

The image features a solid blue background. On the left, there is a stylized illustration of a man in a dark suit, white shirt, and red tie, standing with his arms crossed. On the right, there is a dark blue silhouette of a muscular man flexing his right bicep. The text is centered in the upper half of the image.

'SVR'

The Key to Feeling,
and Functioning...
(heck, yeah) Like You
Did Before MRSA
Got You!

THIS INFORMATION IS FOR YOU IF: You're in the care of a holistic practitioner and you are currently in treatment for a MRSA or other medication-resistant infection.

There's a list of super bugs at the end of this report. Are you in consultation with a practitioner of functional medicine? A Naturopath? Are you following a nutritional plan in hopes of boosting your immune system? Or has a dead stall in your healing process forced a consultation with a plastic surgeon for a procedure that you really don't want to think about?

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Frustration

I personally know the frustration and fear of languishing in that gray, grim, difficult and disturbing zone when your body has been slowly overtaken by an antibiotic or medication resistant infection.

I've had that difficult conversation with a health care provider that ends with "I'm sorry that I can't help you at this time. Come back when the infection has cleared up. We can't schedule the necessary skin graft until then. If the situation remains unresolved, I can refer you to a colleague for a consultation about amputation."

Medication Failures

Unfortunately, there are moments like these for thousands of people when conventional, tried, true, and tested resources just don't work anymore. You feel helpless, yet you do your best to maintain a cheerful demeanor. You manage a brave smile as you get a reassuring pat on the shoulder or confident handshake and **"As soon as the infection resolves, be sure to make a follow-up appointment."**

You, your physician, naturopath, holistic health support person, and your family know that you have done all can! You followed medication instructions to the letter. You have completed multiple courses of antibiotics or medication, but for whatever reason your body's immune system is losing the fight.

What if, due to a variety of complex factors, your body seems to have 'forgotten' the primary program that 90% of all human beings are born with? Quick and complete healing of a simple cat scratch, cut, or bigger injury that required stitches. Your body should know exactly what to do to heal completely after a reasonable period of time.

Covid-19

For Covid-19 "long haulers," antibiotic and medication resistant infection challenges now lurk within the powerful viral dynamic of exposure to and infection with Covid-19.

Future Health & Wellness Gap

The health and wellness gap we experienced in 2020 may only grow in the coming years. While you're in a biological battle to clear and resolve an antibiotic resistant infection, in addition to managing fear and worry you may also have to spend precious time scouring journals, papers, and reports, such as the CDC Antibiotic Resistant Threats Report referenced in this document.

You gather more information to keep yourself in a state of readiness all the better to respond to new and 'unprecedented challenges' in a body that is already seriously challenged.

Back to the Future

In the 1800s Louis Pasteur took a theoretical leap across a huge gap in existing medical perspective which changed our world. Pasteur withstood intense ridicule after he claimed to have seen something that few others had -- germs! The invention of the microscope revealed to Pasteur's keen eyes and mind tiny living disease organisms that he theorized are associated with disease. Peers and colleagues thought Pasteur was crazy.

Modern Bacteriology

In our time, Pasteur is still regarded as one of the founders of modern bacteriology. He has been honored as the "father of bacteriology and microbiology." His maverick research led to remarkable breakthroughs in the understanding of the causes and preventions of disease and laid the foundation for personal and professional hygiene, public health and made a powerful contribution to the practice of modern medicine.

At the turn of the 19th century, well before the development of antibiotics, there were few medications for infections and most (e.g., mercury, silver salts, boric acid, chlorine, phenol) were "far too toxic."

Pediatric Blindness Years Ago

Dr. Carl Credé (1819-1892), a German professor of obstetrics, was the first in the early 1880s to use silver nitrate drops prophylactically for ophthalmia neonatorum conjunctivitis seen within the first weeks of life then almost always caused by the transmission of the gram-negative gonococcus from the mother, who went often undiagnosed, to her infant during vaginal delivery.

