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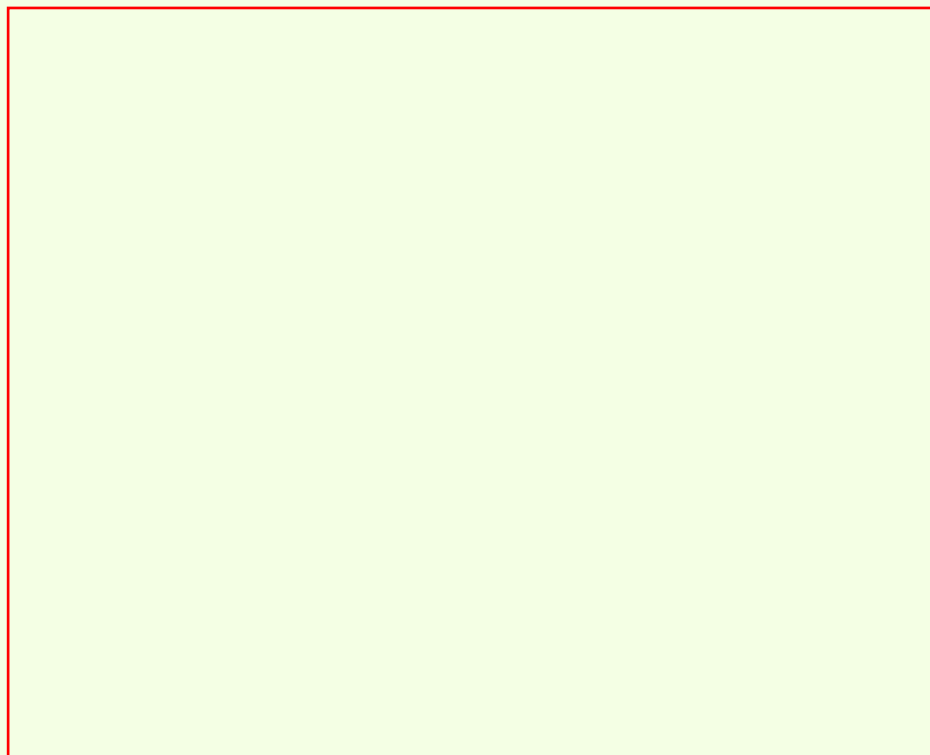
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Addiction Resolution

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[Addiction Science Video Backup](#)



There is some difference in the methods. The links below provide more detailed information. If the link is incomplete please contact us and we will prioritize publication:

- [Nicotine](#)
- [Alcohol](#)
- [Opiates](#)
- [Methamphetamine](#)
- [Crack](#)
- [Cocaine](#)
- [General](#)
- [Link to Detox Kits Online](#)

After you complete your detox, the [Drug Damage Repair Kit](#) is highly recommended.

Psychology Aids

- [Tapping the healer within - Roger Callahan](#)

Basics of Addiction:

1. When a person takes an addictive substance repeatedly;
2. The person's body manufactures antibodies, or an *anti-substance*, to the substance;
3. Which resist the effects of the substance to protect the body from the primary effects of the substance;;
4. These anti-substance become part of the body;
5. When the substance goes away through normal detoxification, the anti-substance remains in the body, in anticipation to resist future exposure of the substance;
6. Absent more substance, the anti-substance act like the substance is present;
7. This anti-substance's effect, without the substance, creates symptoms and "withdrawal";
8. "Withdrawal" is when the anti-substance acts alone on the body without the substance present;
9. If the user takes more substance, the anti-substances and substance cancel each other – and withdrawal disappears;
10. So Anti-substances create a "craving", and other symptoms when they act alone;
11. Detox occurs when the body works to break down the anti-substance, during prolonged absence of the substance;
12. Detox without catalysts is a slow process taking weeks, months or years, and often leaves permanent anti-substance creation process in-place,
13. so successive addictions occur rapidly, if not immediately upon re-exposure to the substance;
14. Because the body already knows how to produce the anti-substance.
15. Most substances and narcotics including heroin, cocaine, methadone, alcohol and nicotine cause the body to create anti-substances;
16. While the user takes the substance, the body makes and accumulates more and more anti-substance:
 1. Increasing the severity of anti-substance effects on the body when the substance is absent;
 2. Increasing the severity of the withdrawal process;
 3. Decreasing the effect of all future substances.
17. Individuals who are better at creating anti-substances:
 1. Become addicted more quickly;
 2. Have substances become less effective more quickly;
 3. Tend to be more susceptible to other addictions;
 4. Because under normal circumstances anti-substance creation is a survival response;
 5. Which reflects native toxin resistance;
 6. Except with repeated usage of narcotics.
18. Individuals who are slower at natural removal of anti-substances experience worse and longer withdrawal symptoms;
19. The body breaks down anti-substances slowly;
20. The anti-substance breakdown process is rate limited by cellular nutrients;
21. Which either come in small dietary amounts;
22. Or require special molecular packaging to be nontoxic in therapeutic amounts.

