BLACK FOREST SUPPLEMENTS

A SELF-ASSESSMENT FIELD GUIDE

The Independence Protocol

Five numbers that predict how well you will live, why almost no one ever shows them to you, and how to start moving every one of them this Fourth of July.



FOREWORD BY ANTONIO COLMENARES, CEO, BLACK FOREST SUPPLEMENTS

EDITION I · JULY 2026

CONTENTS

The Independence Protocol

8 CHAPTERS

00 A note from Antonio Colmenares

01 The scorecard you were never shown

02 Part one: the test

03 Your score, decoded

04 Part two: why the gauges drop

05 Part three: the tools

06 Part four: the four-week protocol

07 Take it back

08 References and disclosures

EDITORIAL. NOT MEDICAL ADVICE. CONSULT YOUR PHYSICIAN BEFORE BEGINNING ANY NEW MOVEMENT OR NUTRITION REGIMEN.

FOREWORD

00

A note from Antonio Colmenares.

CEO, Black Forest Supplements.

You cannot feel it. You can measure it.

In 2012, a group of Brazilian physicians asked more than two thousand adults to do something a small child does without thinking. Sit down on the floor, then stand back up. They scored each person on how much help they needed, a hand, a knee, a wall. Then they waited.

Over the next six years, the adults who struggled most to get off the floor were more than five times as likely to die as the ones who rose easily (Brito et al., *European Journal of Preventive Cardiology*, 2014). Same ages. Same doctors. Different floors. The test took ten seconds and cost nothing, and it predicted survival better than a good deal of what happens at an annual physical.

Almost no physician will ever ask you to do it.

That is the strange thing I kept running into while we built this guide. The body keeps an honest scorecard. How fast you stand, how hard you can grip, how quickly you react, where your weight sits, how well you recover overnight. Every one of those numbers has been tied, in large human studies, to how long and how well a person lives. And almost none of them get measured, because the fifteen minutes you get once a year are spent on the handful of things a billing code exists for.

— WHAT YOU ARE HOLDING.

The Independence Protocol is the physical they do not give you. In the first half, you run five tests on yourself, on the floor of your own home, and you write down five numbers. In the second half, you learn what those numbers mean, why they have been quietly falling across this country for forty years, and exactly what moves them back.

You take that baseline this Fourth of July, the starting line. Then, at the end of the month, you run all five again and read the difference in your own handwriting.

I will be honest about one thing up front, because the last guide taught me you value it. Near the end, this book names the two tools we make. That is deliberate, and when we get there I will tell you plainly why they earn the mention. Everything before them, the tests, the science, the protocol, is yours to use whether you ever buy a thing from us or not. Independence that depends on our checkout page is not independence.

Antonio Colmenares
CEO, Black Forest Supplements

Editorial. Not medical advice. The self-tests in this guide are general fitness assessments, not diagnostics. Consult your physician before beginning any new movement or nutrition regimen, and stop any test that causes pain.

CHAPTER 01

01

The scorecard you were never shown.

Why decline is invisible from the inside, how the body grades you anyway, and who benefits from you never seeing the grade.



The decline that hides.

Nobody wakes up on a Tuesday and notices they got weaker. That is the whole problem. Decline does not arrive. It accumulates, a fraction of a percent at a time, slow enough that you adjust to it without ever deciding to.

You take the elevator because the stairs felt long once. You stop sitting on the floor because getting up became a small production. You reach for a second coffee at three in the afternoon and call it a preference. None of it registers as loss. It registers as normal, because normal is simply whatever you felt yesterday.

This is why the honest information about your body almost never comes from your body. Your knees do not send an itemized bill. What you feel is the average of the last few weeks, and the average keeps quietly resetting downward. By the time a decline is large enough to feel, it is usually large enough to have taken years.

But the body is keeping score the entire time, whether or not you read it. And the score turns out to be measurable in about ten minutes, on the floor of your living room, with nothing you do not already own.

— FIVE GAUGES, ONE ENGINE.

Think of the dashboard of a car. Speed, fuel, temperature, oil, charge. Five separate needles, but they are all reading one thing underneath: whether the engine has what it needs to do its job.

Your body has a dashboard too. How fast you can rise from the floor. How much force your muscles produce. How quickly your brain converts what it sees into action. Where your body stores its fuel. How completely you recharge overnight. Five needles. And underneath them sits a single engine: the system that makes cellular energy and the circulation that carries it where it is needed. When that engine runs low, on either the making side or the delivery side, the needles tend to drift together. That is why the tired often arrives together: the slower morning, the softer grip, the foggy afternoon, the restless night. It reads like five problems. It is usually one.

THE NATIONAL SCORECARD.

If this were only happening to you, it would be a personal story. It is not. Across the country, the same needles have been drifting the same direction for decades, and the measurements exist.

- **Grip strength has collapsed in a single generation.** A man in his early twenties today squeezes about 101 pounds. In 1985, his counterpart gripped 121. That is a loss of roughly 17 percent, about twenty pounds of force, in one generation (Fain & Weatherford, *Journal of Hand Therapy*, 2016).
- **Only about 1 in 8 American adults is metabolically healthy.** An analysis of national survey data found just 12 percent met the marks for healthy blood pressure, blood sugar, cholesterol, and waist size without medication (Araujo et al., *Metabolic Syndrome and Related Disorders*, 2019).
- **Four out of five adults do no strength training at all.** Only about 22 percent meet the basic muscle-strengthening guideline of twice a week (CDC, National Health Interview Survey, 2022).
- **One in three adults sleeps under seven hours a night**, the threshold below which recovery measurably suffers (CDC, 2024).
- **Difficulty concentrating and remembering has nearly doubled in adults under 40**, rising from 5.1 to 9.7 percent over the last decade of national health data. This is not a story about the elderly (Behavioral Risk Factor Surveillance System, reported in *Neurology*, 2025).

> A population does not feel itself declining either. It just keeps resetting what counts as normal, one year at a time.

WHO BENEFITS FROM THE BLANK GRADE.

Here is the uncomfortable part. Almost every one of those numbers is cheap to measure and almost none of them gets measured. That is not an oversight. A person who does not know their own numbers is easier to sell to, easier to medicate, and easier to keep as a customer of the decline rather than the recovery. Uncertainty is the product. When you do not have a baseline, every symptom becomes a reason to buy something and no result can ever be checked.

We should be square with you, because we sell things too. The point of this guide is not to move you from trusting them to trusting us. It is to move you from trusting anyone to measuring for yourself. A number you took with your own hands, that you can retake next week, is the one piece of health information nobody can sell you and nobody can take back.