Without treatment, 30 to 50% of infants exposed during delivery developed corneal ulceration, perforation of the globe, and permanent visual impairment, including blindness; gonorrhea was then responsible for a quarter of all cases of lost eyesight throughout the world. Credé's silver nitrate prophylaxis was considered a "significant preventive medicine triumph" when there was no effective treatment for gonorrhea.

The problem with silver nitrate ophthalmic drops, though, is that they are irritating to the eye and caused a transient chemical conjunctivitis in up to 90% of infants.

Dr. Barnes' 'Algyrol'

'Argyrol,' named for the Greek word for silver, had unique properties. It was 30% silver, twice the amount of silver produced before. This increase exerted bactericidal properties in the deep mucous membranes of the eye where the gonococci reside and, unlike silver nitrate, 'Argyrol' had no caustic or irritating properties.

The development of a modified, less caustic silver nitrate solution, based on Dr. Crede's research into the effects of gonorrhea on newborn infants,

'Argyrol' tincture was soon present in every newborn nursery, worldwide. A few drops of this solution solved the difficult problem of permanent eye damage in newborns caused by infections in their mothers.

Silver into Gold

Argyrol, derived from a wheat protein and classified as a vitellin, "a protein occurring naturally in the yolk of an egg" to which silver salts were added, 'Argyrol' was an important addition to the physician's armamentarium.

World-wide distribution of 'Argyrol' led to Dr. Alfred C. Barnes being described as the man who spun silver into gold.

Eventually, with the discovery of antibiotics use of 'Argyrol' fell out of favor but this was many years after Dr. Barnes had sold his company. Even as late as 1948, penicillin was still considered experimental for treatment of ophthalmia neonatorum, and a silver compound, though not necessarily 'Argyrol', was still required in almost every state as a prophylactic agent to be administered in the eyes of newborns.

Do you believe massive breakthroughs such as these are a thing of the past?

Genius

Pasteur's genius led to being able to see and identify gram-negative gonococcus. Dr. Barnes' genius led to sharing a powerful, effective, non-toxic topical solution that changed the lives of thousands of newborn children around the world who would otherwise have become blind.

I've been inspired by Dr. Louis Pasteur and Dr. Alfred C. Barnes. Like Pasteur, Dr. Barnes leapt across a huge gap by engineering mass production of the innovative tincture 'Argyrol,' Dr. Barnes ushered in the solution to the problem of childhood blindness.

Paradigm Shift

Thanks to mapping of the human genome and the advances proffered by CRISPR, gene therapy has become one much publicized new paradigm for treating disease at the intracellular level. However, this remarkable shift in treatment is fantastically expensive even for the very few who are currently able to bear the cost and benefits of this brave new CRISPR world.

There is another paradigm shift underway, just as compelling but much less expensive (it's more on the order of Dr. Barnes' readily available product 'Argyrol'),

I recommend 'SVR' to individuals I serve as a holistic health and wellness provider. Now you can recommend 'SVR' to friends and family. Be part of opening a new paradigm by introducing 'SVR' as complementary wound care product to specialists who are assisting you or someone you love with an antibiotic or medication resistant infections.

Heart to Heart

My professional career includes certification as an Emergency Medical Technician. I have worked alongside physicians in treating critical burn and cancer patients. I have spoken at international holistic health conferences about the results of these collaborations and produced a documentary 'Heart to Heart.'

Like Dr. Barnes, I was born in Philadelphia, Pennsylvania. I attended Philadelphia High School for Girls, the sister school of Central High School, the all boys high school attended by Alfred C. Barnes. Having lived my early life as an artist and having seen much of the world's great art, I regularly enjoy visits to The Barnes, the pre-eminent international museum where Dr. Barnes' astonishing collection of art is housed and these paintings have been seen by adults who, thanks to Dr. Barnes, did not go blind in childhood because of 'Argyrol' being used in newborn nurseries around the globe.

