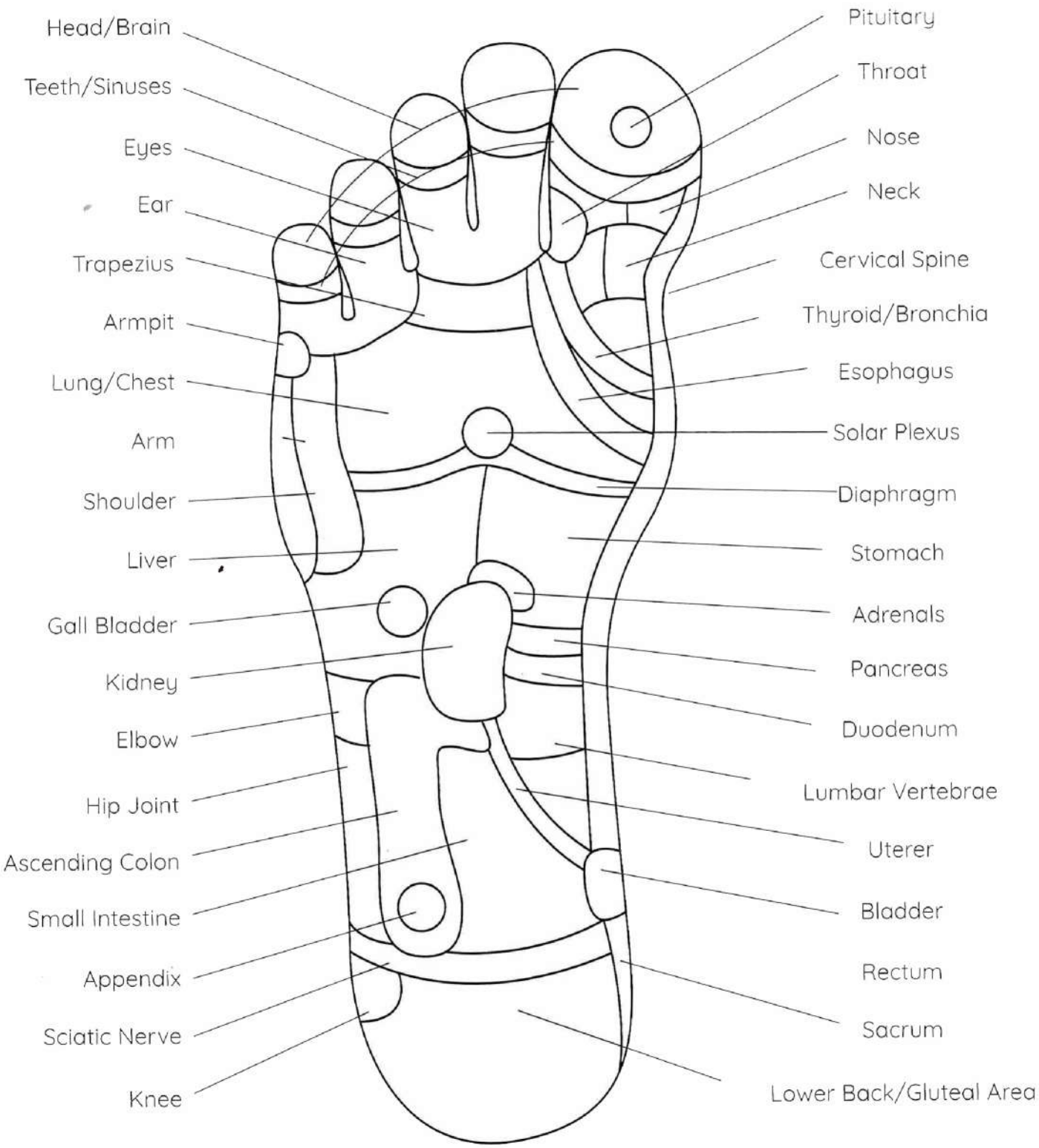
THE EAR


Foot
Leg
Hip
Thumb
Hand (Palm)
Fingers
Sciatic Nerve
Anus
Genitals
Ureter
Prostate
Bladder
Rectum
Intestines
Pancreas
Stomach
Esophagus
Trachea
Liver
Heart
Lung
Head
Nose
Eye
Cheek
Kidneys
Abdomen
Wrist
Lower Arm
Elbow
Gall Bladder
Chest
Upper Arm
Clavicle
Shoulder
Spine
Spleen
Neck
Upper Jaw
Tongue
Lower Jaw
Mouth
Inner Ear
Tonsils