That is what independence actually means here. Not a feeling. A number you own. Turn the page and go get your five.

CHAPTER 02

02

Part one: the test.

Five measurements, about ten minutes, no equipment you do not already own. Take them this Fourth of July, before you read the rest. Write the numbers down.



Take the test first.

Read the science later. On the Fourth, before your opinion of yourself has a chance to argue with the result, run these five. Each one has been tied in published human research to how long and how well people live. Together they read all five needles on your dashboard.

Three rules. Do them honestly, because the only person a soft score fools is you. Do them safely, and stop anything that causes real pain, not just effort. And write every number down, because at the end of the month you will run all five again, and a before means nothing without an after.

Each test below comes with a picture of what it looks like, a way to score it, and the research on what that score predicts. Ten minutes, a floor, a ruler, and a tape measure. That is the whole kit.

— TEST 1. THE FLOOR TEST.

What it reads: whole-body strength, balance, and flexibility at once, the same qualities you use to catch yourself when you trip.

How to run it. Start standing, barefoot, with clear space around you. Lower yourself to sitting cross-legged on the floor, then stand back up, using as little support as possible. Begin with a score of 10, five points for going down and five for coming up. Subtract one point each time you use a hand, forearm, knee, or the side of your leg for support. Subtract half a point each time you wobble or lose balance.



THE FLOOR TEST · DOWN AND UP, MINIMAL SUPPORT

What it predicts. In a study of 2,002 adults, those with the lowest scores were more than five times as likely to die over the next six years as those who rose freely, and each single point was associated with roughly 21 percent better survival (Brito et al., *European Journal of Preventive Cardiology*, 2014).

Where you stand. A score of 8 to 10 fell in the lowest-risk group, 6 to 7.5 in the middle, and 5.5 or below in the group where risk climbed steeply. Skip this test if you have knee or hip trouble, and use a mat.

TEST 2. THE STRENGTH TEST.

What it reads: upper-body and core strength plus muscular endurance, which track with total-body muscle you can actually use.

How to run it. Do as many push-ups as you can in a row with good form, chest lowering to about fist height, no resting at the top. If full push-ups are not there yet, drop to your knees or push off a countertop and count those. Record the number.



THE STRENGTH TEST · AS MANY AS YOU CAN, GOOD FORM

What it predicts. Among men who could do 40 or more consecutive push-ups, the ten-year risk of a cardiovascular event was about 96 percent lower than in men who could manage fewer than 10 (Yang et al., JAMA *Network Open*, 2019). That study looked only at men. The link between strength and survival is not male-only: across roughly 140,000 adults of both sexes, every 11-pound drop in grip strength came with a 16 percent higher risk of death (Leong et al., PURE study, *The Lancet*, 2015).

Where you stand. For men, 40 or more was the high-performing group and fewer than 10 the concerning one. Women's push-up norms run lower, so read your own number as the baseline. Fewer than 10 of any kind, on knees or countertop included, is the clearest signal to make this a priority.

— TEST 3. THE REACTION TEST.

What it reads: how fast your brain turns what it sees into action, a live readout of the most energy-hungry organ you have.

How to run it. Have someone hold a ruler vertically, the zero end down, between your open thumb and finger. Without a countdown, they drop it; you pinch it as fast as you can. Read the inch mark where you caught it, lower is faster. Do it three times and average. Alone, use any free reaction-time test on your phone, tap five times, and average the milliseconds.



THE REACTION TEST · CATCH THE DROPPED RULER

What it predicts. Over long follow-up, reaction time predicts risk of death about as strongly as intelligence does, and more strongly than blood pressure (Deary & Der, *Psychological Science*, 2005). A slow catch is not a fixed fact about your hand. Reaction time sags when you are under-recovered and sharpens when you are rested, which is part of why it earns a place on this dashboard.

Where you stand. Catch it in the top third of the ruler, roughly the first four to six inches, and your reaction is quick, about a fifth of a second. Catching it low, or letting it slip through your fingers entirely, is the slow end.

— TEST 4. THE WAISTLINE TEST.

What it reads: where your body is storing fuel, and how much of it is the deep visceral kind that sits around your organs.

How to run it. Wrap a tape measure around your bare waist at the level of your navel, relaxed, without holding your breath or pulling it tight. Take that number in inches and divide it by your height in inches. A 34-inch waist on a 68-inch frame is 0.50.



THE WAISTLINE TEST · MEASURE AT THE NAVEL, RELAXED

What it predicts. Keep the ratio under 0.5. This one measurement outperforms the standard body-mass index at flagging cardiometabolic risk, because it captures the deep abdominal fat that BMI misses entirely (Ashwell & Gibson, *BMJ Open*, 2016). It matters because only about 1 in 8 American adults is metabolically healthy to begin with (Araujo et al., *Metabolic Syndrome and Related Disorders*, 2019).

Where you stand. Under 0.5 is the goal. From 0.5 to 0.6 is increased risk. Above 0.6 is high, and it is also the number most willing to move once you change what is on the plate.

TEST 5. THE RECOVERY TEST.

What it reads: how completely you refuel overnight. This is the only gauge here scored by honest answers rather than reps, and it is the one most people fail without noticing.

How to run it. Give yourself one point for each of these that is true of the last week: you slept under seven hours most nights; you wake groggy rather than refreshed; your energy crashes in the afternoon; you cannot focus more than about twenty minutes without reaching for your phone; you need caffeine to feel normal, not just to enjoy it. Add them up, from 0 to 5. Higher is worse.



THE RECOVERY TEST · AN HONEST WEEK OF SLEEP AND ENERGY

What it predicts. One in three adults already sleeps under seven hours (CDC, 2024). After 17 to 19 hours awake, reaction time and judgment fall to the level of a legally impairing blood-alcohol concentration of about 0.05 percent, and by 24 hours to roughly 0.10 percent (Dawson & Reid, *Nature*, 1997). Recovery is not the soft part of health. It is when the engine actually refuels.

Where you stand. Zero or one flag means you are recovering well. Two or three means the edges are fraying. Four or five means you are running on empty, and it is quietly dragging down every other gauge on this list.

— YOUR BASELINE SCORECARD.

Write your five numbers here, with the date. Leave the second column blank. You will fill it in at the end of the month.

TEST	BASELINE (JULY 4)	RETEST (END OF MONTH)
The Floor Test (0–10)		
The Strength Test (reps)		
The Reaction Test (inches or ms)		
The Waistline Test (ratio)		
The Recovery Test (0–5 flags)		
Date		

Five numbers. Most people go their whole lives without ever writing them down. You now have a baseline, which means from here on, decline has to get past you to happen. The next two chapters explain what these numbers mean, why they drift, and how to move them.



