

Forbidden Health

INCURABLE WAS YESTERDAY

ANDREAS LUDWIG KALCKER

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Website: www.andreaskalcker.com
E-mail: info@voedia.com
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About the author

Andreas Ludwig Kalcker

Researcher, scientist, and writer, born in Germany, Andreas Kalcker is dedicated to investigating new ways of treating illnesses considered incurable or difficult to cure, through understanding the true cause of disease. With his “Natural Biophysics” concept, he tries to decipher, through logic, the fundamental truth of the disease state, instead of just naming the symptoms.

After living in Spain for 35 years, he currently resides in Switzerland, working as director of a research laboratory where his investigations have procured several patents for new medicines.

He holds a Bachelor degree in Economics and obtained his Ph.D. in biophysics in the branch of alternative medicine for his thesis referenced in his first book “CDS, health is possible.” He later decided to relinquish the title when the faculty failed to support him after certain media outlets smeared his reputation and ridiculed his discoveries. He remains a Member of the German Association of Biophysics (Deutsche Gesellschaft für Biophysik e.V.).

Of note is the successful protocol for the treatment of regressive autism, with Mrs. Rivera, carried out in conjunction with the Foundation to Beat Autism, in Venezuela, since 2011. At Autism One (the largest autism conference in the world) in Chicago, in 2013 and 2014, he introduced the new concept of “Parasite Vaccinosis” in which toxins released by parasites are one of the causes of symptoms known as regressive autism. There are now more than 350 documented reports of children with virtually complete remission of autism using this protocol. This achievement was made possible through Facebook pages like “autistic parasitosis” and others, through which the parents of recovered children help others apply the protocol, sharing experiences and answering questions.

It is a “pay it forward” dream come true, returning happiness to afflicted families who recover their most cherished loved ones.

Forbidden Health

*I dedicate this book to those who suffer
and to those who lovingly take care of them.*



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Introduction

How to Be Happy and Not Die Trying

All human beings like to be happy, and I'm no exception. When we feel healthy, strong and vibrant, we are physically able to do whatever we want, but when our health starts deteriorating, everything in our life suffers.

After leading a more materialistic life during the '90s, I learned that true happiness lies within us and not in our possessions because, in the end, we don't own anything; our things possess us. Genuine happiness comes from making other people happy. Is there anything that can bring us more joy than saving another life? Although this may seem impossible, it's something we can all do!

While being born may be the most significant emotional impact we experience, when we lose a partner, or a mother loses her child, or a child loses a parent, we suffer the most intense negative emotions we can endure, aside from our death.

I think we'd all like to be heroes, saving other people's lives, whether from drowning, from a fire or a car crash, which may be why so many young people study Medicine. They want to help and heal. We need to know there is a pathway to health, even when told that nothing else can be done. We should never give up hope, ever.

When I discovered on my own that there were alternatives to conventional medicine, it was an eye-opening experience. From that moment on, I have dedicated myself to research a substance known as MMS, which is no more and no less than chlorine dioxide, one of the most effective disinfectants, widely used for over 100 years of our human history, without creating any controversy.

I take that back. We have to admit that it does create debate, since some attention-seeking naysayers see it as a dangerous and poisonous substance, making this a controversial subject. Because when you try to explain to flat Earth champions that the Earth is round, you clash with the ideas of a stubborn German like me.

What is health?

Health is full energy in harmony.

Health is the ability and right of an individual or group to the realization of their biological, psychological and social potential.

What is a disease?

All diseases have something in common:

All disease is a lack of energy.

A disease is an imbalance in health and represents any state where there is a deterioration of the human organism. In all illnesses, there is a weakening of the organism's natural defense system, provoking the absence of health.

Many years ago, during a conversation with my good friend, Jose, who, by using chlorine dioxide, had recovered from a severe mercury poisoning, I said that I was probably not scientifically qualified enough to find out how this “miracle” substance worked in so many illnesses. His simple answer was:

“Give it a try. Who cares about the accurate scientific explanation, when it's obvious that it works on so many people, without killing anyone?”

I took his advice and started researching, motivated by curiosity, not money or my ego since I consider myself irrelevant as an academic. I suggest you draw your own conclusions. I am just trying to present the logic, with irrefutable facts.

Theoretically, science is based on evidence. A few hundred years ago, religion and science went their separate ways, shortly after it became common knowledge that the Earth was indeed round.

Unfortunately, with the passing of time, science has become more and more the territory of “beliefs”—a word I like to define as “not knowing.”

Our current mainstream science accepts certain theories that are also known as postulates or hypotheses, which is fine. What happens, however, if one of the most fundamental postulates or theories is wrong?

The main problem is that theories build upon one another, and we often find scientific anomalies or inconsistencies that lack any logic. For instance, 70% of our genes are presumably junk. Why would our organism, a perfect system based on logic, be constructed like that?

So, the first thing I want to do here is mainly to present the evidence. Many readers have never heard of chlorine dioxide, or sodium chlorite, also known as MMS (Miracle Mineral Solution), the name Jim Humble gave to the substance since its results back then seemed “miraculous” to him.

The Internet is full of testimonials from every country in the world, written and in video format. While a testimonial is not the same as scientific evidence, it does represent legal evidence. I try to clarify why this substance works in so many people, against so many diseases, without any apparent explanation. The other day I heard an interesting phrase:

“A genius is someone who can explain complex things in simple terms, while a stupid person is someone who explains simple ideas in complex ways.”

I don’t consider myself a genius or anything close to that, but I’ll try to use simple and straightforward language in this book to reach as many people as possible. If I manage to get some academics thinking about what I write here, perhaps there can be positive changes in the health field in the future, and this is something the world needs.

I have learned that there is absolutely nothing in our Universe that is not ruled by logic. The problem is that we humans are generally too stupid to understand it, which is one of the reasons I am into biophysics within the alternative medicine field: I want to find new answers to old unsolved problems. I know that science is based on trial and error, and I apologize, upfront, for any mistakes in the details. I try to conclude in the most logical way possible, based on evidence and testimonials.

Bureaucracy has been one of the major obstacles for humanity. New drug regulations require a minimum period of 8-10 years before a new substance can gain approval, aside from considerable investment. No one seems to realize that this means only the biggest companies have the necessary funds to develop a new drug. Since they have the capital, it’s just another investment to yield returns, as they just increase the final price of the product, once it gets the green light. That is the case with Xanax®, an anti-anxiety drug with a 56,000% (!) sales margin, as I described in my earlier book: “CDS: Health is Possible.”

One of the reasons I wrote this book is because I want to share this knowledge with sick people who do not have those 8 or 10 years to heal from a chronic disease diagnosed as incurable, and worse still, with those who are abandoned every day by conventional medicine, like so many cancer cases. There should be no bureaucratic obstacles for people who wish to try alternative solutions under their own responsibility.

In the past few years, my life has changed at every level. Merely wanting to help others has made me realize that this world is like a “matrix” with its own rules, where nothing is what it seems. I still believe that the human core is good and that we have, embedded within ourselves, the desire to help others.

I have been able to witness it in my travels, having received help many times without being asked for anything in return. I have seen it in the shining eyes of the mothers whose children have recovered from autism. I have witnessed it in others who have beaten cancer, in the therapists who received a promising tool to help their patients, and also in all those doctors with the courage to listen and confront the status quo, when the classic, allopathic* system of medicine failed to provide solutions.

Welcome to the world of forbidden health.

The Intention of this Book

Some of you will wonder how health can be forbidden; at first, that doesn't make sense. This book strives to open the eyes of all those who have been programmed, who have received an education based on the principle of obedience, of “believing” scientific facts without question.

Remember that every significant change in human knowledge was, at first, soundly rejected, ridiculed, fought and judged. Giordano Bruno, for instance, was burned at the stake for claiming that the earth was round, an idea that we now take for granted. Some people may have heard about or remember this event and Giordano Bruno's name, but very likely nobody recalls today the name of whoever sent him to the stake.



Fig.1 Giordano Bruno

Things don't seem to have changed that much; although discoverers fortunately no longer get sent to the pyre, they do get fried in smear tactics.

At first, any discovery or novelty is rejected and considered absurd; then the discoverer or promoter is attacked from all sides by the media in an attempt to find allies to fight the facts, the novelty, the discovery, etc.

If this strategy doesn't succeed in stopping the truth, it's the person that gets ridiculed and smeared, as the detractors have no other argument to support their deception. With the passing of time, a partial, insignificant truth, is acknowledged. Finally, that truth becomes so evident that its former adversaries claim that they were the ones who discovered it, and always said so.

We need to understand that most of the information we receive is manipulated beforehand by those in power. The discovery of the bacteria “*helicobacter pylori*”, responsible for peptic ulcers, is a clear example of this common practice. The finding was ridiculed for 25 years, creating suffering for the discoverers, who ended up receiving the Nobel Prize in 2004.

I am convinced that one way to live life to the full is to stay loyal to your truth and not be afraid of what others say. We can live our lives consciously since we’re just passing through. In the end, all that matters is what we accomplish while living.

“Fear Is a Bad Adviser and a Great Salesman.”

This book has three parts:

1. A straightforward and easy-to-read introduction and explanation that everyone, including non-specialists in the health field, can understand.
2. Testimonials of cases and recoveries from diseases, listed from A to Z, with the protocol used in each case.
3. Scientific documentation and possible pharmacological function of chlorine dioxide and other remedies.

I should warn you that this book holds a provocation of sorts. I am offering you the two pills from the Matrix: red and blue. Should you decide to take the red one and read this book, there’s no turning back, because you are going to see a reality that is very different from the one you know now.



Fig.2 “Which one do you choose?”