Addictive Signaling

Addictive-resistance substances, the opposite of the addictive substances, are the active components of addiction.

Addictive substances tend to be anabolic, calming, neurologically relaxing, and create euphoria. In response, the resistance chemistry is a metabolic inverse, **catabolic**, creating excitatory, anxiety, nervousness, and in severe cases shock, which can be quite dangerous.

The process of addictive urge goes through a progression which reflects an escalating imbalance in anabolic and catabolic metabolic agents at systemic and cellular levels. This model addictive escalation as progressive of perceived survival priority transitioning from high level to primitive survival behaviors at a systemic and finally cellular level. The process is very similar to metabolic priority for nutrients:

- A mild imbalance presents as an urge - very similar to the body's natural selection initiatives;
- A moderate imbalance presents as a craving - likewise similar to natural initiatives;
- An escalated imbalance presents as a compulsive behavior reflecting an emergent metabolic crisis that triggers crisis response and an escalation in primitive brain behaviors;
- An acute imbalance is a metabolic crisis that drives primitive-survival mode and tendency for primitive, take/steal behavior;
- A cellular crisis occurs when the systemic primal response fails and cellular metabolism shifts to predatory/primal behavior in quest for cellular survival.

Addiction Withdrawal Severity

For addictive substances, the ultimate severity indicates the imbalance potential. The imbalance potential reflects the cellular/systemic accumulation of substance-resistant catabolic agents

Addiction Balance Model

Addiction vulnerability potential reflects the individuals balance of survival competencies which create the addiction pattern vulnerability:

- Manufacture *resistive agents* to resist toxins;;
- Retain *resistive agents* in anticipation of future exposure;
- Accumulate *resistive agents* to adapt to increases;
- Breakdown *resistive agents* to adapt to decreases;
- Remember how to make more *resistive agents* even after breakdown is complete.

From a survival advantage view, each of these competencies is survival feature, and in most circumstances, it is an asset.

The balance of these competencies reflects the vulnerability to addiction. The metabolic guides utilize nutrient and energetic substrates to optimize the breakdown of resistive agents to rates not considered possible.

Stealth Addiction

Addictions to modern substances include a tendency to addiction of a primary substance. Packaging, manufacturing and consumption of common addictive substances often incorporate other biologically active agents which compound the addiction, and complicate the resolution.

For example, cigarettes addiction is pervasive, while cigar and pipe addiction is almost unheard of. The reason for this likely depends on the 70+ biological agents introduced in the agriculture, and packaging of cigarettes. These factors are absent in the seldom-addicted tobacco forms cigar/pipe which use pure tobacco.

This example illustrates a commercial aspect of addictive chemistry, where adjuncts which enhance the addictive character of a substance benefit the commercial aspects of the substance by facilitating prolonged, if not lifelong usage.

The addiction enhancing attributes of the cofactors are metabolic reagents which support the addiction balance model by enhancing either the Manufacture, Retain, or Accumulate metabolic performance. As such, they assert a dual effect of enhancing the primary addiction, increasing susceptibility to other addictions.

This implies a multiple relational dependencies for smoking and drinking for example, or "drinkin' and druggin".

There are some indications that these agents may inhibit certain disease progression because they also support secondary toxin-resistance to toxins not present in the addiction.

This is a possible explanation of the "get cancer after you quit smoking observation". Smoking cessation often removes agent(s) which prevented a vulnerable metabolism from developing cancer.

This pattern suggests that "cessation" of a long term addiction is best accompanied by supporting the total health so that restored immunological competence can properly protect the body from nasty surprise.