> A symptom is an opinion. A number is a fact. You just traded five opinions for five facts.

CHAPTER 03

03

Your score, decoded.

A low number is not a verdict. It is a starting line. How to read the pattern across all five, and why the body answers to effort at any age.



Read the pattern, not the panic.

Whatever you wrote down, do not read it as a grade on a report card. Read it as a photograph. It shows where you are standing today, which is the one thing you need in order to decide where to walk next. It says nothing about where you have to stay.



A PHOTOGRAPH OF WHERE YOU STAND TODAY, NOT A VERDICT

You already know what a low score looks like from the outside. There is someone in your life who has quietly rebuilt their world around their weakest gauges. They take the aisle seat to avoid climbing past anyone. They hand the grandkids back the moment the squirming starts. They have not been down on the floor in so long that getting there is a decision now, not a motion. None of it felt like it was happening, because it never does. Measuring is simply how you catch the drift while it is still a number, and not yet the shape of a life.

The single most useful thing to notice is not any one number. It is the pattern across all five. One low gauge usually points at one specific thing. A stiff Floor Test on its own might just be tight hips. A high Waistline number on its own might be the last few months of the way you have been eating.

But when three, four, or five needles read low at the same time, that is a different message. Separate problems do not usually arrive together. When the whole dashboard drifts at once, the honest explanation is rarely five coincidences. It is the shared engine underneath them running low. The slow catch, the soft grip, the afternoon crash, and the restless night are not five conditions to manage one at a time. They are one system asking for what it needs.

That is the good news hiding inside a bad-looking scorecard. Five problems would be overwhelming. One engine is a target.

— THE NUMBER THAT SCARES PEOPLE IS THE WRONG ONE.

Most people, seeing a low score, quietly assume it is mostly about age, and that age only moves one direction. Both halves of that assumption are wrong, and the research on this is not subtle.

174%

STRENGTH GAINED BY FRAIL ADULTS WITH AN AVERAGE AGE OF 90, AFTER JUST 8 WEEKS OF TRAINING (FIATARONE ET AL., JAMA, 1990)

In that landmark study, researchers put a group of nursing-home residents, average age 90, some of them over 96, through eight weeks of simple resistance training. Their strength did not creep up. It rose by an average of 174 percent, and several traded their walkers for canes (Fiatarone et al., JAMA, 1990). If a 96-year-old body responds to the right input that fast, the question of whether yours is too far gone answers itself.

It holds across the range, too. Pooled results from 47 controlled trials found that previously sedentary older adults gained meaningful strength within weeks of starting, not months (Peterson et al., *Ageing Research Reviews*). The body did not stop listening. Almost nobody was talking to it in the language it responds to.

So a low score today is not evidence of how far you have fallen. It is evidence of how much headroom you have, and headroom is the whole point. The people with the most to gain from the next three chapters are the ones whose scorecard looked the worst.

— WHAT THE LOW GAUGES ARE ASKING FOR.

Most of your needles run on the same current: whether your cells can make and re-make energy fast enough to meet demand. Strength, the floor, recovery, they lean on that reserve directly. Even where you store fuel is shaped in part by how much engine you carry. The point is not that one molecule explains everything about you. It is that a single system sits under enough of the dashboard that refilling it tends to move more than one needle. Which raises the obvious question, the one the next chapter exists to answer.

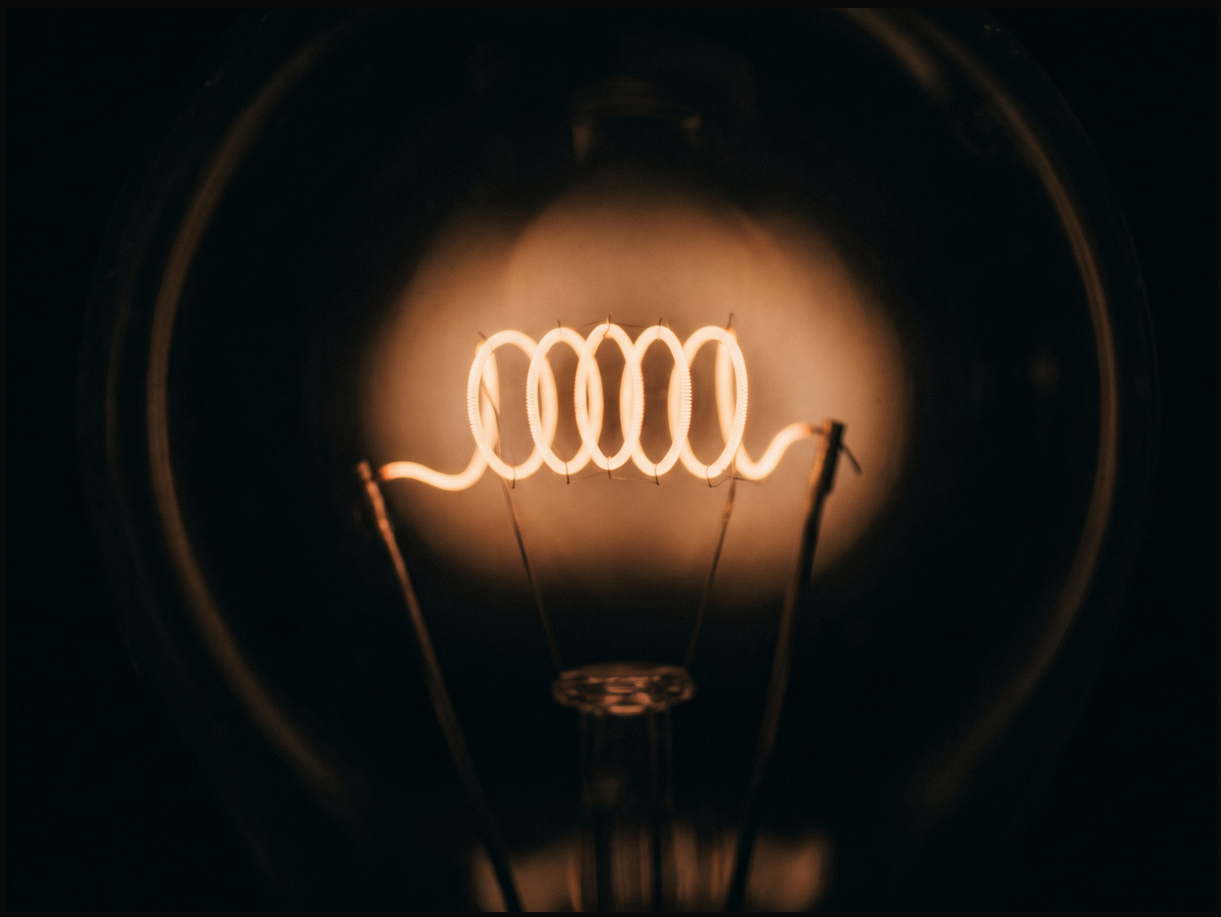
What is the engine, exactly, and why has it been running low across an entire country at once?