The person who witnesses, in their body or that of a loved one, how there is a chance of healing with an unknown remedy, will not allow anyone to convince them otherwise. There is no greater truth than the personal experience of suffering in body and mind..

With this book, we are trying to provide solutions for the most precious asset we have: our health. We need to understand that health has become big

business. To be accurate, it has become the biggest business known to man (along with banking), since everyone, sooner or later, will end up being a “client” and will do whatever it takes to recover when their health is in jeopardy. The pharmaceutical industry has held a monopoly on healthcare for the past 100 years. This business does not allow competition and is ruthless. There is so much money to make from licenses, patents, and government grants, that any alternative medicine solution is immediately discarded, ridiculed, smeared and judged. The industry owns the game, and nothing can change this—for now.

Doctors suffer the most because they are the executive agents of the health system. They are the front line of this trench warfare, prohibited from doing anything that might violate the policies of pharmaceutical law. They can be barred from medical practice and lose all chance of working again. The situation creates an internal conflict, and this conflict creates illness. According to statistics, the average lifespan of a doctor is 56 years, and the profession has the highest rate of female suicides.

Day after day, health professionals live the patient-drug conflict and suffer emotionally from it. It’s not surprising that so many of them can only work behind a mask of cold aloofness to avoid any identification with the patient that would bring them pain, in the long run, resulting in severe depression. Paradoxically, conventional medicine tends to treat these depressions with palliative drugs that do not heal.

Palliative drugs are associated with those administered to patients diagnosed with incurable diseases, hoping to slow down the progress of the illness while reducing the pain and discomfort caused in the patient’s body. The side effects of these drugs, however, tend to create more problems in the long term.

More and more medical professionals have been asking me about chlorine dioxide treatments, and I gladly provide them all the information I have. As an alternative medicine “healer”, I can’t, for legal reasons, make any recommendations about patient treatments, nor do I wish to, for now. My motivation lies in researching and discovering new paths of treatment. Personally, I believe a doctor or therapist should treat the patient first.

With this book, I aim to open roads for new research and alternative therapies for diseases previously considered incurable. I wrote it for all those who want to learn about or research alternative medicine, so they can find possible “forbidden health” solutions to guide them.

I am not, in any way, recommending that anyone follow a specific treatment; I am merely presenting a summary of years of work along with the testimonials of people who have written to me about their experiences with alternative therapies, beyond traditional medicine.

Hopefully, this book can serve as the base for future scientific university research that is legal and acknowledged, and someday widespread. All the

information I share here is based on scientific documentation (that you will find at the end of the book), applying logical thought and supported by empirical evidence.

Why Do Some People Get Sick While Others Don't?

All diseases must have something in common. In my opinion, a disease is lack of energy. When the body lacks energy for its proper functioning, it becomes imbalanced and gets sick. So it's the lack of energy that makes us sick, which leads us to the question:

How do we create energy in our bodies?

Your body gets its energy mainly from combustion, burning sugars, fats, and proteins derived from your diet. That is why nutrition is so critical for health. Hippocrates, the founder of medicine, said it long ago: "Let food be thy medicine and medicine be thy food."

Even today, every doctor has to take the Hippocratic Oath. I have yet to see, however, a medical school or hospital cafeteria that serves healthy food. Most offer processed fast foods, full of preservatives, made with trans fats and lacking in nutrients.

We generate our energy through combustion. Fuel is not the only factor involved; oxygen is just as, or even more essential. All combustion requires oxygen. Without oxygen, nothing burns. This simple fact is not taken into account to its full extent in most biochemical research. Combustion is what creates the necessary heat and energy for our body to function and at the same time generates electricity, which is vital energy. The absence of electricity is the only thing that differentiates a dead body from a living one.

We are electric energy beings, with bodies that get their optimum energy through biochemical combustion. Oxygen is essential to this combustion; without oxygen, there is no energy, and without energy, there is no health.

The body has many sources of energy besides food: light, transformed into electricity through melatonin, the bio-photons and perhaps the neutrinos as well, like the terrestrial bio-resonance the body absorbs during sleep. These fields of biophysics are still nascent. When we fully understand them, they will provide critical knowledge about the functioning of the human body.

Mainstream medicine does not see it this way, due to the theory of "oxidative stress" with which many readers may already be familiar. It is the theory about free radicals, which are supposedly harmful to the body. There is just one problem: the most abundant free radicals in our body are ROS (Reactive Oxygen

Species), oxygen's free radicals, that is, oxygen! If this theory were completely true, athletes should be sicker than couch potatoes. Later on in the book, we'll explain the truth about oxidative stress and the science behind it.

What is the biggest problem with science today?

No one questions anything that may threaten the old paradigms, since it's easier to build a new theory upon an erroneous one. Truth is often evident in light of simple logic. Our health system is based on Newtonian physics. That's right, the one whose head the apple fell on, but the real question is: how did the apple get up there?

Years ago, I spent some time with Dr. Schustereder on a mission to Africa. I can assure the reader that he is a man of integrity, devoted to his work. He told me the story about why he wanted to become a doctor. When he was a child, he suffered a lot from a serious illness and saw many other children in hospitals, suffering as well. He decided to become a doctor to change things. Later in life, he went to Africa and ran hospitals in difficult, high-risk areas like the Central African Republic.

He currently lives in Switzerland. His poor health as a child led him to help others recover theirs. I believe that if there is a change in the system in the future, it will be thanks to courageous and skilled people like him, doctors whose only goal is to heal, unbounded by economic or industry ties.

It's up to you to recover or maintain your health. We want to share our knowledge as a guide that provides you with an available option.

Do you choose the red pill or the blue one?

Let me quote his words:

"We understand infectious diseases this way: Here is a germ and here is the body. Some germs make it sick while others don't. So there is always an external cause for dis-ease, according to conventional medicine, but there are more and more indications that the body doesn't work that way, which is significant.

We just can't continue with this reductionist model, where we only observe a part of the body. We have to see it as a whole. What we need to ask ourselves is: why do some people get sick while others don't?

Even though we can isolate a specific kind of germ, the question remains the same: why doesn't everyone who has contact with this germ get sick? In this type of research, we must look beyond the physical. We must delve into the emotional, mental and successive levels, asking ourselves why...? Honestly,

when I think about this kind of research, I see that our conventional model is based on the Newtonian, mechanistic view of the world, which goes back a few hundred years when in truth, it's not appropriate anymore.

Chlorine dioxide has gone much further, having a more profound impact on human beings. It has to do with the body's electrostatics. And there are very few people carrying out this research systematically. What I am trying to say is that we need a new approach to describe the kind of impact this chemical compound makes. I imagine that chlorine dioxide influences electrophysiology, the body's electro-mechanical processes. That's what it does in the human body. And I think that electrostatics and electrophysiology open a fascinating field to understand many of the applications that we see in alternative medicine."



Fig. 3: Reseacher and scientist Dr. Schustereder

As we said earlier, a disease is a lack of energy. Theoretically, it is easy to generate energy just by eating and exercising. The problem is that a sick person doesn't usually have the strength needed to run a marathon or enough oxygen for the correct functioning of all the processes required by the body's immune system.

On the other hand, germs or viruses can multiply much faster than our immune system can absorb them through the process known as phagocytosis. In fact, there is a race against the clock going on inside our bodies when we have an infection, whether viral or bacterial.

Chlorine dioxide doesn't only provide oxygen; the chlorine ion is an effective oxidant in the fight against bacteria, viruses, fungus, and parasites. This unique combination is also highly soluble in water, dissolving even better than blood, which is much thicker. Its solubility enables it to deliver oxygen to places in the

body not usually reached, like cartilage, amniotic liquids or mucous membranes. We have even witnessed how it seemed able, in many “spontaneous remission” cases, to penetrate the deeper parts of the body, eliminating pathogens and allowing total recovery from rheumatoid arthritis, as in my case.

Lack of energy, being the primary cause of all illness, can also be a consequence of physical or psychological trauma. In both instances, trauma signifies a considerable depletion of energy that the body must compensate in one way or another. Keep in mind that trauma, whether mental or physical, consumes a lot of energy, which must come from somewhere else in the body, in turn leaving that area more affected and weakened. Let’s take the classic example of a person controlled by anger. An angry person will likely have liver problems since there is a direct link between the emotion of anger and this specific organ. Modern German medicine, as well as bio-decodification, deal extensively with this emotion-organ connection. Both are effective when treating chronic ailments or diseases diagnosed as incurable, based on the principle that only when we remove the remnants of those psychic traumas, can the body recover entirely, leaving behind physical and psychic blocks. The trauma that zapped our energy leaves the affected organ weaker, and this localized lack of energy is responsible for the hosting of pathogens that create acidity in this unprotected, imbalanced spot. At the same time, the lack of oxygen promotes fermentation, which in turn produces more acidity, increasing the multiplication of pathogens. What’s more, pathogens consume more energy while dumping acidic metabolic toxins into the system, increasingly worsening the situation until a chronic condition or serious illness develops.

The question we have to ask ourselves at this point is: how can we recover the energy levels we lack?

First, we need to look for the genuine cause, because symptomatic treatment is worthless, aside from making pharmaceutical companies rich. These companies obviously have zero interest in developing drugs that cure, for fear of losing their clientele. A healthy patient stops being a drug consumer. What’s more, we’ve witnessed how a multitude of useful drugs have been taken off the market in the past 40 years, to be replaced by “more modern” meds that, instead of curing, merely hide the symptoms, keeping the patient sick for as long as possible.

The worst are the so-called “meds for life,” which are a massive fraud, making money for all those involved. Since patients usually trust conventional medicine, they are the victims of this legal scam. If we want to increase our energy, we must avoid all kinds of toxins, both classical ones: smoking, alcohol, and drugs (regardless of being legal or illegal, most drugs are toxic), and unhealthy industrialized food, manufactured with harmful substances.