Compounding Influences

The commercial tendency to incorporate agents which reinforce addiction complicates addiction resolution:

- Cigarette smoke, for example, contains halides which appear to aid cellular binding and resistance agent retention;
- Alcoholic beverages carry carbohydrates which feed organisms that create internal addictive toxins;
- Most illicit drugs are consumed in combinations which facilitate multiple concurrent addiction.

Punch Line: Single addictions are rare.

This observation is the single factor that makes addiction resolution protocols more complex. Management of collateral addictions; and the emphasis toward restoration of optimal health because of hidden factors should not be dismissed lightly.

How Addiction Resolution Works

Here is how the system works:

1. It accelerates the breakdown of resistive agents;
2. By supplying the missing cellular nutrients which enable resistive agent breakdown;
3. So that the anti-drug response disappears quickly;
4. Usually starting within the first hour;
5. And substantially complete within 48 hours;
6. With minimum withdrawal resembling the chills/fever and sleep;
7. Similar to a moderate to severe flu.

And:

1. Since the body continues to manufacture anti-drug in anticipation of more drug;
2. The protocol continues until the body stops manufacturing anti-drug;
3. Which usually takes 1-4 weeks;
4. But with lower cellular nutrients.

So:

1. The program is a complete solution for physical addiction;
2. It accelerates the body's natural anti-drug breakdown process;
3. Hundreds of times faster than it normally occurs;
4. With virtually no side effects, other than non-aided detoxification;

But:

- It does not resolve the mental, social, or spiritual causes of addiction;
- o which should be addressed by other means.;
 - o It helps by physiological obstacles:
 - o discomfort, cravings, etc.
 - o which often inhibit progress
 - o on the non-physical aspects of addiction.

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Nicotine Addiction Detox, [PDF Version](#)

Overview

The [Nicotine Detox Blog](#) is how we improve this protocol. Please post comments, feedback and recommendations there.

Nicotine addiction resolution is a very difficult addiction. Resolution it is often more difficult than heroin, alcohol or cocaine.



The detoxification protocol is designed to prepare the body to stop smoking by initiating breakdown of the anti-cigarette toxins which accumulated in response to repeated toxin exposure from smoking.

Start the detox program about two days before you "intend" to stop smoking. Most individuals will accidentally reduce cigarette use to approximately 6 cigarettes daily because they don't "taste" good.

Dump the "cold turkey" attitude. Addiction is a toxic-disease problem. This detoxification program automatically and naturally reduces the cause of the problem, and controls the physical discomfort of stopping. There is no sound reason to sentence yourself to "psych-torture" of cold turkey.

The program has three phases:

- Systemic Detox - the body breaks down systemic toxins, using supplements and open the exit path;
- Cellular Craving Detox -where cravings occur, which are addressed with daily supplements and "at-Craving" supplements;
- Normally the process is complete within a week

Cessation success is strongly influenced by detoxification support.

If you stop making progress... Then your detox path is clogged and your body has become unable to dispose of toxins.

Use the supplements to curb smoking urge as needed thereafter. The detox program will

tend to reduce physiology of urges by up to 90%.

- The physiological components reduce within 1-3 days
- Use leftover supplants on subsequent cravings as needed after first two days

What To Expect

Generally the first pills reduce cravings for 1-4 hours. After this path is cleared, the amount of time that the "sulfur pills" curb cravings starts to decrease. This indicates exit path blockage.

When detoxification is fully working, then cessation takes 1-3 days. When detox doesn't work then the system may not work.

The breakdown is permanent. Once your body discards the addiction toxins, then cravings stop. This supplement program accelerates the breakdown from months to days by supplying the chemistry which limits the speed of the process.

Blocked Detox Exit Path

When your body stops dumping toxins, detoxification stops and cravings and withdrawal return.



Tar balls, likely resulting from mobilization of cigarette substance from cells, collect in the liver. When the tar clogs the liver and seemingly lymphatic system, the body stops the detoxification process and cravings recur.



This is evidenced by persisting cravings, or anxiety. Anxiety and decreasing performance from the supplements usually means that the liver and lymphatic system are clogged with tar or other toxins.



Don't mess around. Get colon hydrotherapy. This will literally wash out the pipes, and enable the body to continue detox. Most users report an immediate improvement.

Niacin Protocol

Nicotine is the main building block for niacin. Some individuals appear to use nicotine as niacin. These individuals exhibit heavy "anxiety" and irritability symptoms.