CHAPTER 04

04

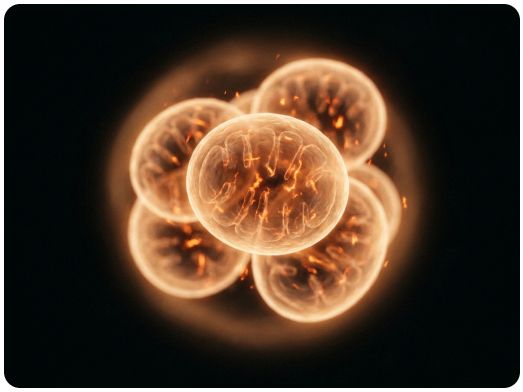
Part two: why the gauges drop.

The single engine under all five needles, the rechargeable reserve that keeps it running, and why that reserve has been draining across a whole country at once.



The engine is called ATP.

Every push-up, every thought, every catch of a falling ruler, every repair your body makes while you sleep, is paid for in a single currency. It is a molecule called ATP, and it is the only form of energy your cells can actually spend.



ATP: THE ONLY ENERGY YOUR CELLS CAN SPEND

Two things about ATP explain almost everything on your scorecard. First, it is expensive. Your brain is only about 2 percent of your body weight but burns close to 20 percent of your energy, most of it as ATP, just to keep the lights on (Raichle & Gusnard, PNAS, 2002). Second, you cannot stockpile it. The amount of ATP in your muscles at any moment would power a hard effort for only a few seconds. You are not living off a tank. You are living off whatever you can re-make, moment to moment, for the rest of your life.

So the real question your body faces, thousands of times a minute, is not how much energy it has stored. It is how fast it can rebuild the energy it just spent. And the fastest rebuild system it owns has a name most people associate only with the gym.

— THE RECHARGEABLE RESERVE.

When a cell burns ATP, it needs to recharge it immediately. The quickest way it knows is a molecule called **phosphocreatine**, which hands over its charge in a fraction of a second to turn spent fuel back into usable fuel. Phosphocreatine is built from **creatine**. Think of it as the cell's rechargeable battery, sitting right next to the engine, topping it off between every stroke.

When that reserve is full, ATP regenerates fast. The grip is firm, the catch is quick, the eighth rep looks like the first, the brain holds focus. When the reserve runs low, every one of those lags, in exactly the pattern you may have just measured. The gauges are not five systems. They are five readings of how full one battery is.

WHY THE RESERVE RUNS LOW.

Your body holds only about 120 to 140 grams of creatine at any moment, almost all of it inside muscle. It makes roughly a gram a day on its own and pulls the rest from food, mostly red meat and fish. That arrangement worked for most of human history. It works less well now, for reasons that line up uncomfortably well with the national scorecard from Chapter 01.

- **The diet stopped supplying it.** More than 4 in 10 people take in less than a gram of creatine a day from food, well under what the body can use, as portions of red meat and fish have shrunk from the average plate (Korovljev and Ostojic et al., 2021).
- **The reserve shrinks with the years.** Both muscle creatine content and the muscle that stores it decline with age, which is part of why the same effort costs more at 50 than at 25 (Candow et al., *Journal of Clinical Medicine*, 2019).
- **Poor recovery drains the brain's share.** In sleep-deprived animals, phosphocreatine in the frontal brain has been measured dropping by more than half (this is animal data and should be read as mechanism, not a human dose). In people, the downstream effect is the one you know: after 17 to 19 hours awake, reactions slow to the level of legal alcohol impairment (Dawson & Reid, *Nature*, 1997).
- **Less muscle means a smaller tank.** With four of five adults doing no strength training (CDC, 2022), the very tissue that holds the reserve is shrinking across the population.

Four different causes, one result: a reserve that is chronically closer to empty than it was built to be. Which is why refilling it tends to move more than one needle.

THE BRAIN RUNS ON THE SAME BATTERY.

This is the part that surprises people, because creatine is filed under "muscle." The brain is one of the most energy-hungry tissues you have, and it uses the same phosphocreatine reserve to meet its demand.

The three o'clock fog you blame on lunch, or the meeting, or your age is often none of those things. It is the same reserve, run low, in the organ that happens to do your thinking. You have been reading your own battery level for years. You just called it a mood.

Restoring creatine has been shown to measurably raise the brain's creatine stores, by close to 9 percent in one controlled study (Dechent et al., *American Journal of Physiology*, 1999). In a 2024 study, a single large dose restored cognitive performance and brain energy markers in people kept awake for 21 hours (Gordji-Nejad et al., *Scientific Reports*, 2024). A meta-analysis of controlled trials found creatine supported memory, with the clearest effects in older adults (Prokopidis et al., *Nutrition Reviews*, 2023).

The researcher who has published more on this than almost anyone, Dr. Darren Candow, frames it in a way worth keeping. Creatine does not "boost" a healthy system past its limits. It *restores* a reserve that modern life keeps draining. "You will not feel it," he has said of the mental effect. "You feel it in the tasks." Which is exactly why you measured the tasks first.

— THE BATTERY IS BUILT FROM MORE THAN ONE PART.

Here is the wrinkle that matters for what comes next. Filling the reserve is not only about adding creatine. Your body also has to *make and hold* it, and that depends on more than one part working together:

- the **raw material** the body uses to build its own creatine;
- the **methyl donors** that let that building step happen cleanly, without leaving a byproduct behind;
- the **minerals** that let muscle contract and pull water into the cell, where the reserve is held;
- and a compound that helps **keep the cell stable** while it works under load.

Four inputs, one reserve. It is why the smartest way to fill the battery is not a single ingredient but a system built to match. Still, a full battery is only half of what an engine needs.

— THE OTHER HALF: GETTING FUEL TO THE ENGINE.

A charged battery does nothing behind a corroded wire. The reserve you just read about sits inside cells, and those cells only work while blood keeps arriving, carrying oxygen and fuel in and hauling waste out. Every gauge on your scorecard that leans on the brain or the muscles leans, quietly, on circulation too.

And circulation gets less reliable with the years. The blood's clotting factors climb with age while the body's ability to break clots back down, a process called fibrinolysis, slows (Mari et al., *Journal of Thrombosis and Haemostasis*, 2008). The result is thicker, stickier flow, and delivery that grows less efficient long before anything shows up at a physical.

