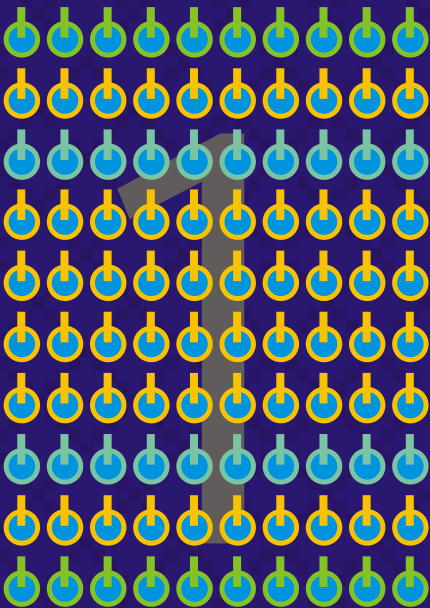


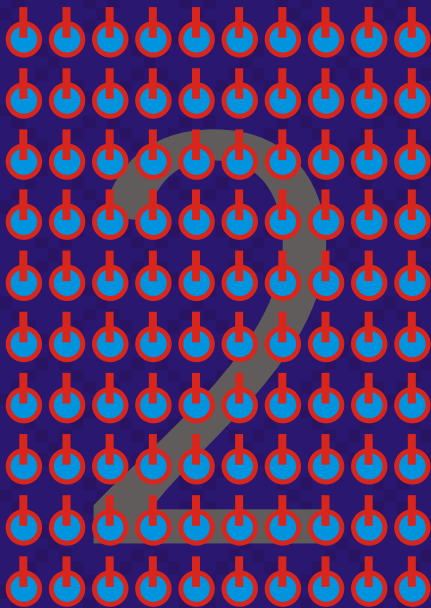
MP IMMUNOPATHOLOGY, TIME & TRANSITIONS

100 healthy **VDR**.

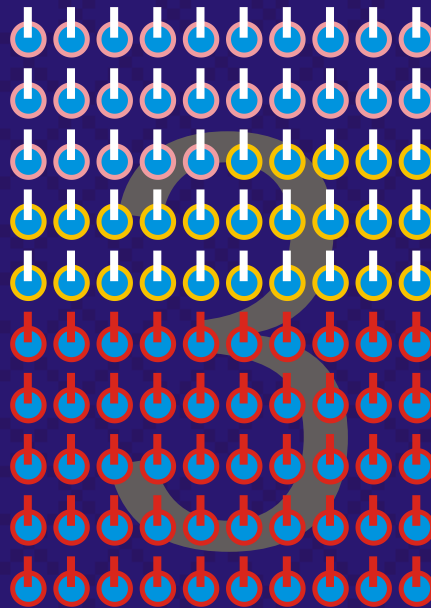
Some of these **VDR** will be occupied by **1,25-D** and some by other natural ligands.



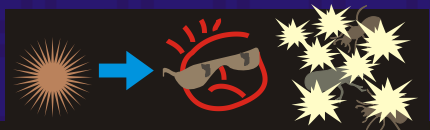
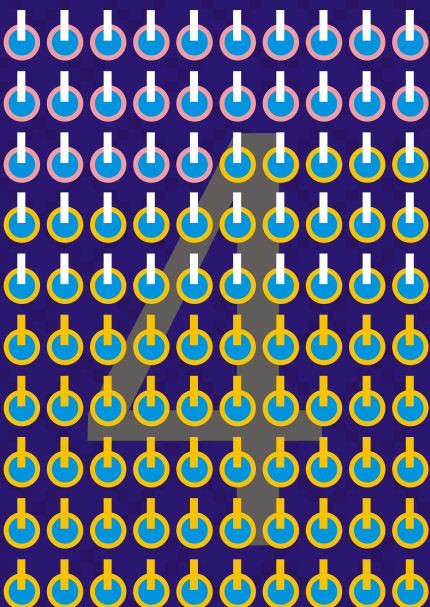
100 non-functioning **VDR** blocked by **Capnine** from the **Th1 bacteria**.



At MP dosages, Benicar displaces about 50% of **Capnine** from receptors to half-activate the **Innate Immune system**. 50% **Capnine** stay non-functional.

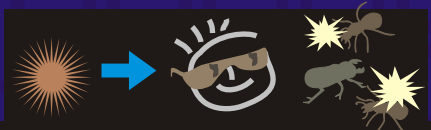


Time passes, microbes thin out. **1,25D** has growing ability to displace more **Capnine**, and to activate more **VDR**, and with them, innate immune functions.



The immune system is now turning itself fully on to attack microbes it now recognizes and kills.

If we try to back off Benicar, we lose palliation effect and immunosuppressive effects elsewhere in the immune system. Benicar must stay in place even up to 40mg every 4 hours. Severe cases may require 20mg sublingual boli with each oral dose. Also, astute abx evaluations with any necessary adjustments and palliative support — including oxygen for SOB — may be required.



Eventually, **25D** rises to 12ng/ml without changing eating/light habits. All pathogens are dead, and the immune system is back at full functionality.