If you reflect anxiety instead of a craving, then take 100-500 mg of niacin, or enough to generate "niacin flush".

Niacin flush is a capillary dilation which cause minor prickling in the skin for about 15 minutes. It is not harmful. The purpose of the niacin is to "replace" the nicotine with a vitamin.

Initial Detox

Start this schedule 2 days before you plan to stop smoking. If you need to smoke, then do it. Typically, cigarette use will decrease significantly during this period to approximately 6 cigarettes per day without much effort.

To make it easier, schedule a colonic on the first detoxification day. Colonic therapy aids prevention of exit path clogging. We have observed that the detoxification process releases unsaponifiable lipids, tar-sludge, from the cells. The Tar travels to the liver and clogs toxin release.

When the liver clogs, the detoxification process stops, and cravings and discomfort return. Hard core smokers report that colonic therapy is the difference between success and failure. Addition of colonic support, in every resistant cases, has resolved cravings immediately.

Supplement	Morning
<u>Myers Cocktail</u>	1/2 bottle
<u>Colon Hydrotherapy</u>	Days 1 / 3 / 5
<u>Sulfur Ex</u>	1 capsule
<u>Selenated Tung Oil</u>	1-3 ml

1 ounce of Myers Cocktail is 1/2 bottle. 1 ml of Selenated oil is 1 full dropper.

Sulfur Ex is Ethylene Trithiocarbonate. It has a very strong sulfur/ garlic smell. Your body odor will resemble this supplement while you take this supplement.

On Cravings

READ THIS CAREFULLY!

Cravings occur when the body is under stress resulting from the imbalance of nicotine and cellular anti-nicotine. The relative dominance of anti-nicotine drives metabolic discomfort/stress causing the body to seek nicotine (or other addictive substances). Consumption of nicotine restores the addictive balance of toxin/anti-toxin and restores comfort.

There are two ways to restore this balance:

- Take more addictive substance (nicotine, etc.)
- Eliminate the anti-toxin (this detox program).

This is very important because cravings reflect the "time" when you can successfully treat the "part of your body" which is driving your addiction. "Cravings" or "withdrawal" mark the time when addicted cells are pathologically active, and are ready to absorb more drug, or preferably detoxification agents.

Stress is the exact time they are open to absorb metabolic agents to resolve and dissolve their anti-nicotine (or other anti-drug).

Timing of these agents with cravings is very important (Must take during cravings):

Supplement	On Craving
Sulfur Ex	1-2 capsules
Selenated Oil	1-2 ml

Taking these metabolic agents during craving, preferably the early part, enables the body to deliver the oxidized lipid reagents to the distressed / catabolic biased cells while they are active. Once these cells have absorbed the metabolic agents, the anti-drug lipoids are neutralized (oxidized with selenium or sulfur) into metabolically inert tar. After these agents are oxidized, they are dumped, as tar, into the lymphatic or circulatory system and travel to the liver for disposal.

If the exit path is saturated, the liver is clogged, then oxidation stops. The anti-drug lipoids stop oxidizing (don't know how), and drive future cravings. ***See comments on colonic therapy.***

When the exit path is functional:

- These agents tend to resolve cravings within about an hour by resolving the cellular dysfunction which caused the cravings;
- Craving frequency and intensity rapidly decrease;
- Results are immediate (within about an hour).

Repeat the on-craving protocol hourly if necessary. If cravings do not resolve after 3 hourly doses -- ***GET A COLONIC***. Exit path is blocked.

Do not take more reagents until after the colonic. It doesn't matter if you had a colonic earlier that day, or yesterday, you need another one.

Cellular Addiction

Craving detox is the stage when your body is still craving.

Cravings seem to relate to cell stress reflecting cellular discomfort likely resulting from imbalance. The cravings indicate cellular distress, and indicates need "boost" the detoxification to target reagent delivery to addicted cells.

During the Active Detox Phase, continue the morning supplements indicated in the Initial Detox phase.

Oil form supplements delivers the breakdown reagents into the cells. It is important to use these reagents **while you are craving**. Craving cells will accept nutrients while they are in distress.

Normally, active detox is a one or two day experience. If the reagents do not quench the cravings, then your detox path is blocked. If you present anxiety, then use the Niacin Protocol.

Psychological Addiction

Addiction is both psychological and physical. It is very necessary to address the mental/energetic aspect **AT THE SAME TIME** as the physical.