One enzyme has been studied for decades for how it supports the body's own fibrinolytic housekeeping: nattokinase, first isolated in 1987 from the fermented soybean food natto (Sumi et al., *Experientia*, 1987). In human research it has been associated with lower fibrinogen, one of the raw materials of clot formation (Hsia et al., *Nutrition Research*, 2009), and with support for healthy blood pressure and circulation (Kim et al., *Hypertension Research*, 2008; Chen et al., *Frontiers in Cardiovascular Medicine*, 2022). It does not thin the blood the way a drug does. It supports the body's own routine for keeping the lines clear.

— WHY THE TWO BELONG TOGETHER.

Here is the synergy, and the honest limit of it. No one has put creatine and nattokinase in a single trial, and we are not going to pretend otherwise. What we can say is mechanical, and it is the whole reason this guide names both. Creatine charges the battery. Nattokinase supports the lines that deliver the charge. A full reserve behind sluggish circulation still leaves the tissue waiting; clear circulation with an empty reserve has nothing to carry. Strength, a quick reaction, a good night's recovery, all of them need energy made *and* energy delivered. The engine needs both jobs done.

One caution, stated plainly. Because nattokinase acts on the clotting system, anyone taking a blood thinner, living with a bleeding disorder, or heading into surgery should speak with a physician before using it. It supports normal circulation. It is not a treatment for any condition.

Two jobs, then. Charge the battery, keep the lines clear. The next chapter is where both become tools you can hold, and where, as promised, we name what we make.

CHAPTER 05

05

Part three: the tools.

Three tools that cost nothing, one that does not, and the honest order to use them in. This is where we name what we make, and why it earns the mention.



The tools, in order.

There are four tools that move the reserve. Three of them are free, and they matter more than the fourth. We are going to put them in that order on purpose, because a guide that leads with the thing it sells has already told you what it thinks of you.

— TOOL ONE: TRAIN THE TANK.

The reserve is held inside muscle. More usable muscle means a bigger tank, which is why resistance training moves nearly every gauge on your scorecard at once. It does not take a gym membership or an hour a day. Frail adults averaging 90 years old gained 174 percent in strength on a simple program in eight weeks (Fiatarone et al., JAMA, 1990), and pooled data from dozens of trials shows previously sedentary people gain measurable strength within weeks (Peterson et al., *Ageing Research Reviews*, 2010). The floor is low: the guideline is strength work just twice a week, and four out of five adults are not clearing it (CDC, 2022). Clearing it puts you ahead of most of the country.

— TOOL TWO: REFILL FROM THE PLATE.

Your body builds about a gram of creatine a day and expects to eat the rest, mostly from red meat and fish. Modern portions no longer deliver it: more than 4 in 10 U.S. adults take in under a gram of creatine a day from food, and average intake sits around 0.7 grams (Korovljev and Ostojic et al., 2021). Eating enough protein, and enough real animal food if you eat it, refills the reserve the way it was designed to be refilled and gives your muscle the raw material to grow.



THE TWO FORMULAS COME LATER, EVERY DOSE IN THE OPEN

— TOOL THREE: PROTECT RECOVERY.

Recovery is when the reserve refills and the repairs get made. It is not the soft part of the plan, it is the part the other two depend on. One in three adults sleeps under seven hours (CDC, 2024), and the cost is measurable: after 17 to 19 hours awake, reaction and judgment fall to the level of legal alcohol impairment (Dawson & Reid, *Nature*, 1997). Seven hours is not indulgence. It is the refuel window.

Do those three and nothing else, and your numbers will move. Everything above this line is yours, free, forever. Now the fourth tool.

— THE FOURTH TOOL, AND WHY WE MAKE IT.

The fastest way to refill the reserve directly is creatine, the most-studied performance compound in the world, with hundreds of human trials behind it and meta-analyses putting its effect at roughly an 8 percent gain in strength (Rawson & Volek, *Journal of Strength and Conditioning Research*, 2003). In older adults specifically, creatine paired with training builds more lean mass and strength than training alone (Chilibeck et al., 2017). But you saw in the last chapter that the reserve depends on four inputs working together, not one. Most products sell you the first input alone. We built one to match all four, and we called it **Serious Creatine**. Here is exactly what is in a scoop, and what each part is there to do.

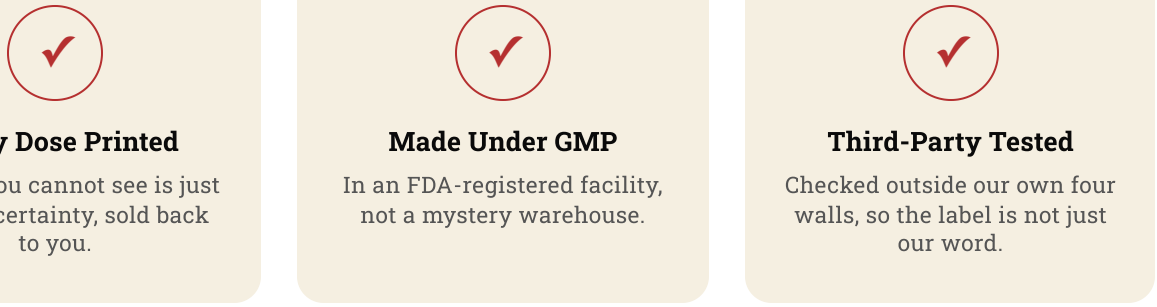
WHAT IS IN IT	WHAT IT DOES	MAINLY SUPPORTS
Creatine Monohydrate, 5g	Refills the phosphocreatine reserve directly, in muscle and brain alike. The most-studied form there is.	Strength, floor, reaction
GAA, 2g, with TMG, B12, Folate	GAA is the raw material your body turns into its own creatine; the methyl donors let that step run cleanly.	Your own production
Sodium, Potassium, Magnesium	The minerals that let muscle contract and pull water into the cell, where the reserve is stored.	Recovery
Taurine, 1.5g	Supports cell hydration and stability while the cell works under load.	Durability

That is the whole engine from Chapter 04, rebuilt as a formula. Not a proprietary blend hiding the amounts. Nine ingredients, every dose printed on the label.

— TWO ROADS TO THE SAME RESERVE.

Most creatine products take one road: add creatine from outside to refill the reserve. The 5 grams of monohydrate here does that, and it is where the strength and brain evidence actually lives. The 2 grams of GAA adds a second road, the raw material your body uses to make its own creatine, so you support the inside production line while you refill from the outside. We will be straight about it: GAA earns its place by supporting your own supply, not by carrying those outcome studies, which belong to creatine itself.