At the same time, we can increase a sick person's energy by providing them with care and love.

What is Love?

Love for me, in biophysical terms, equals “resonance” that exists among people, animals, and plants. This same resonance allows an increase in energy, creating an energetic vortex that produces harmony and wellbeing, a state we call “happiness.”

When we experience love, we feel an infinite flow of energy between two parts. A flow of energy requires conductivity. The salts and minerals in our body are responsible for electric conductivity and the flow of ions. If we increase our body's conductivity, we allow for a stronger energetic flow.

In simplified terms, we could say that the salts and minerals are the invisible wires of our electric body. The wider those wires, the better the energy flow. Seawater is one component that can increase conductivity. We'll go into more detail on this subject later.

The primary and most efficient way of getting energy into a sick body is to increase combustion and, as we said earlier, this requires oxygen, an essential

element every day of our lives. For energy to increase, the efficiency of combustion and therefore the level of oxygen must rise, since, without oxygen, combustion is impossible.

Notice the two flames in Fig. 4. In both cases, there is the same amount of gas, but only when there is enough oxygen present the stove's flame is bluish and much hotter than the yellow flame deprived of oxygen.

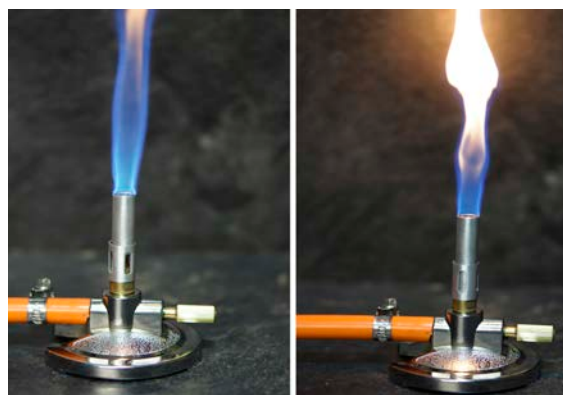


Fig. 4: Bunsen burners

In summary, to generate energy, our body uses oxidation for optimum combustion. At the same time, oxidation helps to keep the alkaline-acidic balance needed for its proper functioning. Red blood cells transport that vital oxygen. Another substance does the same thing: chlorine dioxide, which is essentially nothing more than a salt ion and oxygen. Just like red blood cells, it can also store oxygen, and just like blood, release it in the most acidic areas through the

reaction that takes place when the chlorine dioxide disintegrates—during the oxidation process—into salt, on the one hand, and oxygen. This disintegration releases an enormous amount of electrochemical energy, which in turn removes the acidic pathogens of our body, turning them into alkaline “ashes.” We’ll explain this process in more detail later.

Acidity

Nobel Prize Otto Warburg said it in 1931: *“The cause of disease can be simply described as excessive acidity in the body.”* There are numerous recent publications about acidity, and about what we should and should not eat. The truth is that all food is acid, and stomach acid is even more acidic, able to decompose everything and remove bacteria, viruses and all types of parasites. Alkaline foods are not, in fact, alkaline, although they do help in acidifying the body to a lesser extent.

The body is a combustion machine that breathes oxygen, which is essential for life. The moment we are born, we start breathing and filling our lungs with oxygen, the most abundant oxidant in existence. We fill our red blood cells with oxygen, and we expel carbon dioxide (CO₂), alkalizing the body in the process. When the blood in our veins passes through the lungs, it has a pH of approximately 7.35, and once the red blood cell gets charged with oxygen, arterial blood has a slightly higher pH of approximately 7.45. That means that we alkalize the body when we breathe, something we do 24/7, even while sleeping. The delivery of sufficient oxygen is the most critical factor for maintaining the body’s acid-alkaline balance.

Once the red blood cells get charged with oxygen in the lungs, they carry it through the bloodstream throughout the body.

An interesting and significant fact is that blood releases oxygen into the most acidic parts of the body, something known as the Bohr effect.

The body, in turn, uses the oxygen in the mitochondria to create a reaction. This reaction of combustion turns many toxic acid substances into more alkaline oxides, which the body can then remove or use for other purposes.

How can we turn an acidic lemon into something entirely alkaline? If we place a lemon over a heat source, it will start to cook, and the water inside will evaporate. If the heat persists, the dried lemon will start to burn and turn into ashes. These ashes are alkaline.

Some readers may remember how in the past they used to make classic alkaline soap with ashes and oil. Oxidation is what turns acidic and toxic substances into less toxic, alkaline ones.

To fight toxins (like poison or other contamination), the body will first increase the frequency and intensity of heart pumping, which in turn increases combustion and temperature. If the poison persists, the body will try to generate more heat, which we experience as fever, to remove toxins by oxidation. These toxins can be the product of bacteria, viruses, fungus, parasites or food consumption. Remember that it's not bacteria themselves that harm us, but their acid "stools" which contaminate our system. The same thing happens with parasites, which produce more acidity the bigger they are.

In the last few years, a new enemy has arisen; industrial food contains a plethora of additives like artificial preservatives and antioxidants for a longer shelf life. While some are harmless, others, such as E-210 al E-230, are highly questionable. Other substances are seemingly innocuous, like citric acid E-330—which has nothing to do with lemons and is manufactured from a fungus called *Aspergillus niger*.

Some *Aspergillus niger* strains produce powerful mycotoxins called ochratoxins. Ochratoxin A is potentially carcinogenic for human beings and has a strong affinity to the brain, mainly to the cerebellum.[1] This affinity could be relevant to the development of Alzheimer's disease.

Acidification causes numerous problems, including coronary, due to inflammation of the arteries. Arterial walls are smooth by nature. However, if the body becomes too acidic, the acidity causes inflammation. As a result, the body must counteract the inflammation by diluting its toxicity with more water. Additional water creates swelling and a thinning of the bloodstream. Since the brain is not getting enough oxygen to function properly, the heart must compensate by pumping faster and stronger. This condition is known as hypertension. At the same time, the body wants to compensate the acidity by putting out that acid fire with calcium. We know that calcium and acid are antagonists; we can clean the limescale from our coffee maker with lemon juice or vinegar. Our body does the opposite thing: it compensates acidity with calcium. If it doesn't have enough calcium available, it will leach it from somewhere else, usually from the bones, and with time may cause osteoporosis. Once the body has compensated acidity with calcium, a residue, calcium oxalate (calcareous stones) remains. The best-known versions are kidney or gallbladder stones, but the residue can also be responsible for arterial problems in coronary valves, microcirculation problems, varicose veins and a long list of other ailments.

There are ways to remove these calcifications:

1. The therapeutic use of magnesium oxide.
2. Infusions from the plant known as Stonebreaker (*Lepidium latifolium*), very successful in many cases. You can drink several daily infusions from the leaves. *Lepidium latifolium* removes oxalates, which are the calcium residues mentioned earlier. It is also available in drops. Follow the package directions: adults 20-25 drops, older children 15 drops and young children seven drops.

A Diseased Body Is Acidic

Many sources claim that practically every illness implies a level of metabolic acidosis, meaning that little by little, the body has become more acidic. This acidity allows pathogens to enter and take control of an unbalanced system.

But acidity is not the same as acidosis. Medicine makes a clear distinction between the two, and the differences are considerable. While acidity is usually temporary, genuine acidosis can be life-threatening. Blood must not be either too acidic or too basic (alkaline). To be balanced, the blood's pH must be between approximately 7.35 and 7.45. A value below 7.35 is considered acidosis. If it goes over 7.45, there is alkalosis, which can be equally dangerous. Our body uses a fascinating and intelligent compensation system to keep a balanced pH, primarily through breathing. By continually exhaling carbon dioxide, we regularly alkalinize our bodies. Breathing acts as the chief compensation mechanism, along with the urine expelled via the renal system.

We know of two forms of acidosis:

1. Respiratory
2. Metabolic

Respiratory acidosis is much more common, and typical symptoms include shortness of breath, rising blood pressure, and palpitations. Affected patients feel very weak and confused, and may even lose consciousness due to the excess CO₂ in the body. Their lips may turn blue. To compensate for the imbalance, patients must urinate frequently. If the blood's pH level is not corrected, it can drop to fatal levels.

Patients with metabolic acidosis tend to have labored and deep breathing. That is how the body compensates acidity by exhaling carbon dioxide or CO₂. With diabetic ketoacidosis, the patient's breath has a strong acetone smell.

The following diseases can be directly related to metabolic acidosis:

- Diabetes type 1
- Acute pancreatitis
- High levels of cholesterol
- Polyneuropathy,
- Pancreatic cancer
- Chronic pancreatitis
- Diabetes type 2
- Swollen lymph nodes
- Hemochromatosis
- Hyperhidrosis.

An acidic body is a very different matter; a balanced body is slightly alkaline from the biochemical point of view. While approximately 80% of our organs are somewhat alkaline, our stomach is not, nor is the food we ingest. Poor eating habits can cause higher acidity in our bodies. It's not a question of eating more or less acidic foods. Sugars and carbohydrates provoke fermentation if not burned, which in turn creates acidity in the body tissue. That is a different acidity from the one in the stomach, which protects us from pathogens and is fundamental for digestion. The concept of an alkaline diet is not related to the blood's acute acidosis or alkalosis, but rather the chronic acidification of the body's liquids and tissues, not of the blood.

Don't confuse the stomach's acidity with the body's metabolic acidity.

The term alkaline diet is a misnomer because practically all foods are acidic by nature. An alkaline diet acidifies the body to a lesser extent, making it easier for the body to recover its balance. In fact, it's the breathing process that goes on 24/7 that alkalinizes us every time we inhale and exhale air; during this process, blood enters our lungs with a pH 7.35 and comes out with a pH 7.45 into the arteries, that is, in a more alkaline state. We breathe between 15,000 and 25,000 liters of air per day, and it is oxygen that alkalinizes us.