The book "Tapping the Healer Within" contains energetic therapies for addictive urges. These therapies are very effective at permanently eliminating the energetic and behavioral addiction, which are as real as the physical addiction.

Take these methods very seriously. They are simple, fast, and produce permanent results. If you omit the "addictive urges" protocol from the program the probability of durable success of the program is less.

Maximums

This chart reflects the maximum amount of the supplements you should take.

Supplement	Maximum
Sulfur Ex	10 capsules
Selenated Oil	10 ml
Tapping	No Limit

A dropper is approximately 1 ml. A capsule is approximately 100 mg.

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Alcohol Detox

[Go To Protocol](#)

Alcohol is a challenge substance because alcohol is a natural metabolite produced in the pancreas. Total resistance to alcohol would render multiple body natural survival systems inoperable, and would result in unknown, but likely severe challenge.

Limited Alcohol Resistance

This effect suggests reason why alcohol resistance always seems limited. The body never seems to become fully resistant to alcohol. This resistance absence suggests reasons why alcohol addiction tends to develop more slowly than other substances. It's harder for the body to figure out how to differentiate external from internal metabolic alcohol.

It also why alcoholics to prefer a single beverage - whenever the body learns to differentiate an alcohol with cofactors, the resistance supports differential addiction.

Carbohydrate Addiction Cofactors

Carbohydrate Addiction. Alcohol addiction resolution is reflects multiple physical and mental challenges. Aside from the physical and mental addiction, resulting from life context that leads to the drinking process, there is tendency toward carbohydrate addiction.

Carbohydrate addictions occur when overfed microbes manufacture non-alcohol toxins, which create additional addictions to substances which always accompany drinking, but are not alcohol.

From an addictive view, alcoholic beverages vary by the amount and type of accompanying carbohydrate.

Brewing uses yeast that eats simple carbohydrates to create alcohol. Complex carbohydrates remain in the beverage and provide flavor, and influence palate. Fermentation consumes simple carbohydrates from pure beverages, beer, wine, mead, so body organisms which that flourish on simple sugars are mildly, if at all, exasperated by simple beverages, because the simple carbohydrates have already been used.

There are more complex organisms, which possess more sophisticated carbohydrate digestion, which can utilize the residue for food. Neurotoxins produced by these organisms, fed by drinking, may create co-addiction.

Individuals most susceptible to carbohydrate mediated co-addictions:

- Exhibit fungus overgrowth telltales - toe fungus, tart body odor;
- Have white coated tongues;
- Are more easily addicted to other substances, nicotine, opiates, etc.

If you experience resistance to this program please review accompanying material on carbohydrate related conditions, which frequently manifest as physical addictions: [Energetic Insulin Resistance](#), [Energetic Insulin Protocol](#), and [Protocol Kit Overview](#).

Alcohol Addiction

The detoxification protocol is designed to prepare the body to stop drinking. Start the detox protocol two days before you plan to stop drinking. After you start the protocol, drink only when you feel you have to.

This program uses reagents to enable the [breakdown phase](#) of the toxin matrix. Alcohol asserts primary addictive influence in the systemic, or whole body, compartment.

The process for drinking urge follows a pattern which dictates use of several protocol components. [Cellular Signaling](#) starts with cells affected by the catabolic-dominant imbalance due to multiple factors including the absence of alcohol. As the imbalance spreads and increases the accompanying discomfort and cravings escalate.

This imbalance is important because the cellular process triggers preferential uptake of anti-addictive elements which support the breakdown of the resistive agents causing driving the discomfort.

Durable Response

The breakdown of resistive reagents is durable because the programs support the natural process of resolution. When the reagents resolve the active antagonist of the catabolic cellular assertion, the breakdown is permanent and lasts until the body replaces the antagonist, (because it doesn't recognize it needs to stop making it -- rare) or because subsequent exposure to the addictive substance triggers production of more resistive agent.

There is tendency for mild momentum where the body continues to produce low quantities of resistive agents. This tendency tends to continue for over a period of two to six weeks.

Production tends to be mild and usually resolves with a booster dose used to manage the initial craving process.

Urge Response

The preferred reagent for alcohol addiction use two reagents to enable breakdown:

- Ethylene trithiocarbonate - systemic bivalent sulfur donor - to the body level;
- A blend lipolized selenium and sulfur to catabolic asserting cells.