There is one honest catch with the GAA road, and it is the reason the rest of the formula exists. Turning GAA into creatine spends a methyl group, and spending methyl groups without replacing them can leave a byproduct called homocysteine behind. So the formula includes the three nutrients that replace those methyl groups directly: TMG, vitamin B12, and folate. The design does not ignore the tradeoff. It pays for it in the same scoop.



We will say it plainly, because the foreword promised we would. This is the add-on, not the foundation. Use only the three free tools and your scorecard will still move. But here is the one thing the free route cannot rush: food gives most people under a gram of creatine a day, so refilling the reserve from the plate alone takes weeks and stalls the moment the diet slips. A daily scoop closes that specific gap, saturating the reserve in about three to four weeks instead of leaving it chronically half full (Kreider et al., *International Society of Sports Nutrition*, 2017). That is the honest case for it. Not a cure, just a faster, steadier refill for the reader who wants one. Useful, named, and optional.

— THE COMPANION, FOR THE OTHER JOB.

Everything above fills the battery. Chapter 04 showed why that is only half the engine, so here is the tool for the other half, the second formula coming back this month. It follows the same rule as the creatine scoop: a system, not a single ingredient, with every dose printed. We call it the **Nattokinase 4-in-1 Cardio Complex**, and here is what one capsule holds.

WHAT IS IN IT	WHAT IT DOES
Nattokinase, 10,800 FU	The lead fibrinolytic enzyme, dosed at the exact level used in the clinical research on circulation (Chen et al., 2022).
Serrapeptase, 180,000 SPU	A second enzyme that supports the body's clearing of excess protein and fibrin.
Lumbrokinase, 40mg	A third fibrinolytic enzyme, long used to support smooth, healthy blood flow.
Vitamin K2 (MK-7), 180mcg	Supports the body's handling of calcium, guiding it toward bone.

One vegan capsule a day, made in the same FDA-registered, GMP facility as the creatine and lab-tested for potency at every lot release. Three complementary enzymes and a cofactor, dosed in the open, aimed at the delivery side of the same engine. The 10,800 FU is not a round marketing number; it is the amount used in the human trials, printed on the label so you can check it.

It is separate from the creatine scoop, and it is not for everyone. This one carries a real caution, because it acts on the clotting system: do not start it if you take a blood thinner or aspirin, have a bleeding disorder, are pregnant or nursing, or have surgery coming, without clearing it with your physician first. For the reader whose delivery side needs the support, it is the natural partner to the reserve.

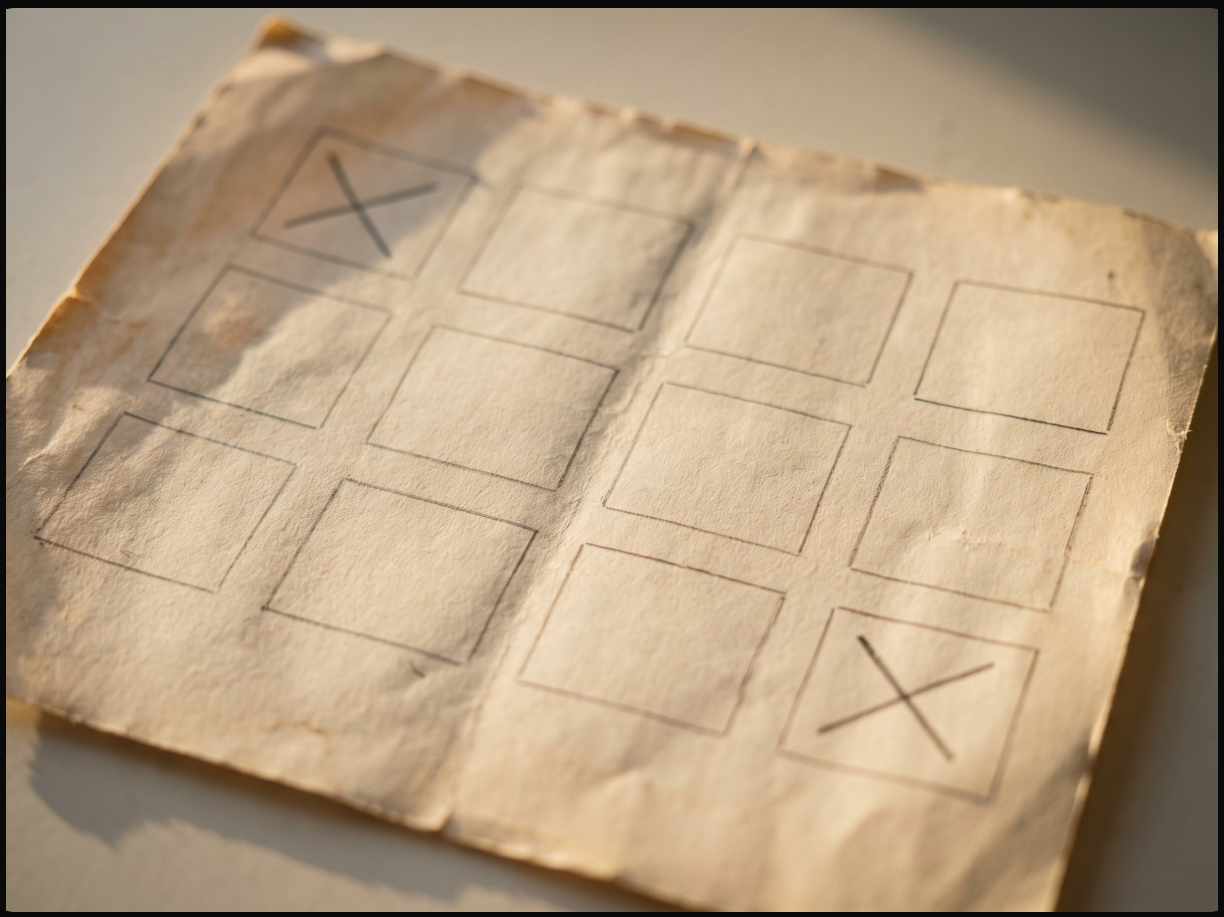
Two formulas, two jobs. One keeps the battery full, the other keeps the lines clear. Both are optional, both are named in plain sight, and both come back on the shelf this month.

CHAPTER 06

06

Part four: the four-week protocol.

A plain month of using the tools, starting the Fourth, and then the part almost no health advice ever asks of you: measure again, and see for yourself.



Four weeks to a second number.