Imagination and DNA in Action

In 2018, in a flash of realization about the nature of energy as pure information being embedded in and transmissible through water using no hard wired technology and through a completely unique proprietary method of mine based on genetic research, 'SVR' came into the world.

Sourced Solution: 'SVR'

In 2018 and 2019 'SVR', one of several Sourced Solutions essences, was beta tested and found to be highly effective in resolving antibiotic and medication resistant infections.

Now, I'd like you to Imagine hearing these words after getting that reassuring pat on the shoulder from your care provider: **"I understand your situation, and I have something I would like you to try. This is not another medication but it can be an effective option when used in combination with medication. It's a water-based, all natural, non-toxic, solution for antibiotic and resistant skin infections. It's completely safe and easy to use."**

Stop! Then ASK!

"I know many cases where the infection situation has been moved forward into resolution. People have returned to their lives without needing reparative surgery for the damage generated by these resistant infections."

"As with all medications - no medications works 100% for 100% of users - 'SVR' Isn't guaranteed to work for every body so be sure et me know if it's effective for you because we may be able to reschedule or postpone the surgery that has been discussed."

"Stop at the front desk on your way out and ask the receptionist for a sample of SVR. If the response is I don't know what that is and we don't have that, tell them about 'SVR' Give them a copy of this case study."



Shift Your Paradigm



'SVR' Case Study

Clients experience highly desirable outcomes after adding 'SVR' to their course of treatment for Drug Resistant Organisms MRSA, Candida, and Pseudomonas aeruginosa found in localized skin infections. Meet Tressa Azpiri from Vashon, Washington. This is a transcript of one of our video conversations recorded in the Spring of 2021 in which Tressa shares and shows her results.

Anais Salles: Tressa, can you still hear me?

Tressa Azpiri: So I went back to the doctor today. One little place where it hasn't totally closed up, but otherwise it looks fantastic and the pain is gone. I'm really trying to calm my little self down. I've really missed walking.



"So, you know, the first day I kinda overdid it and I walked eight miles. Then I went no, no, no, no. I gotta slow down."

Tressa Azpiri: Thank you so much for your help. Boy, I was down for a good - almost a month - before Jacquie suggested 'SVR' and then it was like a miracle.

Anais Salles: What would you like to tell others who are struggling with these kinds of infections and who need additional help with wound care?

'SVR' Case Study

Tressa Azpiri: I am grateful this time around for antibiotics. I'm not a big take antibiotics person, but I really needed them with this infection. I think, too, with antibiotics, it's so tricky because you have to make sure you get the right one. That was the mistake this round, even though, you know, I am grateful for Western medicine when we need it. My doctor finally gave me a prescription for the right medication.

Anais Salles: That can be a challenge. It can take time and several cultures to nail that down, But also with these kinds of infections as you continue to get an expanding open wound that gets closer and closer to the bone, it's not a good scenario.

Tressa Azpiri: It wasn't at all a good scenario. Trust me.

Anais Salles: Yes. I have another testimonial from a fellow who had a MRSA infection that made a big hole on his leg. Five rounds of antibiotics that didn't make a dent. Then he used 'SVR' for wound care in the way that I gave you instructions to use it. Within a week his wound began closing up and all the layers of tissue filled in within two weeks. He was looking at - if they could get the infection to stop - a plastic surgeon was going to do a skin graft. Turned out that none of that was necessary.

How are you doing with accessing the video function?

Tressa Azpiri: Oh, I can't find the video. I'm not even trying. I'd have to go back into my settings. I don't even know how to do these tech things. I'm not very good at this.

Anais Salles: You have a lot of company. Many people who are over -- are you over 50?

Tressa Azpiri: I don't even know what I'm doing here using Zoom on my phone.

Anais Salles: I feel you on that because I just have a cell phone. I'm not interested in having an iPhone. I'm not interested in doing all the things that everyone is so excited that an iPhone can do. I'm just not interested. I don't have internet on my phone. That's a choice. I could have it, but I don't want it.