These reagents have targeted and rapid delivery. Often urges curb with 30 minutes as the body receives sufficient metabolic resource to breakdown the resistive agents that drive discomfort.

Urges which persist beyond 30 minutes reflect a repeated booster is appropriate.

Titration

Titration uses successive small applications to add balance an imbalance. It is opposite of the concept that if a little is good, more is better.

Titration uses a single unit of an effective dosage, repeated as necessary to address an imbalance of unknown magnitude or progressive duration. Dosage is triggered by observation -- and in the case of addiction, the escalation or appearance of urges or addictive discomfort.

This escalation signal telltales unresolved cellular resistive agent assertion, and a requirement for additional breakdown agents.

Response Delay

The booster response is typically fast, within 30 minutes to an hour. Response indication is a normalization or decrease of consumption urges, or withdrawal indications.

Absence of a response indicates depletion of other cofactors required to continue the breakdown process. If you experience breakdown resistance, a [physiology assessment](#) will normally provide indication of factors limiting progress.

Escalation Options

Dependence reflects core metabolic dependency on a substance. Severity varies by the nature of the substance and by the usage duration.

To support more extreme addiction recovery, we work with affordable partner facilities throughout the US. These are **not** high-end detox facilities that charge \$10 K or more for a detox programs. They are small walk-in clinics with very effective systemic detoxification methods which support more systemic factors that often support collateral process of detox..

A normal course at one of these facilities is 2 days (weekend), which enables substantial resolution of most addictions, for under \$3K.

Contact us if you would like to use one of these facilities.

Safety First

Acute alcohol withdrawal is life threatening -- and is only in a well equipped detox facility or hospital. If you choose to this detox program, only you know how badly you are addicted. If you choose to use our program at home, make sure to have a **backup plan**. A have medically trained friend or relative support is very valuable.

If you succeed, they can make sure your basic food and water requirements remain met. If things go badly, because of cofactors which influence addiction, this person can help you decide to abort the detox by supplying you the addictive substance in case conditions become threatening.

The reagents in this protocol do not tend create adverse responses with addictive substances, although they do tend to resist the neurological influences..

Preparation Detox

Start this schedule 2 days before you plan to stop drinking.

Supplement	Morning	Evening
Myers Cocktail	1 oz = 1/2 Bottle	
Ethylene Trithiocarbonate	1 Capsule	1 Capsule
OxyOil	5 ml	5 ml

1 ounce of Myers Cocktail is 1/2 bottle.

Craving Control

The remaining tools, will help to control cravings. Use them as follows in the morning and when cravings occur.

Supplement	Evening	On Craving	Maximum Daily
Ethylene Trithiocarbonate	100 mg capsule	1 Capsule	6 Capsules
Myers Cocktail	1 oz	None	
OxyOil	5 ml	5 ml	30 ml
Tapping		Addictive Urge protocol	No limit

A dropper is approximately 1 ml. A capsule is approximately 100 mg.



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Opiate Addiction

Overview

[Link to Detox Kits Online](#)

After you complete your detox, the [Substance Damage Repair Kit](#) is highly recommended.

Instructions:

1. Day 1 - Take 15 droppers of OxyOil
2. When cravings return take 15 droppers
3. Wait at least 1 hour to repeat dosage
4. Day 2 start with 15 droppers
5. Take 10 droppers when cravings return
6. Day 3+ take 5 droppers when cravings/detox returns

General Supplements To Support Detox:

- Water
- Fresh vegetable juice
- Oral Myer's cocktails
- Silymarin

Therapy Aids:

- Sleep
- Exercise
- Sauna/sweats

Phychology Aids

- [Tapping the healer within - Roger Callahan](#)

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General Addiction

Overview

[Link to Detox Kits Online](#)

After you complete your detox, the [Substance Damage Repair Kit](#) is highly recommended.

Instructions:

1. Day 1 - Take 15 droppers of OxyOil
2. When cravings return take 15 droppers
3. Wait at least 1 hour to repeat dosage
4. Day 2 start with 15 droppers
5. Take 10 droppers when cravings return
6. Day 3+ take 5 droppers when cravings/detox returns

General Supplements To Support Detox:

- Water
- Fresh vegetable juice
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Therapy Aids:

- Sleep
- Exercise
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Psychology Aids

- [Tapping the healer within - Roger Callahan](#)

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