Nutrition

Industrial food contains many chemical toxins that the body doesn't know how to digest or eliminate, leaving just two options:

1. Eliminate the toxins, using oxidation.
2. Enclose the toxins in fat cells, using cholesterol.

Cholesterol is not really an enemy; it is the body's B plan in its constant fight against the toxins it can't eliminate by other means. This fact is evidenced by the higher cholesterol levels of sedentary people in comparison with those who exercise regularly, increasing the delivery of oxygen and the subsequent combustion. That is why exercise is essential in any weight-loss diet to remove the toxins stored in the body fat.

Diet alone does not usually result in weight loss and may cause anxiety due to the release of toxins into the bloodstream. If those toxins are not combusted, the person does not feel well and may suffer from anxiety, making it very difficult to continue with the diet. Obesity can only be attacked by the combustion that increases overall energy while removing the toxins stored in fats at the same time.

In my opinion, obesity is a disease. Obese people suffer from chronic poisoning and a lack of energy that they try to correct with the ingestion of more sugars, which in turn makes the body more acidic, resulting in an endless vicious cycle.

Diets and eating habits

There are so many opinions about food that I usually don't like to enter this minefield. One observation, though:

Primitive people were stronger and slimmer than most of our modern-day population. They didn't suffer from heart attacks, tooth decay, morbid obesity, diabetes, multiple sclerosis, or cancer.

Logic might dictate that we try to imitate their diet to get back our health. But how can we, with all the industrial foods that exist today? First of all, we need to refrain from consuming industrial products and eat as organically as possible. Secondly, the optimum combination would be 40% carbohydrates, 30% proteins, and 30% fats. People tend to improve their health and lose weight with this diet. Some think that 30% fats and oils is excessive.

I don't believe there is one perfect diet for everyone. There are too many variables from one person to another, and our needs change over time. We should tailor the diet to the individual instead of making everyone follow the same rules, like sheep. What we want to achieve is a balanced, healthy body.

Research shows that all indigenous tribes with no prior contact with other civilizations consumed meat, fruit, roots, and vegetables. We are omnivores by nature. I know many people who choose to be vegetarian or even vegan and refrain from eating anything derived from animals.

There are three reasons for the vegetarian movement:

1. The first is **ethical**. I can relate to this after visiting farms where animals were locked in confined spaces that seemed like concentration camps—a sad and cruel condition. In this sense, I agree entirely with vegetarians. They show empathy for suffering, be it human or animal.

However, this doesn't make it the most appropriate biochemical diet for the human body. My principles of not harming any animals may cause me to get sick from an imbalanced diet.

Most animals are either carnivores or herbivores. While herbivores ingest grass and plants, carnivores are essentially hunters. We have also been, and still are, hunters. Our stomachs are quite acidic, typical of carnivores and our teeth characteristic of omnivores, designed to eat everything. Being meat-eaters has kept us going during our evolution for over one million years.

2. The second reason is **ecological**. Some believe that if we didn't eat meat and animal products, we could feed everyone in the world and end hunger.

The main argument is that we would have enough grain for humans if we didn't use it to feed livestock. Farmers may feed corn to their livestock, but I doubt any cow would voluntarily go into a cornfield and eat the cobs because they prefer grass, something we would never eat. We are not competing for food with herbivores like cows, sheep, goats or rabbits.

3. And the last reason is for **health benefits**. Many people have become vegetarians or vegans due to health problems at some point in their lives. By following a vegetarian diet for a while, they have probably been able to reduce or recover from their illnesses. In many cases, this is understandable, knowing the effects of animal and vegetal products on the body and metabolism. That is mainly a temporary fix, in which the vegetarian or vegan diet allows the body to recover from an imbalance.

The danger is that following this type of diet for the long term may create the opposite imbalance. A vegetarian diet mainly serves to cleanse our body of undesired deposits—fiber helps to clean the digestive system—but over the long term does not provide sufficient nourishment. These diets may work wonders at first. Although people often enjoy the experience and continue with it, over the years, they end up showing nutritional deficiencies of proteins, B12, calcium, zinc, EPA and DHA long-chain fatty acids, and fat-soluble vitamins such as A and D. They also tend to have low iron and creatinine levels.

In my opinion, while a vegan diet may, in some cases, be adequate for a short time, from a biological perspective, it does not agree with the human species over the long term. Several of my friends managed to overcome the barrier of their mental programming (quite a feat if you ask me) and, in time, noticed positive changes. They recovered their strength and energy, their hormones rebalanced, their libido increased, and they managed to reestablish their body's natural equilibrium, feeling healthy and vigorous.

The human body needs foods rich in fiber, which have a cleansing effect, but also other nutrients to promote its natural growth. It needs a diet that, in biological terms, is balanced for our species. This balance is different for each individual; some need more meat, fish and egg proteins than others. Each of us has to find out for ourselves the right balance and use our judgment instead of blindly following the latest diet craze.

We have two fundamental dietary goals: First, food has to aid in the optimization of metabolism and, therefore, detoxification. Secondly, it has to increase blood circulation for ideal oxygenation and assimilation of nutrients.

When we manage to detoxify the body, the effects known as chronic fatigue or depression disappear, while the immune system gets strengthened. As a result, many people who suffer from arthritis, eczema, and psoriasis see their conditions improve.

Allergies may also disappear. Blood flow must continue to oxygenate so that glands secrete more hormones, which in turn increase the feeling of happiness, ensuring a perfect healthy balance. Another observation is that spicy foods, like cayenne pepper, help the body by increasing blood flow, avoiding blood clots and platelets, while ensuring that nutrients reach the areas where they are needed, lowering the probability of heart attacks and strokes. Cayenne pepper and other spices can also make us sweat more, helping to expel toxins through the skin.

The importance of an acidic stomach

Everything we eat ends up in our stomach, which, if healthy, has a pH level of approximately 1.8-2.5. That means it is extremely acidic! In fact, it is acidic enough to decompose meat or any other food. Besides disintegrating food into its essential elements, it also kills the pathogens present, stopping them from infecting us.

Here is a simple example for all the dog owners among the readers. How can dogs eat rotten meat? They don't just eat it; they love it! If we were to do the same, there's no doubt we'd get very sick, so the question is, how can they eat it and not get sick? The answer is simple. The acid levels in a dog's stomach are up to 10 times higher than ours. Considering that stomach acid is mainly made

up of hydrochloric acid, also known as muriatic acid, it's not surprising that this potent chemical acid can handle anything.

Serious problems may arise for people suffering from gastrointestinal reflux because doctors usually prescribed products that alkalinize the stomach. When we take baking soda after a meal, it alkalinizes our gastric juices and they lose their ability to kill pathogens.

When we alkalinize our stomach, we open the door to a Trojan horse. Alkalinizing the stomach is the last thing we should do since this allows parasites to invade our bodies.

How is that possible?

The pH levels of healthy stomach acids oscillate between 1.8 and 2.5. This acidity works to kill all the pathogens we eat with our food, like many bacteria, fungus, viruses and the parasite eggs present on vegetables, meat and fish.

Imagine you take an antacid (typical among patients with stress-related gastric reflux) after eating a salad. Lettuce fertilized with products of fecal origin are more than often contaminated with roundworm eggs (a common parasite). The antacid increases the stomach's pH, allowing the eggs to survive since the stomach acids are no longer strong enough to destroy them. If the larvae were to hatch and enter the bloodstream, they would likely encounter the eosinophils, the white blood cells in charge of removing the parasite's larvae. If, on top of that, you're under stress and thus releasing cortisol hormones, these would kill the eosinophils and allow the larvae to survive.

Roundworms, also known as nematode, travel from the liver to the pancreas and heart until they reach the lungs, where they can grow to approximately 26 nanometers.

From there, they travel further up the glottis and may cause persistent coughing in the morning. An infected person, when swallowing saliva, also swallows the larvae that then travel to the intestines and grow to their average size of between 20 and 40 centimeters. In Mexico, an estimated 33% of the population is infected with the roundworm parasite, even though most don't know it or have any symptoms..

Dr. Pinzon, a renowned surgeon, pediatrician, and friend of mine, has told me stories of many of his surgeries. One that stood out was when he extracted over 700 roundworms from the intestines of a five-year-old child.

Prescription Drugs

According to law, any substance that alters the metabolism is a drug. We all know how a cup of coffee in the morning activates the digestive system and promotes evacuation afterward. So, according to this definition, coffee should be considered a drug and regulated by law.

It indeed is a drug for some people, especially after long nights of work, but if consumed in excess, it becomes an enemy by secreting cortisol, the stress hormone.

Conventional medicine uses mainly toxics to heal, which explains its symbol, the caduceus, with a serpent wrapped around a staff. That doesn't mean I am against it. On the contrary, medicine has saved millions of lives thanks to its discoveries and the use of ordinarily poisonous substances; toxicity depends on the dose, and pharmacists learned to use the right amounts to heal people.