'SVR' Case Study

So, let's go back to the beginning. Thank you again for being here. Maybe at some point - I could always use a picture of your toe to identify you, but that would be so sad. Maybe you could just send me a photograph of you that you're comfortable with?

Tressa Azpiri: That would be fine.

Anais Salles: I'll figure out how to match your face up with the information about your experience. As you can imagine, it could be very tricky to put this out to people in a way that it's completely clear that this result is real. This is truthful. Why not try this.

Tressa Azpiri: Right, right. Yeah.

Anais Salles: I have to be very careful with what words I use around this product. I'm learning how to do that, and I think it's going to be okay. So, why don't you take me back to the beginning, just for the benefit of people who will be listening to this and seeing this at some point in the future. This infection just sort of came up out of the blue, if I remember what you told me correctly.

Tressa Azpiri: That's correct. My toes...I've broken all my toes. Several times. My parents had a lot of kids so they never took us to the doctor. They'd just slam my toes down and tape them together, you know. So my feet are fairly disformed - both feet - just from all the breaks. So, I just woke up one night and my foot was just burning. I jumped up and looked at my foot and said, well, what's going on? And it was red, but it didn't look too bad. So, I just used some saline solution and washed between the toes and thought, okay, it's okay. And I just kept kind of hobbling around saying, it's going to be okay. It'll be okay. And ignoring it, which is really not smart.

Then the hole started. I stupidly used Liquid Band-Aid just to give myself some relief. Well, that wasn't smart. Then I started using mole skin wrapped around the toes so they couldn't touch each other, which, you know - I believe in using mole skin. But the problem was there was that underlying fungal infection that I was not aware of what it was. It took me a couple of weeks to go to the doctor 'cause I'm not big on running to the doctor. By then the hole was close to the bone.

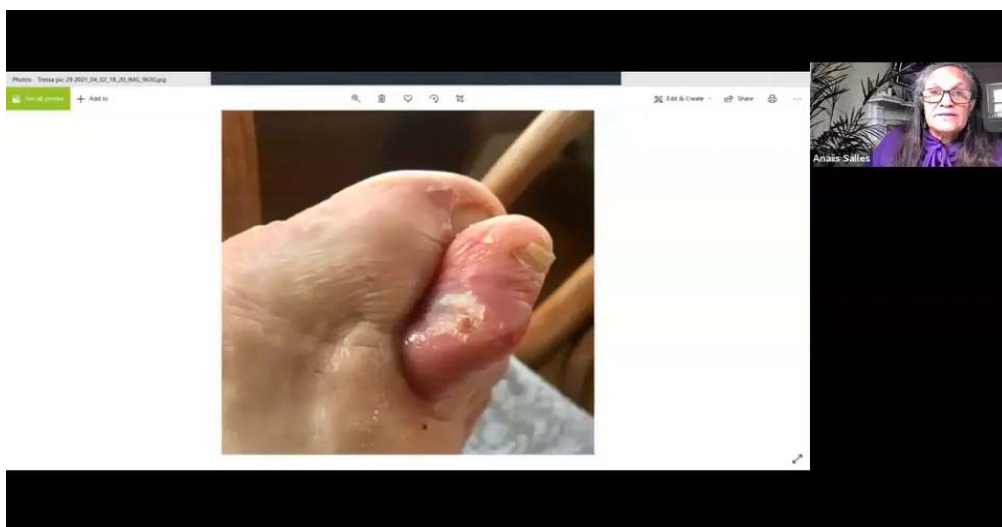
Anais Salles: I'm going to pause here to share the screen. I can bring up some of the photos of your toe for people to see and understand what we're doing here.

