

Chloride Depletion & Addiction

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Whole Health Network

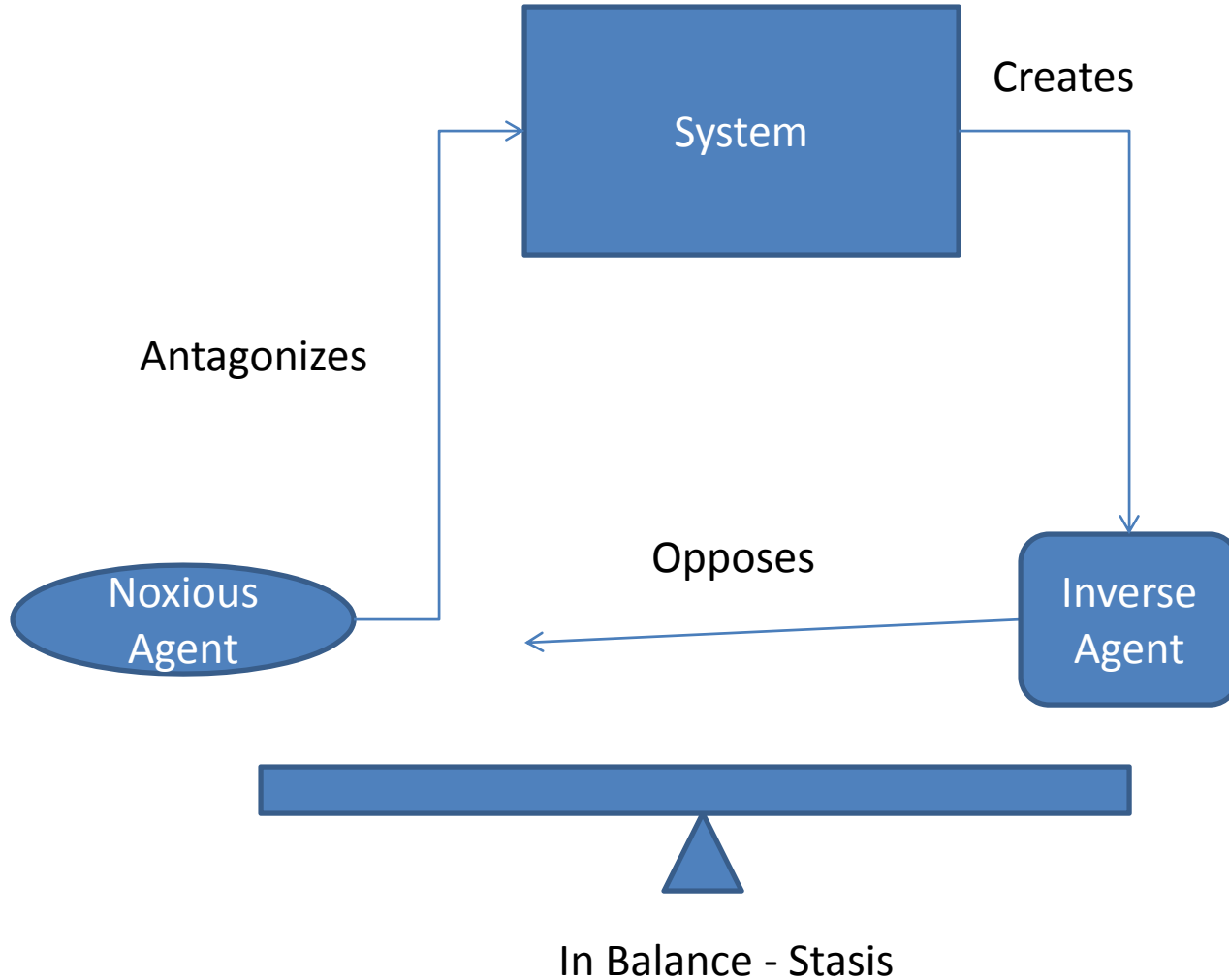
Lipid Antigens

- Toxin Anti-bodies
- Created on exposure
- Customized by body for persistent toxins
- Cumulative in nature
- Seek to balance toxins