Some chemicals used in medicine at specific concentrations include:

- Mercury, a potent neurotoxin also called thimerosal, present in numerous pharmaceutical products such as antiseptic solution, Merthiolate, and vaccines.
- Morphine, the cousin of the illegal drug heroin, known for its powerful hallucinogenic effects.
- Formaldehyde, a highly toxic substance that causes cancer, allergies, and blindness and can be lethal at 30 ml per cubic meter, provoking lung failure. It is used in most vaccines for both adults and children, as a preservative.
- Many people, especially those with coronary issues, are on anticoagulants (blood thinners), which don't really make blood any thinner; they merely decrease the ability for coagulation, preventing the formation of blood clots in the cardiovascular system. The best known is Warfarin (Coumadin®), the same substance that is widely used as a rat poison because it causes fatal hemorrhages.
- During my seminars, I often ask those attending if they would use dynamite to treat themselves, and they tend to laugh and say, "of course not." However, nitroglycerin is used in medicine as a sublingual spray for people with heart problems.
- Methotrexate is a drug used in the treatment of both cancer and arthritis, with strong secondary effects due to its high levels of toxicity that have provoked numerous deaths.

- Other known drugs are beta-blockers, with side-effects like sexual impotence: the inability to sustain an erection and a decrease in libido among men.
- The same applies to statins, a commonly prescribed drug to reduce cholesterol.
- Fluoxetine, present in the most widely used tranquilizers.
- We should also mention the highly addictive amphetamines.
- Also, apparently innocuous drugs like diuretics, which can indeed cause serious harm since they dehydrate the body while concentrating toxicity.
- If, for any reason, the body gets poisoned (keep in mind that both germ infections and most other causes of diseases are poisons), our immune system turns to Plan B if it can't remove the poison immediately. It tries to accumulate water to reduce the concentration of toxins in the body, rendering them less aggressive to cells and tissues. Diuretics reduce the accumulation of water and increase the concentration of toxins.
- Cortisone is one of the drugs responsible for saving the most lives, especially those in critical conditions. However, long-term consumption of cortisones eliminates the eosinophils, the white blood cells in the body in charge of removing parasite larvae from the blood.
- Cortisone derives from a natural human hormone called cortisol. Our body invented this hormone thousands of years ago when primitive humans first suffered. The minute they heard the lion's roar, their bodies would secrete the cortisol hormone, allowing them to fight or run without feeling pain. This hormone is produced in the suprarenal glands in the presence of stress; stress drops our natural defenses against parasites in a larval state in the blood. If we combine the cortisone with an antacid for the stomach, we open the door for all parasites to enter our body, without any resistance. In the long term, this is the origin of many chronic diseases.

For the past hundred years, we've been trained to embrace industrial drugs. The minute we feel the slightest discomfort, we go to the doctor for a prescription. Apparently, no one has realized that a sick body lacks energy! Most conventional prescription drugs work by making the body or the pathogen react to toxins.

No drug increases the body's energy level!

A disease is a lack of energy, and to increase energy levels, we have to increase the quality and efficiency of combustion, something that depends on fuel, but also the amount of available oxygen.

I like to make the comparison with engines, one of my favorite hobbies. To increase an engine's power without increasing fuel consumption, we add a turbo compressor, which acts as a powerful fan, pushing more air with oxygen into the engine. When we do this, we double the engine power. Until now, researchers have overlooked the possibility of increasing the amount of available oxygen as a therapeutic solution in conventional medicine, with some exceptions, like ozone. Chlorine dioxide seems to increase the amount of available oxygen in the bloodstream after reacting, something we have confirmed scientifically with venous gas measurement tests.

The increase in oxygen would be one explanation for the fast recoveries of so many people, from so many different diseases, as reported by thousands of testimonies.

Opening Your Mind

I often think about how everything that happens to us is no more than a perception.

- » We can stand in the sun and feel like we're being roasted, or we can let its warmth nourish us.
- » We can think of rain as a bother or as something essential for plants.

During our time in this world, we perceive our surroundings predominantly from the emotional level. Based on the interpretation of those perceptions, we make our decisions, which in turn, always have consequences, positive or negative. But watch out, because by saying "negative," we are judging again what is happening to us, and this is just another perception.

Life is a journey, and every step we take leads us to another great lesson so that we can keep going forward.

How do you want to live your life?

The choice is yours; you can choose to change, to try alternatives to what you always do, to have new ideas and take a different approach, that is, to evolve. Let's dare to change the here and the now and the future for those who come after us. Let's open our minds to a new way of healing our bodies. You decide. I invite you to keep reading.

I would like the readers to be able to open their minds, so let me make it easier by providing an example from another field. We are not always aware of how much we've been programmed since childhood, through our education, then manipulation by the mass media owned by a few, and controlled by social pressure and the need to be accepted and fit in. After a short story from my personal experience, you will understand what I mean.

I was invited by a university to give a lecture about the discovery of chlorine dioxide to a small gathering of physicists that included a very kind and educated Nobel Prize winner. Once my presentation was over, one of the doctors in physics approached me and mentioned that she worked for NASA in the exobiology field. I answered that exobiology—biological research about objects that don't come from Earth—was a keen interest of mine. She immediately clarified that it had nothing to do with little green men or UFO's and that she analyzed meteorites in the desert. Then I asked her if she believed in UFO's and she answered wide-eyed: "Of course not, or they would have already invaded us."

It's not my intention to judge that scientist, but it's easy to see the social programming in her response. Let's look a bit closer:



Fig.5: UFOs: Fact or fiction?

How many people have reported UFO sightings in the last 70 years? The answer is hundreds of thousands! Among them, there are commercial plane pilots, air controllers, high-ranking military personnel, police officers, notaries, governors, a former US President, and an endless number of reliable witnesses.

On March 13th, 1997, thousands of people witnessed in Phoenix, AZ, and Sonora, Mexico, lights coming out of a giant UFO of triangular shape and the size of an aircraft carrier. It drifted slowly, without making a sound, over the area, heading towards Mexico. The governor, not having an answer, decided to



Fig. 6: The fine line between fact and fiction

ridicule the whole thing, and his words angered many witnesses who had declared that there was nothing in this world, in size or technology, similar to what they had witnessed. Years later, even the governor admitted he had witnessed it too, and that whatever it was, it couldn't have originated in our current world.

There are many cases like this one, and for years, one of my hobbies was collecting data on these sightings. Most of them are indeed false or mistaken, but if even just one of those hundreds of thousands of sightings were true, it would mean that we have been deliberately lied to for the past 60 years. And that is understandable because the information would have drastic consequences in all fields: science, religion, governments, etc., changing what we believed to be true.

Paradoxically, I have seen false claims made by NASA about a military plane project, which looks like a flying saucer. Even though there are pictures of this “air saucer”



Fig. 7: Comparison of real and “doctored” photos

circulating on the Internet, they all just digital montages, something I proved when I found the original photographs, which I've published on my website (www.andreaskalcker.com).

The question remains: why does NASA need to deliberately falsify these photographs, claiming that they are just military planes in the shape of flying saucers?

*What are they afraid of? What do they know?
What are they trying to do?*

Maybe they don't want to acknowledge the existence of UFOs. They are trying to sway us from the truth by creating fake evidence, with the explicit goal of misinforming us, because the most significant extraterrestrial danger would be to have to recognize 60 years of lies. Extraterrestrial life has only been officially acknowledged on one occasion, and that was just for a few days when the Roswell incident took place in New Mexico in July of 1947. But that's another story.

I am not trying to convince anyone. I just want to open minds so people can start researching all the information available on the web and develop their own opinions, free from the thousands of falsifications.

Oh! And in case you conclude that there are alien species that wish us harm and want to invade us, why would they wait until we have atomic weapons and mass destruction military defenses?

If they wanted to invade us, they would have done it hundreds or thousands of years ago. In my opinion, an evil race is doomed to self-destruction, something we can observe right now, with the human species.

There are countless claims in science that seem more like religious beliefs than scientific facts, because they have been built on hypotheses that, quite simply, don't make any sense. As I said earlier on:

believing = not knowing

If science means "wisdom," it shouldn't accept unproven theories, which belong in the realm of beliefs. The danger lies in the fact that if the hypothesis or underlying theory is wrong, all the others that build upon it create anomalies. For example:

- Where did the energy for the Big Bang come from if energy can't be created from nothing?
- Is the Sun an explosion, like they want us to believe? If so, why do its outer layers have temperatures of millions of degrees Celsius, while its

surface is only approximately 8,000 degrees? If the Sun is an explosion, solar spots that are darker due to lower temperatures should be brighter, since their match on Earth would be “the eye of the hurricane.”

This idea of an explosion is only accepted at the scientific level; if we look at the details, it seems just as absurd as the flat Earth theory. Using common sense, it looks more like an implosion that continually attracts free hydrogen from space. Hydrogen, the most abundant atom in space, imperceptible to the eye, gets attracted by the gravity of the solar vortex that has a black hole at its nucleus. Hydrogen merges with the sun’s outer layers releasing light photons. That would also explain how planets are formed or how suns expand until becoming supernovas.

To open our minds, we can ask ourselves the questions that science can’t answer today. For example:

- | | |
|---|--|
| » What is biological consciousness? | » What force is expanding the universe? |
| » Why do humans have so few genes compared to plants? | » What is the structure of water? |
| » What controls the regeneration of organs? | » How do proteins find their match in the body? |
| » How does memory get stored? | » What keeps intracellular traffic working seamlessly? |
| » Why do we sleep? | » How do mitochondria copy themselves in mitosis? |
| » What is gravity? | » How does an organ know when to stop growing? |
| » Why does magnetism occur? | » Why do we dream? |

Like I said from the beginning, *“nothing is what it seems.”*



Chapter 1

Iwould like this book to be a useful guide for all those who are thinking about using chlorine dioxide or other, yet-be-approved substances, to avoid errors or misuse. We list precautions and warnings, as well as research in the field, with results from volunteers who have used it for treatment. Health is a fundamental right, and everyone should be able to decide how best to preserve it.