'SVR' Case Study

3/18/2021
2 weeks on medication



12 Hours After Applying 'SVR'

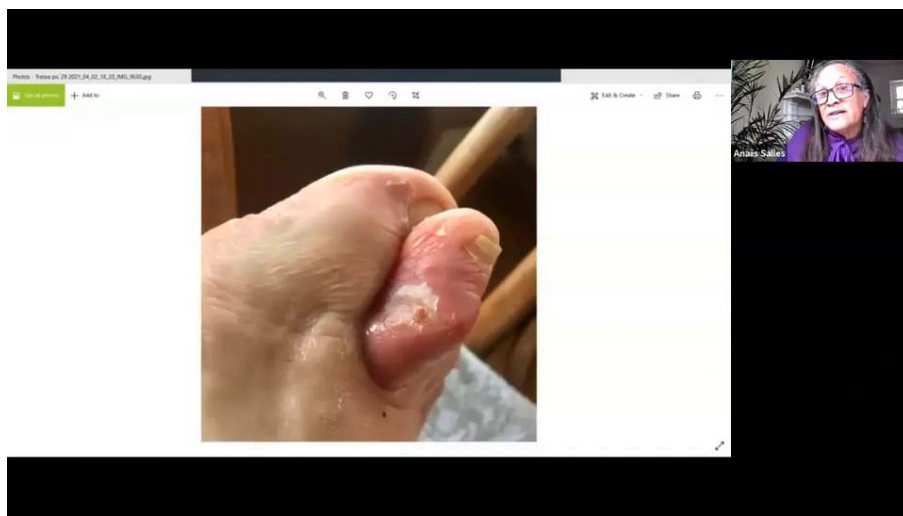


'SVR' Case Study

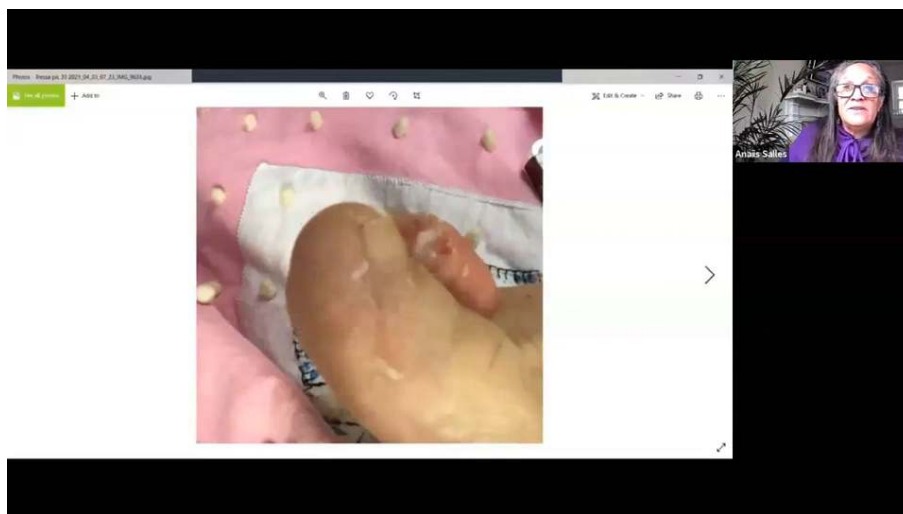
Tressa Azpiri: Yeah. That's after Jacqui gave me the 'SVR'. Whoops - sorry, my connection went down. I just said, yeah, that is the right picture because you can see that it just - the skin healed over within 12 hours.

Anais Salles: Okay. Oh, my goodness. There's quite a change. Let me, get back to sharing.

Tressa Azpiri: So, this is April 2nd. This is around the time that Jacqui brought over the 'SVR'.