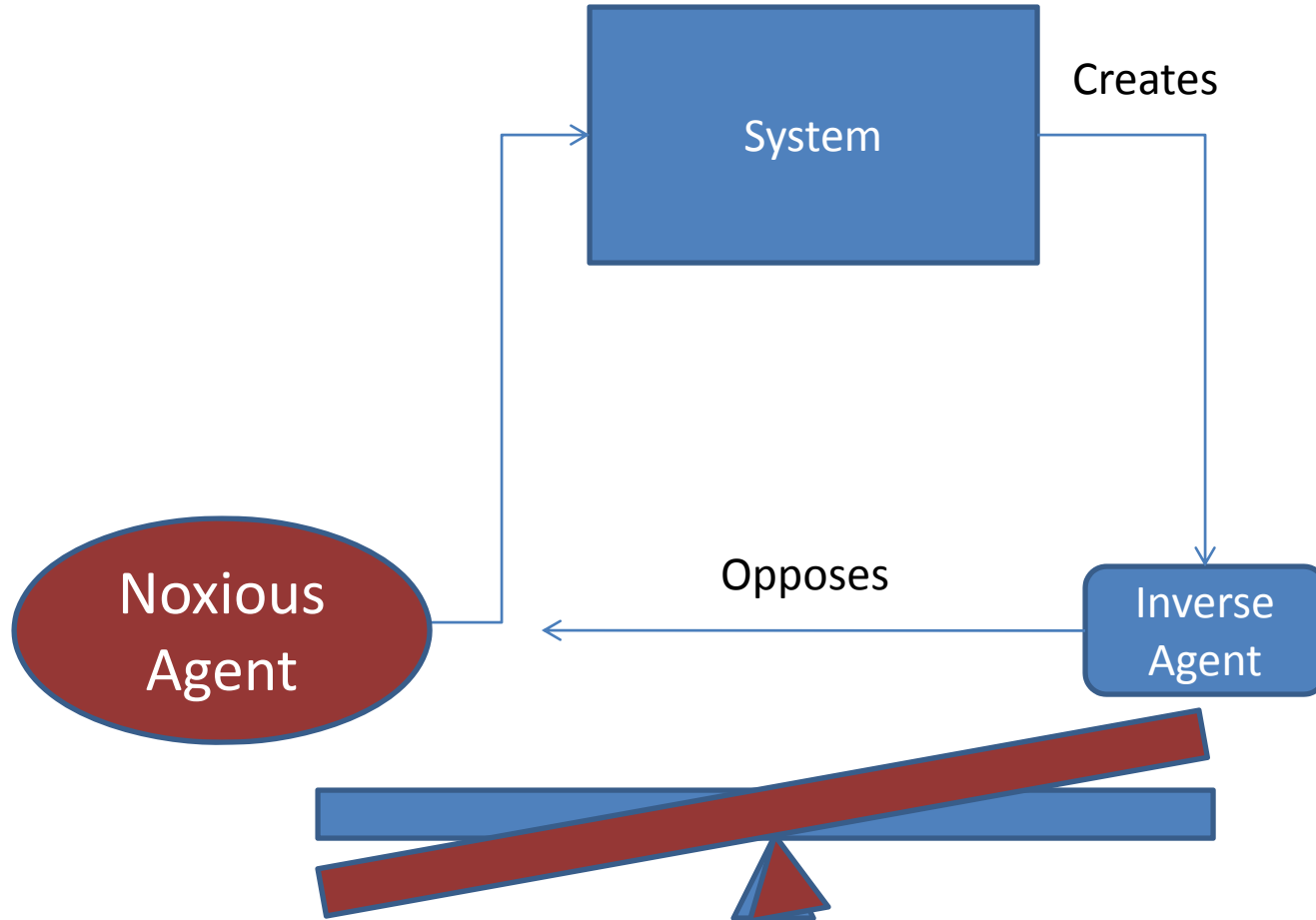
Balance

- Toxic balance
- Lipid-Antigens \sim Constant toxin
- Survival response to adapt to toxins