Abbreviations

CD	=	Sodium chlorite (NaClO_2) + hydrochloric acid as activator at 4%
CDI	=	Chlorine dioxide dissolution, ClO_2 , in saline solution (NaCl at 0.9%)
CDS	=	Chlorine dioxide dissolution, ClO_2 , in water (gas dissolved in water)
CDH	=	Sodium chlorite (NaClO_2) + hydrochloric acid as activator at 4% activated with time
Cl	=	Chlorine, periodic table element
Cl^-	=	Chloride ion
Cl_2	=	Chlorine gas
ClO^-	=	Hypochlorite ion
ClO_2	=	Chlorine dioxide
ClO_2^-	=	Chlorite ion
ClO_3^-	=	Chlorate ion
ClO_4^-	=	Perchlorate ion
DMSO	=	Dymethyl sulfoxide
MMS	=	NaClO_2 = Sodium chlorite + activator (citric acid). (Jim Humble's term)
MMS_1	=	Jim's new definition
MMS_2	=	Calcium hypochlorite = $\text{Ca}(\text{ClO})_2$
NaCl	=	Sodium chloride (common table salt)
NaClO	=	Sodium hypochlorite
NaClO_2	=	Sodium chlorite
NaClO_3	=	Sodium chlorate
NaClO_4	=	Sodium perchlorate
PPM	=	Parts per million. e.g., 3,000 ppm = 0.3%

Laws & Regulations

We find ourselves with a legal dilemma:

Can it really be legal to let people die just because chlorine dioxide, in harmless and appropriate doses, has not been approved as a medical product by a governmental agency?

Who is responsible for these deaths? What do we stand to lose by trying, when conventional medicine has abandoned all hope? Many people can't afford to wait for approval of this substance through a multi-million-dollar process that can take five to ten years to complete. My stance is unequivocal:

**No governmental law can have precedence over natural law
when the preservation of life is at stake.**

I defend everyone's right to experiment on themselves, especially those with no other options, enduring a terminal or critical illness. Any law that forbids the voluntary use of a substance for healing purposes invalidates itself; it is a criminal felony to attack the fundamental right to life.

The use of chlorine dioxide under the denomination MMS, the acronym invented by Jim Humble, has been forbidden in many countries because it has not been approved as a public health drug. That does not mean that sodium chlorite and hydrochloric acid, as an activator, are forbidden. They have been used and are still used in numerous industrial processes. For instance, they have been used for water disinfection and purification for over 80 years without a negative incident or any resistance acquired by bacteria, viruses, and fungi.

CD is more expensive than sodium hypochlorite (bleach) for disinfection but is infinitely better since it is not carcinogenic. It is FDA-approved for use on fruits and vegetables and is also used to disinfect chicken, pork and beef, farmed shrimp, beer, and other drinks. It is used for fungi control, to remove the feared Legionella from refrigeration towers in hospitals, for cold disinfection of surgical instruments, to disinfect blood donations, and many other applications.

The other day, I received a letter that another researcher sent to the Ministry of Health:

MESSAGE:

Hello. I am researching the product MMS, or chlorine dioxide, that you have forbidden in Spain. I would like to know how to contact the person responsible for this decision since I see no harmful results for the organism. I am referring to this article:

http://www.aemps.gob.es/informa/notasInformativas/medicamentosUsoHumano/medllegales/2010/NI_MUH_Illegales_05-2010.htm

I would like to know which scientific or clinical research you have used as the grounds for its prohibition since, according to my knowledge and that of many researchers, we have concluded that this was initiated in other countries due to a conflict of interest, a delicate issue.

Regards,

Ivan.

RESPONSE FROM THE SPANISH MINISTRY OF HEALTH:

Dear Mr. Moreno,

The withdrawal from the market you mention was implemented because this is an illegal drug. Every drug requires approval from the Spanish Agency for Drugs and Health Products before it can be sold to the public. Thus, there is no assessment report, because the product's authorization process was never even initiated.

Best regards.

CONCLUSION: As you can see, the government didn't even bother to check if chlorine dioxide has positive or harmful effects on the body. They just labeled it as illegal—end of story. How sad. And I don't know about you, but I am not allowed to conduct clinical studies. When I've approached hospitals for guidance, I get stonewalled. The State must take care of the wellbeing of its citizens, so it should be the duty of the Ministry of Health to research and standardize this product. But they won't move a finger.

Jim's Discovery: What Is MMS, also Known as CD?

MMS is the name Jim Humble gave to the combination of chlorine dioxide (NaClO_2) activated with citric acid. Today, instead of using citric acid at 50%, we use hydrochloric acid (HCL) at 4%. **To avoid confusion, we are going to call it CD, which stands for chlorine dioxide.** CD is much milder and efficient than the old MMS activated with citric acid at 50%, and it barely causes any side effects, as I explain later on in this book.

Some stories seem to come out of novels and may be hard to believe. The one that has probably had the most impact on me is the story regarding Jim Humble, the gold prospecting engineer who, quite by chance, seems to have found a cure for one of the world's worst infectious diseases: malaria. During a prospecting project in the jungle of Guyana, nearly 400 miles from any hospital, members of his team contracted malaria.

Not having been warned about this possibility, they didn't have any medicine with them. The only thing Jim Humble had was a disinfectant for drinking water, known as stabilized oxygen. He finally decided to give a few drops to his team, when their fevers were over 104°F , and they were delusional in the midst of a malaria attack. Imagine his surprise when he found them all gathered around the fire only four hours later, recovered from one of the worst infectious diseases in the world as if nothing had happened! Later on, he himself contracted malaria, and the same formula also worked again! I thought this story was so incredible that I had to research it further.

MMS: The combination of chlorine dioxide (NaClO_2) activated with citric acid

CD: The combination of chlorine dioxide (NaClO_2) activated with hydrochloric acid

CDS: The gas from dissolving either combination in water.

Who is Jim Humble?

To find out, I decided to visit him in the Dominican Republic, where he was living.

When I Google his name, I get 19 million search results. If half of them were negative, there would still be over nine million. Out of these nine million, if only

15% have tried MMS, there would be 1,350,000 people. In all of medical history, there are only five documented cases of poisoning due to chlorine, and those were due to doses hundreds of times higher than the ones indicated by Jim Humble.



Fig. 8: Andreas Kalcker with Jim Humble

Today, Jim Humble and I share both friendship and the experience of having been independently researching chlorine dioxide in depth for years.

When chlorine dioxide reaches the stomach, which contains hydrochloric acid (also known as HCL, muriatic acid, salt acid, etc.), a reaction takes place between both substances resulting in the release of a gas called “chlorine dioxide.” This gas, which is easily absorbed in water—and therefore also by mucous membranes and blood serum—is responsible for the “miracle cures.” Jim Humble initially named it the “miracle solution” because it worked on many other diseases in addition to malaria, without an apparent explanation at the time.

What is Malaria?

Malaria is a global problem that affects over 100 countries. Every year, between 300 and 500 million people contract the disease, and approximately 3 million die from it. That is twice what was suspected. Children are the most affected, as they are more vulnerable to high fevers.

Malaria kills more people every hour than Ebola epidemics. Curiously, malaria is not recognized by the First World as a public health catastrophe, like AIDS and Ebola. But more people die from malaria each year than have died from AIDS in the past 15 years.

When a malaria-carrier mosquito bites a human being, it releases with its saliva a very efficient anticoagulant with several hundred malaria sporozoites. They migrate through the bloodstream towards the liver, where they enter tissue cells, turning into merozoites that, once developed, are again released into the bloodstream.

The process is not identical in every strain of malaria; in some cases, they can remain for months or even years without being detected by the immune system. Once the parasite is in the bloodstream, it penetrates the red blood cells (also called erythrocytes) and keeps multiplying, producing typically annular shapes that later cause the breakage of the red blood cells, releasing gametocytes into the bloodstream. If another mosquito bites the patient, the insect acquires the gametocytes, starting a new sexual cycle of Plasmodium, and it can now infect other people, through its salivary glands.

When the red blood cells occupied by the parasite finally burst, they release toxins and acids that affect the hypothalamus, provoking sudden and intense fever. The fevers come back every two or three days, followed by periods of apparent remission, causing enormous strain on the organism that, in the case of children, usually leads to death.

In pregnant women, malaria mosquito bites can be devastating, since the immune system of the fetus isn't developed enough to fight the disease.

This parasite, known as falciparum, avoids detection by the immune system, remaining within the red blood cells and producing proteins, which adhere to the blood vessels, provoking complicated hemorrhages. These proteins are highly mutable, so the immune system can't recognize them, and even if it did, in a matter of weeks, the proteins mutate entirely, making the antibodies useless.

The Red Cross Field Test that “Never Happened”

On 12/12/2012, The Water Reference Center (WRC), an affiliate of the International Red Cross, carried out studies in Uganda, in conjunction with Uganda’s Ministry of Health and National Red Cross, on 154 people with positive malaria diagnoses.

Tests were carried out through microscope smear and antigens tests which came back negative 24-48 hours after administering a dose of chlorine dioxide. 143 came back negative after taking a single dose of 18 drops after 24 hours, and the remaining 11 with a second dose after 48 hours.

YouTube video on the study:
<https://youtu.be/liexMTG59nI>

Three different videos documenting this pilot clinical test (PHAST) demonstrate the efficacy of chlorine dioxide (ClO_2), a commonly-used water purifier, in the eradication of malaria.

Every 40 seconds, a child dies of malaria, approximately 2,000 children per day around the world. This tropical disease, unfortunately, remains one of the principal causes of mortality in Africa. The solution could be so simple if people would just acknowledge that chlorine dioxide cures malaria. The problem is that the pharmaceutical industry can’t patent it for their profit.



