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Alkalosis Titration

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See also:

- Virus Symptom Neutralization HowTo
- Stress Detox HowTo

t is possible to use a metabolic acid, phosphoric acid, ascorbic acid, or ammonium phosphate to counteract the systemic alkalosis. Alkalosis is a systemic condition where alkali materials disrupt metabolism, and enable continuation of disease symptoms.

Alkalosis:

- Of sinus/lung/throat tissue majority of symptoms in colds/flu;
- Reflects large scale re-deployment of chlorine to body tissues as a detoxifying agent;
- Depressed Respiratory Process (Low Breath Rate) see: Stress Detox HowTo;
- Creates localized deficiency of metabolic acids;
- Indicates pending or ongoing failure of HCL digestion in stomach;
- When persistent causes toxin accumulation due to depletion of acid needed to neutralize bile..

The strategy uses titration of metabolically compatible acids.. Ammonium phosphate, or phosphoric acid are preferred because they are more potent acids than ascorbic acid which often requires 50-100 grams. Materails and support for this protocol are available to Whole Health Network Members, or consult your doctor.

Necessary Materials	Optional Materials
Ammonium Phosphate, AP pH Meter or paper	Magnesium Thiosulfate, AT Oral Myers Cocktail (see: Myers Critical Care HowTo) Acidosis Titration

Steps:

1. Have you had a bowel movement in the last 24 hours? No - Vitamin C Bowel flush.
2. Wait until at 10:00 a.m. Urine pH swings alkali at night, although adjusted pH should be 6.4.
3. Measure Urine and Saliva pH.
4. If Urine pH is greater than Saliva pH take Myers Cocktail (Vitamin B6 deficiency - indicates an allergic response. Correct before continuing titration.)
5. Calculate Adjusted System pH, ASpH. Multiply Saliva pH by 2 and add to Urine pH and divide by total by 3.
6. If urinary pH is below 5.7, do not take acidifying substance;

7. Take acid titration amount. Refer to table below for dosages relating to adjusted pH.
8. Drink 16 ounces of water;
9. Wait 30 until next urine;
10. Goto 1

Alternatively, this table approximates a weight of 180 pounds. If your weight is less, adjust dosages proportionatley.

AP Schedule

ASpH	AP
7.0+	7
6.9	6
6.8	5
6.7	4
6.6	3
6.5	1
6.4	0
below	0

AP/AT Schedule

ASpH	AP	AT
7+	6	1
6.9	5	1
6.8	4	1
6.7	3	1
6.6	2	1
6.5	2	0
6.4	0	0
below	0	0

Background

Systemic alkalosis reflects a systemic acid deficiency caused by pathgogenic, toxins, or traumatic stress which drives elevated cellular use of chlorine, and eventually depletion.

This protocol is based on Revici model of the toxin/chlorine metabolism response process:

1. The body produces specialized fatty acids as an initial response to stress or shock;
2. These agents collect and persist in cells and assert persistent resistive influence to the stress influence;
3. The body breaks down these agents over time. Breakdown utilizes a spectrum of elements including chlorine, bivalent negative sulfur, and selenium.
4. Breadown often depletes thes metabolic agents.
5. Chronic depletion of these agents often further contributes to the disease process.

Many conditions, including Viral infection, create systemic alkalosis. Alkalosis is indicated when the weighted average of saliva and urine pH exceed 6.4. To calculate the weighted average multiply saliva pH by 2 and add Urine pH and divide by 3. This is the weighted average.

Alkalosis contributes a metabolic challenge because it is a frequent cofactor in toxin accumulation, digestive dysfunction and tissue syptomes. I starts out as compensation indicator and when chronically unaddressed, becomes a dominant, and eventually dangerous, factor in persistent health issues.

This imbalance indicates an absence of stomach acid which harmfully limits both digestive nutrient absorption and limits the livers abiliy to release bile, and hence detoxify the body.

This imbalance is frequently observed in a variety of conditions:

- Colds and Flu
- Cancer
- Spectral Pathogen Infections (Lyme Disease)