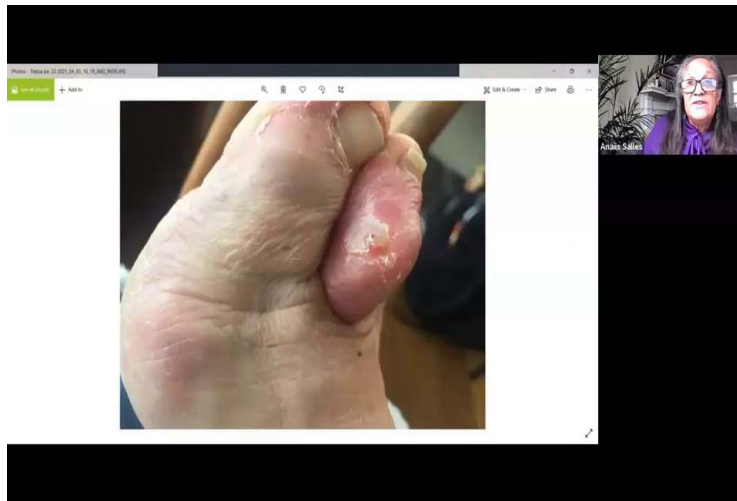
Anais Salles: This is the information that we're looking for. This was very quick to make a difference in terms of what your body was able to remember about how to do. I'm just dialing this down a little bit for you so you could see the change. Let's see if I can use this arrow.



'SVR' Case Study

Anais Salles: There we go. This saves me from having to go in and out to the file of images stored on my desktop.

Tressa Azpiri: So, yeah, these are sequential from the 2nd of April forward. Yes. The skin is starting to heal.



Anais Salles: We're getting new skin is developing.

Tressa Azpiri: You can see that the wound is closing up. This is within hours of using SVR, the first application.

Communication with Physician

----- Message -----

From:Tressa Azpiri

Sent:3/26/2021 11:37 AM PDT

To: [REDACTED]

Subject:Non-Urgent Medical Question

I of course do not know what the numbers on the blood test mean. Good, that you see no further infection. That makes me happy! I am resting, elevating and doing my best to allow the foot to heal. I am scheduled to see Jean on Wednesday the 31st for follow up wound care at 3:20 p.m. Lets pray the healing continues! Thank you for your concern and support. Sincerely, Tressa

Communication with Physician

Search mail [dropdown arrow] [help icon] [settings icon] [grid icon]

[back arrow] [reply icon] [reply all icon] [trash icon] [archive icon] [calendar icon] [share icon] [video icon] [audio icon] [more icon] 29 of 9,528 [left arrow] [right arrow]

To:Tressa Azpiri

Subject:RE: Non-Urgent Medical Question

I agree, that does look like the color is not better right now. Was there something going on where the toe was bothering you that you took the dressing off early? I know it is something that is meant to stay on for 48 hours. I wouldn't necessarily restart antibiotics, like we talked about before, but I'm wondering if you need xray of the toe. Also, I would say that if it gets worse at all over the weekend, it might be worth going to urgent care. I know it is hard without insurance, but might be the best option over the weekend if it worsens.

I hope it gets better, but let us know on Monday how you're doing. Over the weekend, if you need to talk to the on call doctor, you can call 206-386-6000 and then ask for the Green Team. They work in a slightly different system than we do, so might not be able to see the pictures, but could give you advice.

Like I said, I hope it get better.

[REDACTED]