Fig. 9: Photograph of the field test group

781 patients participated in the clinical research study. Their blood was analyzed twice. First, a chemical reaction test was performed and subsequently, all positive tests were rechecked using a conventional microscope. With this protocol, Red Cross doctors and health professionals determined that 154 people were suffering from malaria. Of these, 143 recovered in a single day after taking a single dose of 15-18 drops of chlorine dioxide (NaClO_2), activated with the same amount of acid drops. The remaining 11 recovered the next day, after taking a second dose. It was a 100% success rate, confirmed by the Red Cross worker in charge of the study. Unfortunately, he later distanced himself from the claims he made in the video. He likely received pressure from the International Red Cross Headquarters in Geneva, forcing him to refute the results, apparently for economic reasons: the pharmaceutical industry sells over ten billion US dollars in malaria prophylactics each year.

There's no doubt that Red Cross volunteers are 100% honest and have good intentions. Still, some highly paid executives and the International Red Cross Federation in Geneva share economic interests with the pharmaceutical industry. Where there is big money, always a breeding ground for corruption, nothing is what it seems!

As I have stated, on December 12, 2012, Uganda's Red Cross performed clinical trials with chlorine dioxide at the request of the WRC (Water Reference Center), an affiliate of the International Red Cross Federation in Geneva, Switzerland. The Water Reference Center is a firm founded by the Red Cross in Geneva, presided by Chrystold Chetty, who is also president of the IFRC's (International Federation of Red Cross and Red Crescent Societies) Financial Committee in Switzerland, administrator of the Chetty Foundation, and consul of Norway. He also holds positions in other companies and foundations.

Perhaps due to a lucky coincidence, the study was performed with the collaboration of Uganda's Red Cross in a hospital at Luuca, Iganga, where it was possible to treat many people using MMS, over four days. The Red Cross was interested in the possible health benefits of chlorine dioxide, in particular, if it could be useful for the treatment of malaria, and if Jim Humble's claims were valid.

Weeks of intense preparations preceded the pilot trial to determine and detail each task individually. The organization of any event in Africa requires a lot of creativity and the ability to improvise. At first, no one knew how many patients would come to the study, and the team didn't want to leave anything to chance.



Fig. 10: Registration

In the photograph, we can see the hall where many people with health issues turned up on the first day and were waiting for their treatment. First, the names and other data on the subjects to treat were carefully registered, archived in files and entered into the computer.

After the doctors performed an initial exam, the symptoms and diagnoses were noted in the patient's file. Each subject had a malaria test number recorded on their patient form. Initially, they each received a rapid diagnostic test for

malaria. As seen in the photograph, the absence of a line in the testing device's large window means the person did not have malaria. A test strip with a line in the big window and a red mark indicates that the person suffered from malaria.

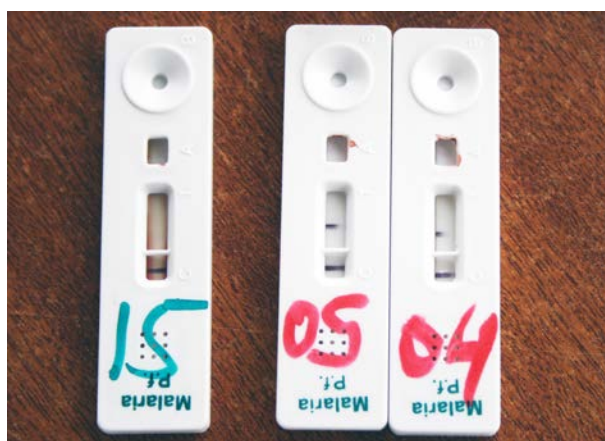


Fig. 11: Rapid diagnostic test for malaria

In figure 11, we can see two lines in the window. The second line is a control test to check the accuracy of the first test. The patients who

initially tested positive were then directed to the lab for the second test with a microscope.

The lab work was carefully organized; all data was recorded in a separate book for better evaluation of the results. To confirm the first test, technicians examined blood samples under a microscope, allowing a parasite count for each test to assess the degree of infection found in each patient.



Fig. 12: The second test, this time with a microscope.

Treatment

After patients were diagnosed, they were sent to a treatment station. Each oral dose (chlorine dioxide, also known as MMS) was individually prepared as follows:

1. A designated number (see chart below) of drops of sodium chlorite solution were placed into a dry plastic cup.
2. An equal number of drops of citric acid (33%) activator was added to the cup.
3. The solution was allowed to activate for 20 seconds. Then, water was added to dilute the mixture—more water for adults and less for children and babies.
4. Lastly, everyone received a bottle of mineral water to aid the elimination of pathogens.

The number of drops depended on age and whether the subjects were malaria positive or negative, as shown in the following chart:

Patient	Malaria positive	Malaria negative
Adults	18 activated drops	8 activated drops
Children	8 activated drops	6 activated drops
Babies	2 activated drops	2 activated drops

Patients who were malaria positive were instructed to return the next day for a follow-up blood test to determine the treatment's efficacy. The lab staff documented and signed the test results in the patient files, confirming the absence of parasites in the blood, meaning that the patients were healthy and malaria-free.

Finally, the chief doctor delivered the general clinical confirmation to complete the project.

The Luuka district is a rural area, and the clinic is a 45-minute drive from the closest city. Uganda's National Red Cross chose this place because it had already done research there on water and health. The goal was to include this project's results in the previous research.

To encourage people to take part in the project, the Red Cross announced it on two local radio stations, asking the population to go to the clinic in the village of Luuka for an examination.



Fig. 13: Volunteer preparing the mixture for administration

The Results:

Over the four days the study lasted, more and more people came to the clinic. The goal was to treat 200 malaria patients, with chlorine dioxide. By the end of the fourth day, 781 people were tested, out of which 154 came out positive. Twenty-four hours later, a lab technician did a second blood test on all of the 154 positive patients.

- Of the 154 patients who started malaria positive, 143 of the were malaria-free after 24 hours.
- The remaining 11 patients who still tested positive were cured after a second dose.

The doctors at the African clinic were not influenced during this process and held no preconceived ideas. They didn't know if the treatment could heal anything. When they performed the control tests on malaria patients on the second day, and these all came back negative, they were speechless. They couldn't wrap their minds around it since they had never experienced anything similar. Before this study, they considered malaria an incurable disease. Their surprise only increased over the next few days, when it turned out that many patients who were suffering from other diseases, until then untreatable, also healed.

We were ecstatic with the results since so many voices on the Internet had put chlorine dioxide in doubt. We finally had documented evidence under clinical conditions, performed by malaria experts.

The Cover-Up

Our joy was short-lived. I received an email from Klaas Proesmans (Director of WRC, the Red Cross affiliate) in which he forbade me from talking about the test results, stating that if I did, he would deny the facts. I didn't understand anything at first, but all I had to do was follow the money trail.

There is a massive effort going on to vaccinate everyone against the malaria parasite, meaning the whole population, something much more profitable than just treating the infected. In short, there's more money in vaccinating one hundred people than in healing ten.

The industry's interests are clear; profits are their top priority. Curing malaria with a single dose of Chlorine dioxide is of no interest to them. Perhaps this explains how healing people goes against industry interests. The Red Cross receives 4,500 million dollars per year to buy drugs, so it has a direct bond with the pharmaceutical industry. The truth is, they are in this together.

The Evidence

Evidence 1

In true WikiLeaks fashion, a video they had recorded was leaked. The Red Cross blatantly lies when they claim they never took part in the malaria clinical trials and denies what anyone can see in the video where Klaas Proesmans himself, Red Cross WRC's director, affirms, on camera, that 100% of all malaria cases were cured in only 24-48 hours.

On May 15, 2013, The International Red Cross published the following press release on their website, which can still be found there as of October 2016:

IFRC strongly dissociates from the claim of a 'miracle' solution to defeat malaria

Published: 15 May 2013

The International Federation of Red Cross and Red Crescent Societies (IFRC) dissociates itself in the strongest terms from the content of the recent Master Mineral Solution newsletter (May 2013) entitled "Malaria finally defeated" and supporting YouTube video. IFRC does not support or endorse in any manner the claims made in relation to this project, and has at no time been involved in 'clinical trials' related to malaria treatment.

Malaria affects 219 million people every year, killing a child somewhere in the world every minute. As a matter of policy, IFRC adheres to World Health Organization (WHO) guidelines which state the only way to combat malaria is to scale up prevention, diagnosis and treatment.

The IFRC expresses its support to the Uganda Red Cross Society and recognises that it has been spearheading prevention programmes across the country over the last decade, as auxiliary to their public authorities and in line with WHO guidelines.

Fig. 14: Screen capture from the Red Cross website

<http://www.ifrc.org/en/news-and-media/opinions-andpositions/opinion-pieces/2013/ifrc-strongly-dissociates-fromthe-claim-of-a-miracle-solution-to-defeat-malaria/>

Evidence 2



Fig. 15: Briefing of Red Cross workers

The possible source of financing: An enlargement of the photograph of the doctors in charge of the project shows mention of the Japanese embassy.

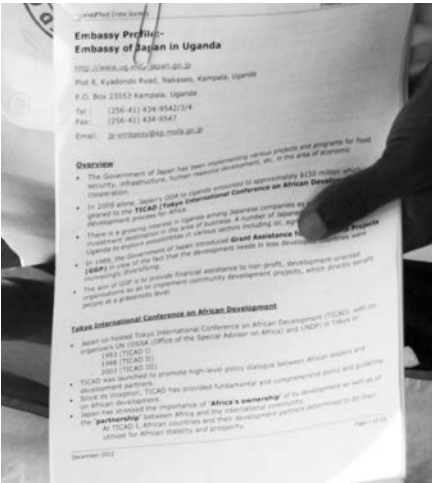


Fig. 16: Document with proof that the Japanese embassy played a role in the study

Evidence 3

The courageous German Red Cross volunteer and witness Kerstin Wojciechowski wrote on December 19th, 2012 on her blog about the successful use of MMS with malaria.