LEFT FOOT


Pituitary
Throat
Nose
Neck
Cervical Spine
Thyroid/Bronchia
Esophagus
Solar Plexus
Diaphragm
Stomach
Adrenals
Pancreas
Duodenum
Lumbar Vertebrae
Uterer
Bladder
Rectum
Sacrum
Lower Back/Gluteal Area
Head/Brain
Teeth/Sinuses
Eyes
Ear
Trapezius
Armpit
Lung/Chest
Heart
Arm
Shoulder
Liver
Spleen
Elbow
Kidney
Hip Joint
Descending Colon
Small Intestine
Sciatic Nerve
Knee

RIGHT FOOT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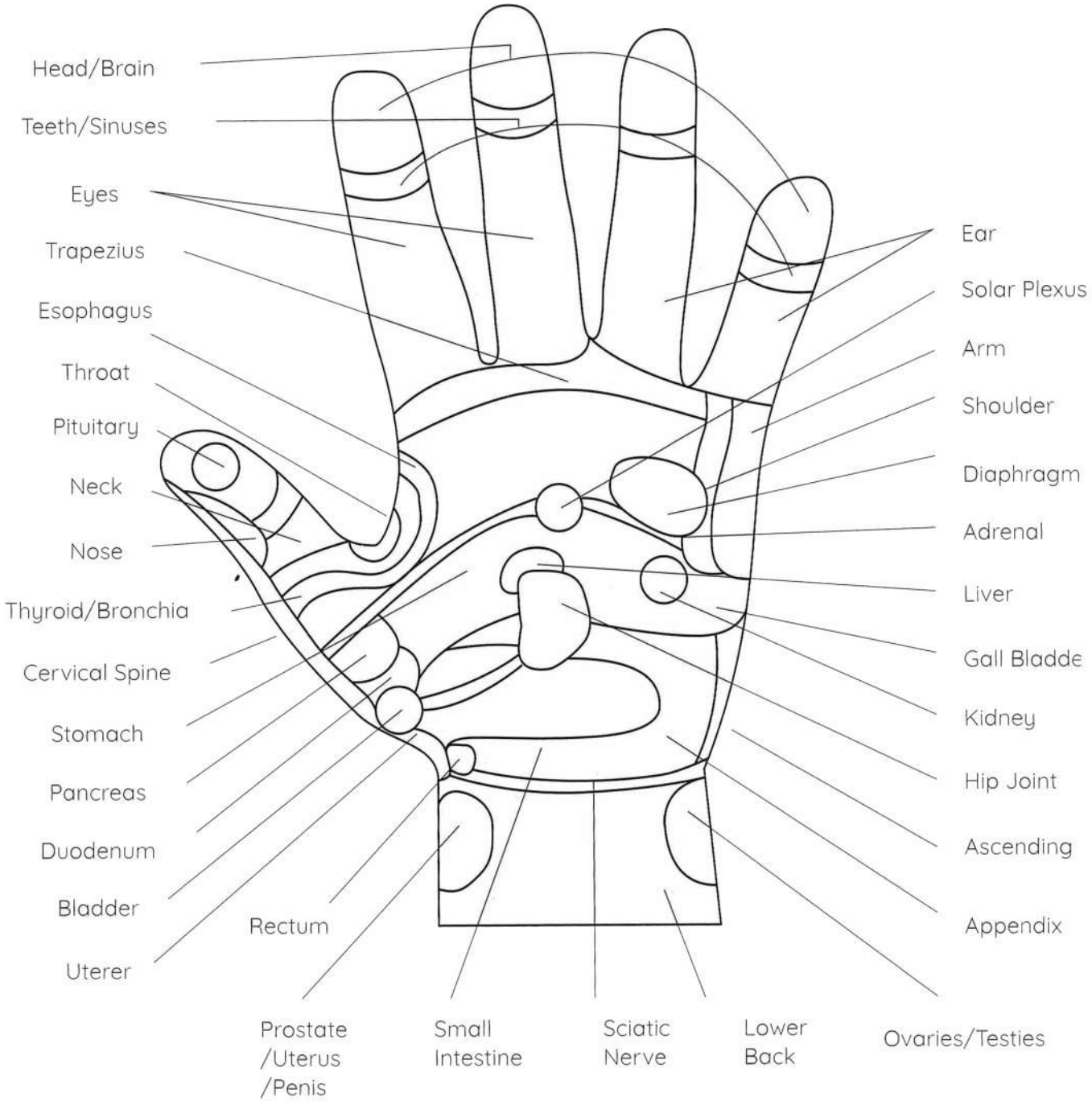
LEFT PALM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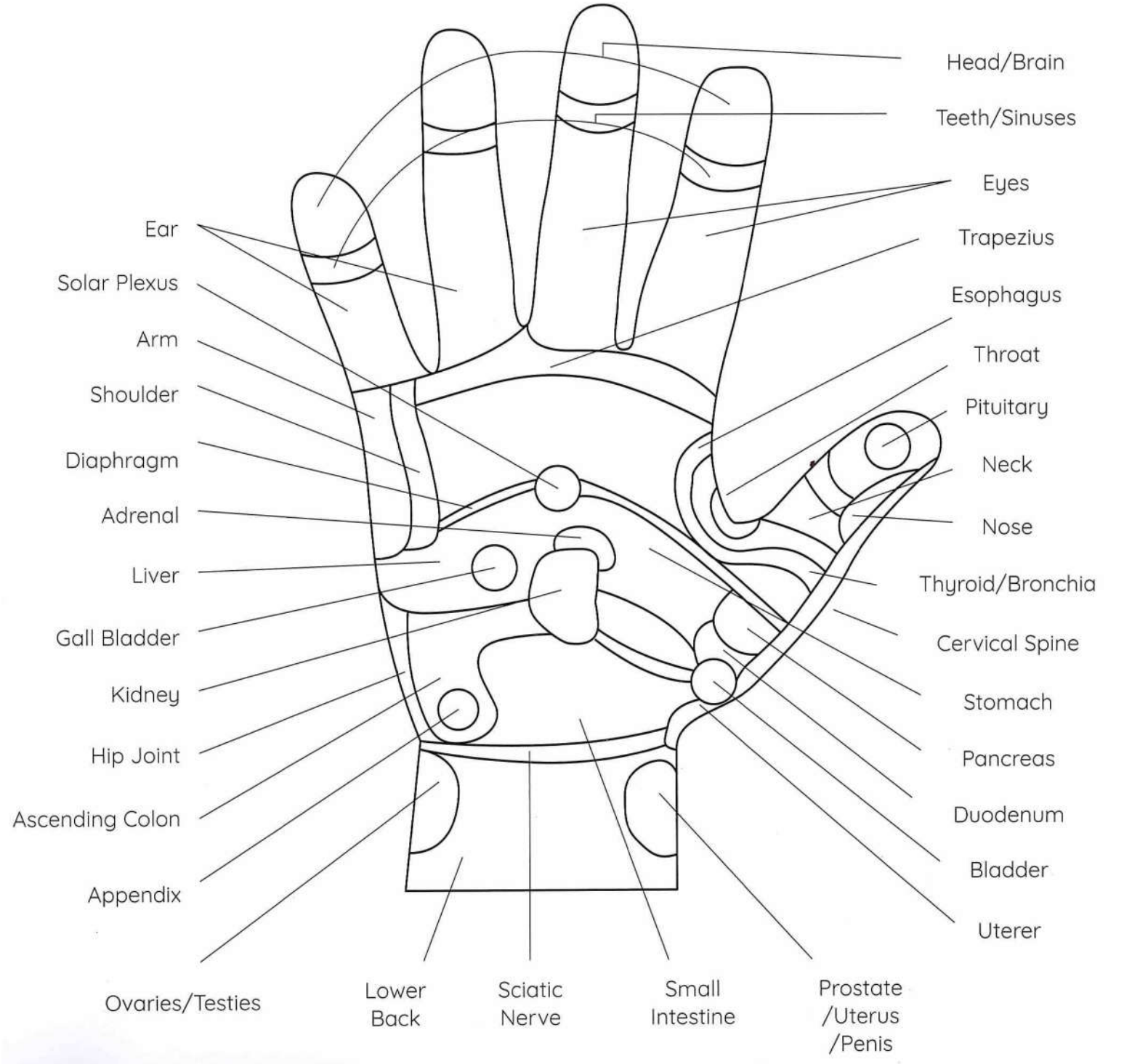
Gall Bladde
Kidney
Hip Joint
Ascending
Appendix

RIGHT PALM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