----- Message -----

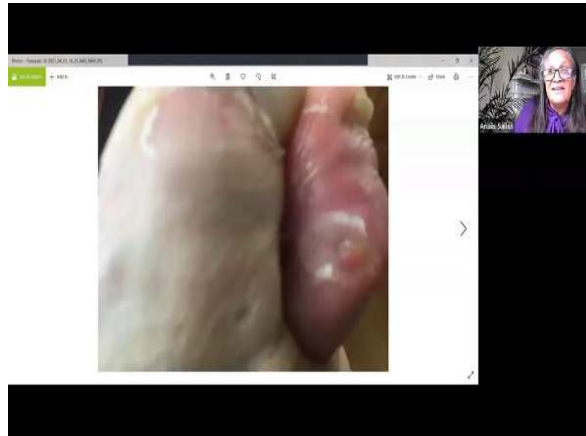
From:Tressa Azpiri

Sent:3/26/2021 4:48 PM PDT

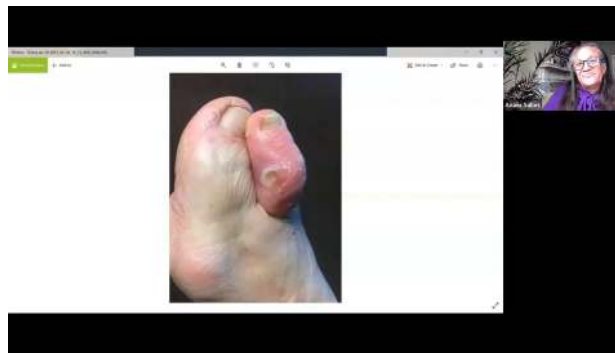
To: [REDACTED]

Subject:RE: Non-Urgent Medical Question

'SVR' Case Study



4/02/2021



Aniis Salles: These are great pictures. That's a good one!

Tressa Azpiri: I had to take photographs so that I could see. And then it turned out to be such a gift that I took photographs every day.

Aniis Salles: For sure. So, let me see if there are any other ones that I have, I think that's the last one that I have. That's on April 4th. I don't have any recent ones from you. It would be great if you could send more pictures because this is going to end up being a case study.

Tressa Azpiri: I can send you the rest of them from April 4th forward.

Aniis Salles: Thank you. Also, I want to make sure we're HIPAA compliant in that you're giving me permission to share your medical information so people can see the relationship between getting on a medication and this added layer of wound product care. That's helpful. That's great! When you get in this kind of a situation.

'SVR' Case Study

Tressa Azpiri: You want to use everything at your disposal. Amen.

Anaiis Salles: I think that 'SVR' for wound care is part of expediting this kind of progress and helping your body to remember what it knows how to do.

Tressa Azpiri: Yes, sir! My body knowing what to do again! My body was at a standstill.

Anaiis Salles: So, in 12 hours you saw a significant change. What did you notice was going on after 24 hours of using 'SVR'?

Tressa Azpiri: Just more significant change, way less pain. Still on occasion get that little twang of a throb, or the nerve endings might be healing or something. But you know, it's just continued to get better and better. It looks almost normal now.

Anaiis Salles: Good. And you've been able to walk and you overdid it.

Tressa Azpiri: You bet I did. 'Cause I am just - I love taking long walks.

Anaiis Salles: When ya gotta walk, ya gotta walk. That's just how it is, right?

May 8, 2021



What is 'SVR'?

'SVR' is a trademarked, water-based, sterile topical solution that is produced through a proprietary process and is only distributed by Sourced Solutions and licensed distribution channels. As with all Sourced Solutions Essences™, 'SVR' is designed for topical use only per manufacturer's instructions and guidelines. In Tressa Azpiri's case, Tressa applied 'SVR' to her infected toe (Candida, Pseudomonas aeruginosa) at regular intervals with a clean eye dropper. Tressa made sure that the dropper never made direct contact with the area of infected skin on her toe.

Anais Salles, Sourced Solutions Founder and Product Innovator:

"I recommend keeping a supply of new droppers on hand during the course of use or apply 'SVR' with our spray top bottle. 'SVR' is introduced (drops or spray) into and around small, open infected wounds. 'SVR' can be drip-applied to soak clean, sterile bandage material that is used for covering larger, open wounds."

The Living Spiral of Transformation website: <https://thelivingspiral.com/>

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As a Transformational Life Coach and Energy Healing Catalyst, since 1991 I have traveled throughout the United States and abroad teaching my methods to groups, working alongside physicians, leading retreats and collaborating with psychotherapists and other wellness professionals.

These collaborations include speaking and presenting at national and international conferences and events. In 1991, I established an energy healing internship in collaboration with Moscow, Russia medical facilities: Sklifosovsky Institute and Moscow Institute of Diagnosis.

Collaborating with Dr. Larissa Gerasimova and her medical team at the Sklifosovsky Institute, my medical intuitive abilities consistently produced pain relief while accelerated tissue healing in critically burned patients and pediatric oncology.