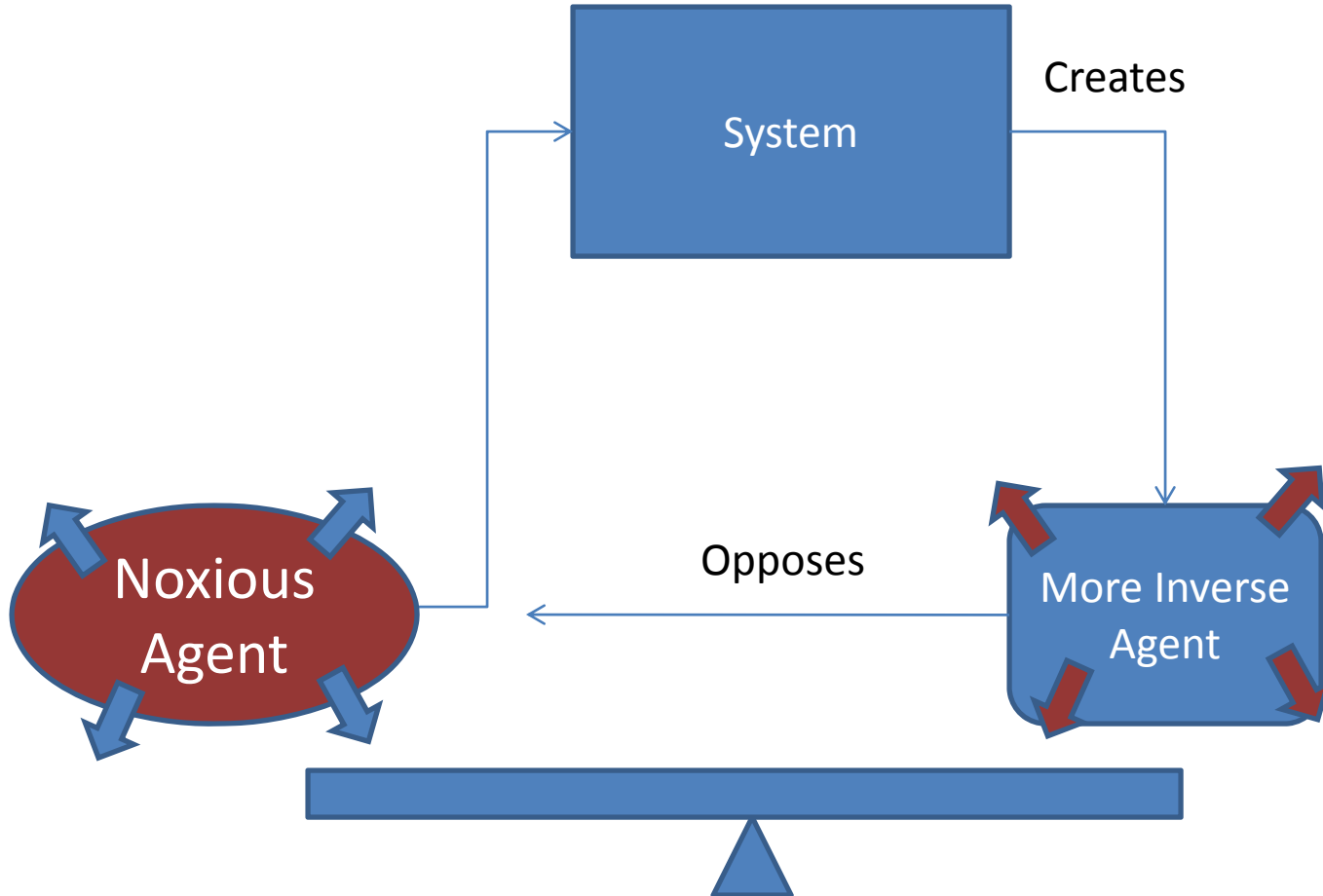
Revici Toxin Circuit



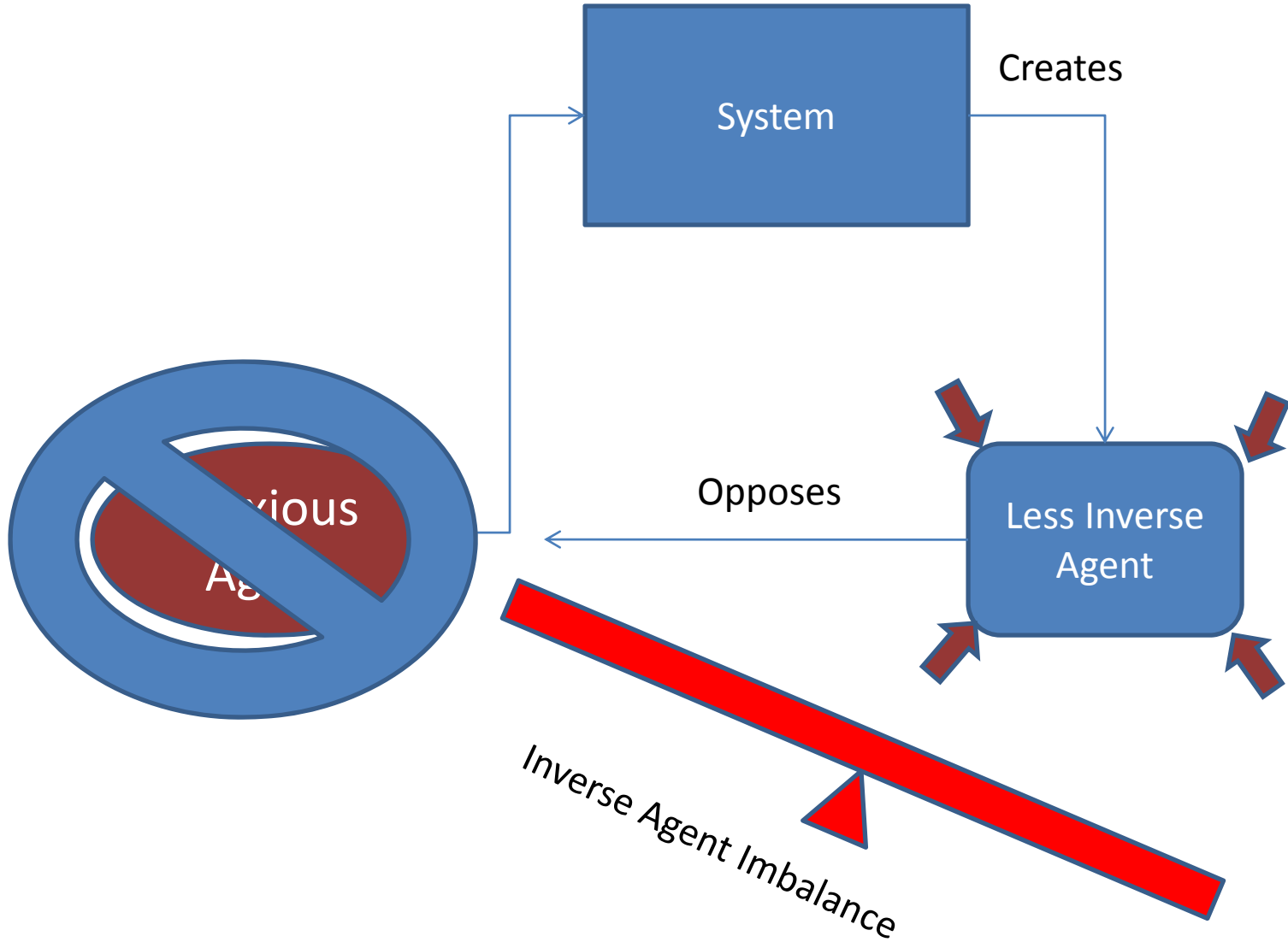
Imbalance & Adapt



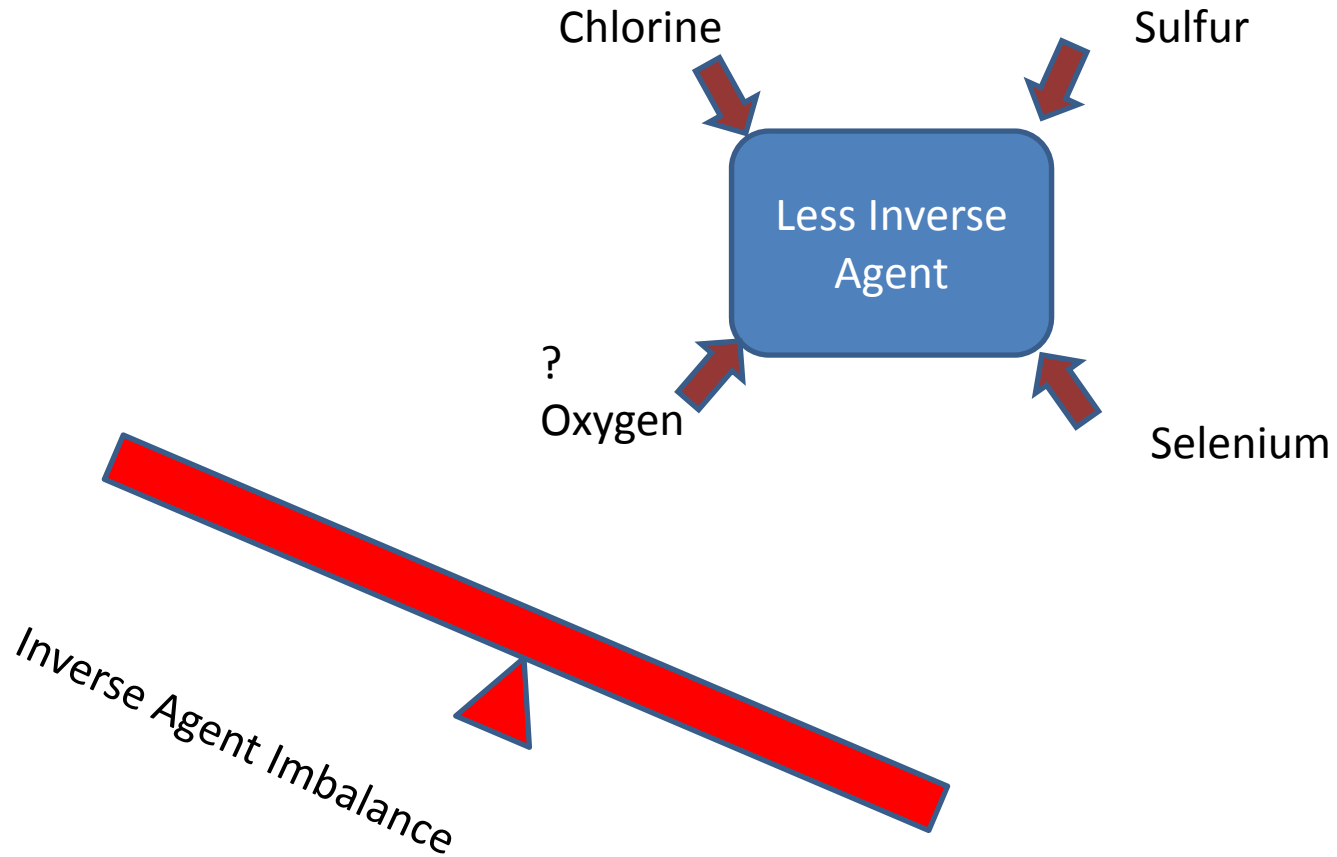
Addiction



Withdrawal

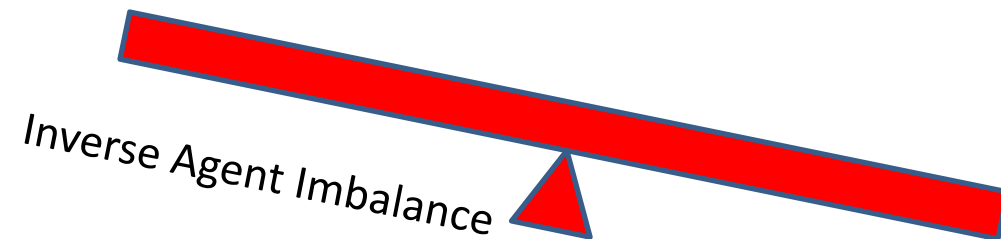


Agents



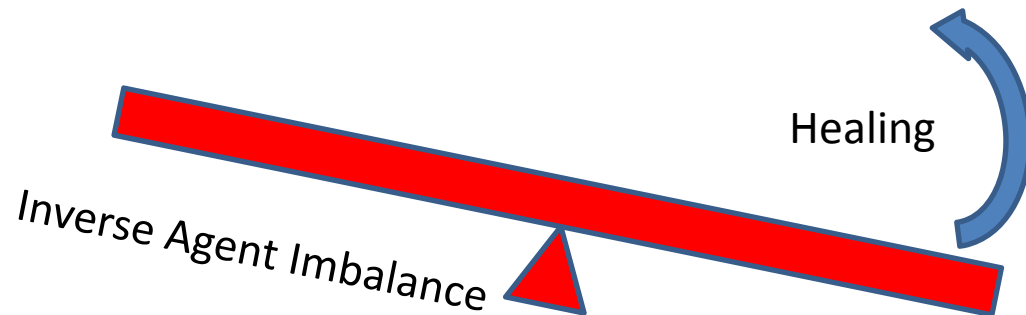