Be clear-eyed about what a month can do. It is more than a single week and less than a full transformation. In about four weeks a drained reserve can approach full, recovery can reset, and the faster gauges can shift for real, not just twitch. Strength and waistline begin to turn in that window too, still early in their arc, but moving. This is the stretch where the engine, given what it needs, actually starts to answer.

Here is the whole plan. Five things, most days, three of them free. You start the Fourth of July and you retest at the end of the month.

- [ ] Move with resistance three times a week
  Push-ups, squats, a kettlebell, bands, anything that makes muscle work against load
- [ ] Sleep at least seven hours
  The refuel window. Protect it like an appointment
- [ ] Eat protein at every meal
  Real animal food if you eat it; this is where the reserve is refilled
- [ ] Drink water through the day
  The reserve is held in hydrated cells; a dry cell holds less
- [ ] Optional: the formulas, daily
  Creatine for the reserve, nattokinase for delivery if it is right for you. The other four still work without them



ONE WEEK: THREE RESISTANCE DAYS, THE REST WALKING AND RECOVERY. RUN IT ABOUT FOUR TIMES, FROM THE FOURTH TO THE END OF THE MONTH.

WHAT A SESSION LOOKS LIKE.

You do not need a program, just a shape. Pick four or five moves that cover the whole body: a squat or a sit-to-stand, a push such as push-ups or an overhead press, a pull such as rows or a band pull, a hinge such as a deadlift or hip hinge, and a carry. Do two or three hard sets of each, stopping every set one or two reps short of failure, somewhere in the range of five to twelve reps. Thirty to forty minutes, done. If the last rep of a set felt easy, add a little weight or slow it down next time. That is the whole method: a handful of compound moves, taken close to hard, three days a week. The research keeps landing on the same floor, that training each muscle group about twice a week and pushing near failure is what drives the adaptation.

THE MONTH, WEEK BY WEEK.

WEEK	THE WORK
Week 1	Take your baseline on the Fourth. Three resistance sessions. Lock a bedtime that clears seven hours. Start the formulas if you are using them.
Week 2	Add a little load or a rep or two to each move. Protein at every meal. Hold the sleep window.
Week 3	The reserve is filling now, and recovery is usually the first thing to feel different. Keep the three sessions. Keep the sleep.
Week 4	Full effort. Then, at the end of the month, retest all five and fill in the second column.

RETEST AT THE END OF THE MONTH.

Run the exact same five tests, under the same conditions, at roughly the same time of day, before any big meal or hard workout. Same push-up form. Same ruler. Same tape at the navel. The conditions matter, because you are measuring the change, not the mood. Write the second number next to the first.

HOW TO READ THE SECOND NUMBER.

Expect the gauges to move at different speeds, because they refill at different speeds.

- **The fast movers.** The Recovery score, the Reaction Test, and often the Floor Test tend to shift first, sometimes inside the opening week, because sleep, hydration, and coordination respond quickly. The reserve itself begins filling within days and approaches full over three to four weeks of consistent intake (Candow et al., *Journal of Clinical Medicine*, 2019).
- **The slower turns.** The Strength Test and the Waistline Test change over weeks, not days. Four weeks is enough to see them genuinely begin to move, strength as the reserve saturates and the training adds up, the waistline as the plate changes. You are looking for real movement here, not just a hopeful direction.

If a number improved, you have proof the system answers to you, and a reason to keep going past the end of the month. If a number held flat, you have a clean baseline and a plan that is still early. Either way you now own something almost no one does: two honest readings, taken by your own hand, a month apart. That is not a feeling about your health. That is data about it.

> Everyone talks about getting healthier. Almost no one measures twice. You just did.

One chapter left. It is short, and it is about why you started on the Fourth.

CHAPTER 07

07

Take it back.

What the date on your second reading has to do with a document signed in 1776, and where the fourth tool goes when you are ready for it.



Independence is a number you can raise.

Two hundred and fifty years ago this week, a group of people decided they were done being governed by a power that told them what they could know and what they could do with it. That is what independence was. Not a fireworks show. A refusal to be managed.

The version available to you is smaller and quieter, and it fits on a scorecard. For most of your life, the honest facts about your own body have been held somewhere other than in your hands. Measured rarely, explained partly, and always in a fifteen-minute window that belonged to someone else's schedule. You were expected to feel your way through a decline you cannot feel, and to buy your way out of symptoms nobody ever helped you measure.

Today you take a piece of that back. You write down five numbers that are yours. You already know what they mean and what moves them. In a month you will measure again, and whatever that second reading says, the machinery that runs on your not-knowing has already lost a customer, because no one can sell you uncertainty about a thing you are now tracking yourself.

That is the whole idea. Independence is not a feeling you summon on a holiday. It is a number you can raise, and a habit of checking it. The Fourth is where you draw the line. The end of the month is where you find out you held it.

— WHEN YOU WANT THE TOOLS.

Three of the tools were always free, and they always will be. The two formulas are not: the creatine that fills the reserve, and the nattokinase that supports the circulation carrying it. Both have been out of stock, and both come back this week. We are not going to pretend that timing is a coincidence. We chose it. A week about independence is the right week to put the tools back within reach.

But a chosen date is not a countdown. When they return we will tell you in plain language, the way we told you everything here, and then they will simply be on the shelf, for the reader who has started the work and wants the battery filled and the lines clear faster than food alone can manage. If that is you, watch your inbox this week. If it is not, you already have everything you need, and that was the point.

Keep the scorecard. Run the tests again at the end of the month, and again the month after that. Independence is not declared once. It is defended on a schedule.

Antonio Colmenares
CEO, Black Forest Supplements

CHAPTER 08

08

References and disclosures.

Every number in this guide, traced back to its source. Verify anything before you act on it.

References.

Sources are listed in the order they first appear. Where a source is used in more than one chapter, it is listed once, at first appearance.

FOREWORD AND PART ONE.

- Brito LBB, Ricardo DR, Araujo DSMS, et al. Ability to sit and rise from the floor as a predictor of all-cause mortality. *European Journal of Preventive Cardiology*. 2014;21(7):892–898.
- Yang J, Christophi CA, Farioli A, et al. Association between push-up exercise capacity and future cardiovascular events among active adult men. *JAMA Network Open*. 2019;2(2):e188341.
- Leong DP, Teo KK, Rangarajan S, et al. Prognostic value of grip strength: findings from the Prospective Urban Rural Epidemiology (PURE) study. *The Lancet*. 2015;386(9990):266–273.
- Deary IJ, Der G. Reaction time explains IQ's association with death. *Psychological Science*. 2005;16(1):64–69.
- Ashwell M, Gibson S. Waist-to-height ratio as an indicator of early health risk. *BMJ Open*. 2016;6:e010159.
- Araujo J, Cahill L, Fernandez ML, et al. Prevalence of optimal metabolic health in American adults: NHANES 2009–2016. *Metabolic Syndrome and Related Disorders*. 2019;17(1):46–52.
- Dawson D, Reid K. Fatigue, alcohol and performance impairment. *Nature*. 1997;388:235.