These results have been medically verified.

<https://thelivingspiral.com/book-sample/svr-drs>

In addition to being a published author in 2020, Anais Salles practices Bioregenesis and Bioenergetics in Philadelphia, Pennsylvania .

CDC's 2019 Antibiotic Resistant Threats Report includes the latest national death and infection estimates that underscore the continued threat of antibiotic resistance in the U.S.

In 2013, the CDC published the first AR Threats Report which sounded the alarm to the dangers of antibiotic resistance. The report stated that each year in the U.S. at least 2 million people get an antibiotic-resistant infection, and at least 23,000 people die.

According to the [2019 CDC Antibiotic Resistant Threats Report](#), **there have been 223,900 cases of *Clostridioides difficile* and more than 2.8 million antibiotic-resistant infections occur in the U.S. each year from which more than 35,000 people die as a result.** Additionally, according to a collaborative study the estimated national cost to treat infections caused by **6 multi drug-resistant germs** identified in the report and frequently found in health care can be substantial—**more than \$4.6 billion annually.**

Dedicated prevention and infection control efforts in the U.S. reduced deaths from antibiotic-resistant infections by 18% overall and by nearly 30% in hospitals. However, the number of people facing antibiotic resistance is still too high. **More action is needed to fully protect people.**

CDC is concerned about rising resistant infections in our communities which can put more people at risk, make spread more difficult to identify and contain, and threaten the progress made to protect patients in healthcare.

The emergence and spread of new forms of resistance remains a concern.

The 2019 report lists **18** antibiotic-resistant bacteria and fungi into three categories based on level of concern to human health—urgent, serious, and concerning.

The 2013 and 2019 reports do not include viruses (e.g., HIV, influenza) or parasites.

Urgent Threats

- Carbapenem-resistant Acinetobacter
- Candida auris
- Clostridioides difficile
- Carbapenem-resistant Enterobacterales
- Drug-resistant Neisseria gonorrhoeae

Serious Threats

- Drug-resistant Campylobacter
- Drug-resistant Candida
- ESBL-producing Enterobacterales
- Vancomycin-resistant Enterococci (VRE)
- Multidrug-resistant Pseudomonas aeruginosa
- Drug-resistant nontyphoidal Salmonella
- Drug-resistant Salmonella serotype Typhi
- Drug-resistant Shigella
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Drug-resistant Streptococcus pneumoniae
- Drug-resistant Tuberculosis

Concerning Threats

- Erythromycin-Resistant Group A Streptococcus
- Clindamycin-resistant Group B Streptococcus

Watch List

- Azole-resistant Aspergillus fumigatus
- Drug-resistant Mycoplasma genitalium
- Drug-resistant Bordetella pertussis

You can get an AR infection when receiving healthcare, called healthcare-associated infections (HAIs). HAIs are commonly caused by antibiotic-resistant pathogens (harmful germs) which may lead to sepsis or death.

Antibiotic resistance happens when germs like bacteria and fungi develop the ability to defeat the drugs designed to kill them. That means the germs are not killed and continue to grow. Infections caused by antibiotic-resistant germs are difficult, and sometimes impossible, to treat. In most cases, antibiotic-resistant infections require extended hospital stays, additional follow-up doctor visits, and costly and toxic alternatives. Antibiotic resistance does not mean the body is becoming resistant to antibiotics; it is that bacteria have become resistant to the antibiotics designed to kill them.

People can also get antibiotic-resistant infections in their community, for example, gonorrhea, tuberculosis (TB), or foodborne infections.

- * **Decide on recommended vaccines and talk to family members about:**
- * **Preventing infections**
- * **Keeping scrapes and wounds clean**
- * **Managing chronic conditions**
- * **Seeking medical care when an infection isn't getting better**
- * **Ask your care provider for new cultures**
- * **Understanding when antibiotics are needed and completing the prescribed course of the RIGHT medication**