Process Model

1. Oxidize anti-toxin agents (chlorine/Sulfur/selenium/Oxygen)
2. Export to serum from containment (Tissue/cell/nuclear/sub-nuclear)
3. Bind to erythrocyte (probably oxygen binding site)
 - Decrease O₂ carrying capacity
 - Darkened color because of hemoglobin disabled
4. Ship to Liver/Spleen
5. Cleanse or destroy erythrocyte
6. Detox telltales in blood urine heme/bilirubin/etc.



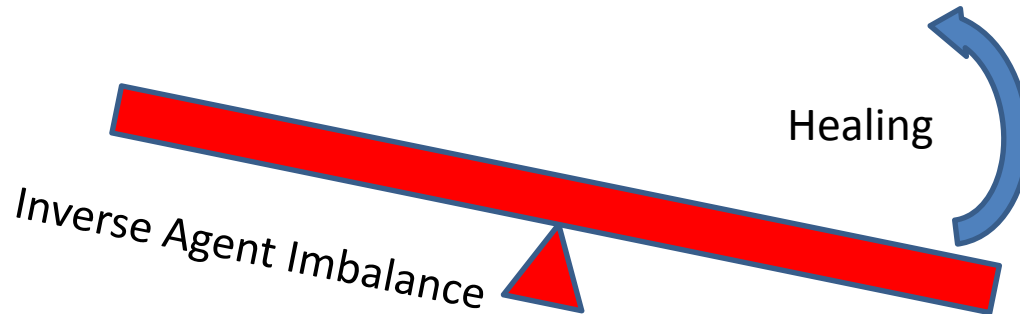
Restoring Balance

1. Accumulation is degeneration
 1. Detoxification is rate limited
 1. Missing resources & Catalysts
 2. Liver dysfunction
 2. Re-toxification
2. Detoxification is healing
 1. Decreasing toxin indicators
 2. Only when adequate agents available



Heroin Example

24 Hours
Sulfur & Selenium
Minor chlorine
dependence



Revinci Toxin Levels

Lipid
Membranes

Toxin/Anti
Toxins seem
To Occur at
Each Level