CHAPTER 01.

- Fain E, Weatherford C. Comparative study of millennials' grip and pinch strength versus published norms. *Journal of Hand Therapy*. 2016;29(4):483–488.
- Centers for Disease Control and Prevention. Muscle-strengthening activity among adults. *National Health Interview Survey*. 2022.
- Centers for Disease Control and Prevention. Short sleep duration among US adults. 2024.
- Trends in self-reported cognitive disability among US adults, 2013–2023. *Neurology*. 2025. Data from the CDC Behavioral Risk Factor Surveillance System (BRFSS).

CHAPTER 03.

- Fiatarone MA, Marks EC, Ryan ND, Meredith CN, Lipsitz LA, Evans WJ. High-intensity strength training in nonagenarians: effects on skeletal muscle. JAMA. 1990;263(22):3029–3034.
- Peterson MD, Rhea MR, Sen A, Gordon PM. Resistance exercise for muscular strength in older adults: a meta-analysis. *Ageing Research Reviews*. 2010;9(3):226–237.

CHAPTER 04 AND CHAPTER 05.

- Raichle ME, Gusnard DA. Appraising the human brain's energy budget. *Proceedings of the National Academy of Sciences.* 2002;99(16):10237–10239.
- Korovljev D, Todorovic N, Stajer V, Ostojic SM. Temporal trends in dietary creatine intake from 1999 to 2018: an ecological study with 89,161 participants. *Journal of the International Society of Sports Nutrition.* 2021;18(1):48.
- Korovljev D, Todorovic N, Stajer V, Ostojic SM. Dietary intake of creatine and risk of medical conditions in U.S. older men and women: NHANES 2017–2018. *Food Science & Nutrition.* 2021;9(11):5834–5843.
- Candow DG, Forbes SC, Chilibeck PD, et al. Variables influencing the effectiveness of creatine supplementation as a therapeutic intervention for sarcopenia. *Journal of Clinical Medicine.* 2019;8(4):488.
- Rawson ES, Volek JS. Effects of creatine supplementation and resistance training on muscle strength and weightlifting performance. *Journal of Strength and Conditioning Research.* 2003;17(4):822–831.
- Chilibeck PD, Kaviani M, Candow DG, Zello GA. Effect of creatine supplementation during resistance training on lean tissue mass and muscular strength in older adults: a meta-analysis. *Open Access Journal of Sports Medicine.* 2017;8:213–226.
- Dechent P, Pouwels PJW, Wilken B, Hanefeld F, Frahm J. Increase of total creatine in human brain after oral supplementation of creatine monohydrate. *American Journal of Physiology.* 1999;277(3):R698–R704.
- Gordji-Nejad A, Matusch A, Kleedorfer S, et al. Single dose creatine improves cognitive performance and induces changes in cerebral high-energy phosphates during sleep deprivation. *Scientific Reports.* 2024;14:4937.
- Prokopidis K, Giannos P, Triantafyllidis KK, et al. Effects of creatine supplementation on memory in healthy individuals: a systematic review and meta-analysis. *Nutrition Reviews.* 2023;81(4):416–427.
- Dworak M, McCarley RW, Kim T, Kalinchuk AV, Basheer R. Sleep and brain energy levels: ATP changes during sleep. *Journal of Neuroscience.* 2010;30(26):9007–9016.
- Kreider RB, Kalman DS, Antonio J, et al. International Society of Sports Nutrition position stand: safety and efficacy of creatine supplementation in exercise, sport, and medicine. *Journal of the International Society of Sports Nutrition.* 2017;14:18.

A note on the animal data. The frontal-brain phosphocreatine measurement under sleep deprivation (Dworak et al., 2010) is from animal research and is presented in the text as mechanism, not as a human dose or result.

CHAPTER 04 AND CHAPTER 05: CIRCULATION.

- Mari D, Coppola R, Provenzano R. Hemostasis factors and aging. *Journal of Thrombosis and Haemostasis.* 2008;6(11):1955–1957.
- Sumi H, Hamada H, Tsushima H, Mihara H, Muraki H. A novel fibrinolytic enzyme (nattokinase) in the vegetable cheese Natto. *Experientia.* 1987;43(10):1110–1111.
- Hsia CH, Shen MC, Lin JS, et al. Nattokinase decreases plasma levels of fibrinogen, factor VII, and factor VIII in human subjects. *Nutrition Research.* 2009;29(3):190–196.
- Kim JY, Gum SN, Paik JK, et al. Effects of nattokinase on blood pressure: a randomized, controlled trial. *Hypertension Research.* 2008;31(8):1583–1588.
- Chen H, McGowan EM, Ren N, et al. Nattokinase in cardiovascular plaque regression: a randomized clinical study. *Frontiers in Cardiovascular Medicine.* 2022;9:964977.

Disclosures.

This guide is an editorial publication of Black Forest Supplements, intended for general education.

The five self-tests are widely used general fitness assessments, not medical diagnostics. A score on any of them is not a diagnosis and does not, on its own, indicate the presence or absence of any disease. They are included so you can measure your own progress against your own baseline.

The nutrition and movement information describes population-level research. It is not a treatment plan and not a prescription. Serious Creatine is a dietary supplement, not a drug, and is described here as a tool for supporting the body's own energy reserve, not as a therapy for any condition.

Nattokinase supports the body's normal fibrinolytic activity and healthy circulation; it, too, is a dietary supplement, not a drug or a therapy for any condition. Because it acts on the clotting system, do not begin it if you take an anticoagulant or antiplatelet medication (including aspirin), have a bleeding disorder, are pregnant or nursing, or have surgery scheduled, without first clearing it with your physician.

Specific decisions about exercise and supplementation, especially if you are pregnant, managing a medical condition, or taking medication, belong to a licensed physician who knows your history.

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease. Consult your physician before beginning any new movement or nutrition regimen, and stop any self-test that causes pain rather than effort.

© 2026 Black Forest Supplements. All citations available for verification on request.

THE FOURTH OF JULY

Independence is a number you can raise.

You were told decline is something that happens to you. It is not. It is something that gets measured, and then either defended or surrendered.

You have the numbers now. You know what moves them. The only question left is whether you pick the tools up.

BLACK FOREST SUPPLEMENTS