From the 12–16 December 2012 an organization called Water Reference Center in cooperation with Uganda Red Cross Iganga branch did a study on a common water purifier and its medical effects on malaria positive people in Luuka district in Iganga — and I was part of it!

The Belgium representative of the Water Reference Center Klaas and the Dutch book author Leo came on Wednesday morning from Kampala to the Red Cross office in Iganga. They gave us a short briefing on the program for the days and information about the water purifying chemicals we were going to use. Two vehicles were packed with water bottles, mosquito nets, technical equipment and a team of about 13 people, including a cameraman, six Ugandan Red Cross volunteers, Enno and me, departed for Luuka district.

Having arrived in Luuka people were already waiting for us. Different stations including the registration, the malaria fast test point, the lab, the result interpretation point and the purified water distribution were set up and volunteers were assigned to their respective stations.

People — and I have to stress the point that we had everyone from a one month old baby to over 80 years old people turning up for malaria testing — were registered first and went for a malaria fast test afterwards. If the test showed positive they got tested again with a blood strip under the microscope. Tested negative or positive, people were given purified water, which was prepared by Ronald, Enno and me. Thereby the number of drops of water purifier varied by age and malaria status. After taking the purified water people were also given bottled water to take home as they had to drink a lot for the chemical to take action in the body. The next day the malaria positive cases were told to come back for another test and a present in form of a mosquito net. The immediate reactions after taking the purified water were worrying to me: People disliked the smell, taste and some children had to vomit. Unfortunately, we had to tell people that these symptoms might carry on at home for the day.

The following days showed an unbelievable result: On average, we tested and treated around 150 people per day. About 95% of the people tested malaria positive were tested malaria negative after only one day while the remaining 5% were tested malaria negative after taking another dose the day after. Among the 5% who tested malaria positive again were children, whom we had given a too small dose of the purified water since we were worried about the vomiting.

I have got to say that I was skeptical about the water purifier and the whole project for the first two days. But I was thoroughly amazed to see little wonders happening. As this occurrence has moved me a lot, I want to write about a woman who was tested

malaria positive, given the purified water and tested malaria negative the next day. When she turned up the first day, she could barely walk. Not having eaten anything for nearly three days, she struggled to swallow the water and immediately fainted. She was lying on the ground for over an hour unable to stand up and close to vomiting. I felt so sorry for her and was seriously worried about her condition. The next day another volunteer had to tell me that this is the woman who was lying on the ground yesterday since I did not even recognize her! I was stunned! She came towards me and thanked me with a big smile on her face. She even stayed for another two hours talking to people and watching us. I could hardly believe how she had changed her condition overnight — very impressive.

This water purifying chemicals seem to have the potential to make a great difference in malaria regions since they are cheap and, according to the people who work with it since many years, are also curing and preventing other life-threatening diseases.

Later on, she had to take down her blog, apparently due to pressure from others.

Evidence 4:

The video introduces Klaas Proesmans (WRC director) as 100% responsible for the cures, without once mentioning Jim Humble (the discoverer) or the term MMS, although he learned everything he knew about MMS while attending a Jim Humble course in the Dominican Republic.

However, he denied his own words later on, very likely following orders from his superiors at the International Red Cross in Geneva. In the following email to Leo Koehoff, he even threatens to take legal action if the video isn't removed from YouTube.

Email from Klaas Proesmans

Once again I expressly request with urgency that you delete immediately the Luuka-Uganda trials video from YouTube and that you don't show it anymore.

Not only does it reflect unfulfilled promises, it also mistakenly associates the Red Cross with something it does not want to be associated with as it contains injuries to third parties.

I am afraid that if this does not happen immediately, we will seek legal advice and will undertake legal action in this matter, in conjunction with Uganda's Red Cross.

Once again I have tried to call you in regards to the issue of publishing in YouTube and in magazines.

In meetings with Uganda Red Cross and later on in writing, Dec. 17th (see below), you agreed to not communicate with third parties in regards to the activities we performed in Luuka in December 2012.

Thank you for your interest.

We are a private foundation looking for old and forgotten technologies. ClO₂ is being currently used in Uganda by the government as a water purifier. We just looked at the effects that it has on the human body as purified water. So far we have not finished these tests and there is a confidentiality agreement with all involved.

Today we distance ourselves from any news bulletin, any YouTube video or any other publication about this subject.

However, the chief doctor had signed a document confirming the malaria remissions (fig. 17). Note that the last paragraph thanks Geneva (referring to the IFRC) for their support.

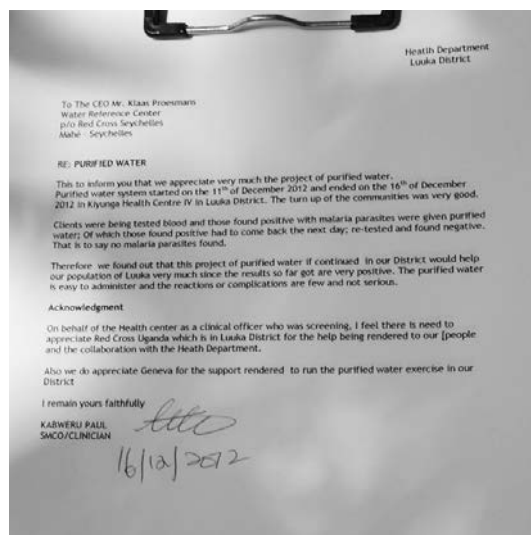


Fig. 17: Letter from Doctor Paul Kabweru acknowledging the excellent results from the trial.

Conclusion:

We live in a greed-driven world where the deaths of millions of people each year (more than during the Holocaust), especially children, don't matter. Apparently, the 10 billion dollars in annual sales revenues of malaria prophylactics mean more, even when we could eradicate the disease from the whole continent with only 50 million.

The exciting thing about chlorine dioxide is that apparently, it doesn't just cure malaria, but also many other diseases, as repeatedly reported to me in the thousands of testimonials I receive by email.

I want to emphasize that I am not promoting the sale of chlorine dioxide. My work represents a collection of data so that at some point, other experts can research this subject in more depth. And many people trying to recover from terminal diseases want this information.

I have decided to publish my knowledge and experience since new drug research would take years—time that many of the sick do not have. I have summarized some of the diseases with testimonials confirming improvement or total recovery thanks to the ingestion of chlorine dioxide diluted in water.

“While the use of chlorine dioxide is not legal, the fact that we can't use it is a crime.”

We live in a world of “forbidden health.”

There are many patents for the use of chlorine dioxide. Here's a list a some of them:

Use	Patent number
Non-toxic antiseptic	(Pat 4035483 / 1977)
To fight amoebas in humans	(Pat.4296102 / 1981)
AIDS-derived dementia treatment	(Pat.5877222 /1999)
General skin disease treatment	(Pat 4737307 / 1988)
Live blood disinfectant	(Pat. 5019402/ 1991)
For faster wound healing	(Pat. 5855922 / 1999)
General oral care (Procter & Gamble)	(Pat. 6251372B1/ 2001)
Bacteria-derived infection treatment	(Pat. 5252343 / 1993)
Severe burn treatment	(Pat.4317814/ 1982)
Bone marrow regeneration	(Pat. 4851222 /1989)
Alzheimer's, dementia, etc. treatment	(Pat. 8029826B2 /2011)
Animal immune system stimulant	(Pat. 6099855 /2000)
Immune system stimulant (Bioxy, Inc.)	(Pat. 5830511/ 1998)

The list is incomplete, as there are new applications every day.

Recoveries Confirmed by Patients

What Have We Witnessed?

The following incomplete list has been developed based on the emails I have received from individuals who voluntarily used chlorine dioxide. They explained how they recovered from all kinds of diseases and offered their testimonials.

Recoveries or improvements confirmed by patients:

- | | | |
|----------------------|----------------------|-------------------------|
| » Dental abscess | » Lupus (at least | » Edema |
| » Stomach acidity | improvement) | » Bacteria elimination |
| » Acne | » Multiple | » Endocarditis |
| » Some types of | sclerosis (at least | » Crohn's disease |
| diabetes | improvement) | » Lyme's disease |
| » Some cases of | » Skin cancer | » Sjogren's disease |
| celiac disease | » Stomach cancer | » Emphysema |
| » Some cases of TB | » Breast cancer | » Poisoning |
| » Some heart | » Leg cancer | » Epstein-Barr |
| problems | » Prostatic cancer | » Eruptions |
| » Some cancers | » Thyroid cancer | » Stomatitis |
| » Some parasites | » Weakness | » Fibromyalgia |
| » Anxiety | » Demodex | » Fever |
| » Arthritis | » Dengue fever | » Phlegm |
| » Reactive arthritis | » Depression | » Gangrene |
| » Asthma | » Menstrual cycle | » Flu |
| » Babesia | irregularities | » Halitosis |
| » Bartonella | » Diarrhea | » Hepatitis B |
| » Bromidrosis | » Different types of | » Hepatitis C |
| » Bronchitis | paralyses | » Herpes |
| » Bruises | » Diverticulitis | » Genital herpes |
| » Cramps | » Abdominal pain | » Fungus |
| » Jaw osteonecrosis | » Joint aches | » Infections in general |
| » Dandruff | » Backaches | » Mouth infection |
| » Chlamydia | » Jaw aches | » Skin infection |
| » Cholesterol | » Toothaches | » Urinary tract |
| » Colitis | » Headaches | infection |
| » Ulcerous colitis | » Leg aches | » Ear infection |
| » Contusions | » Muscle pain | » Kidney infection |
| » Constipation | » Lymphatic pain | » Bladder infection |
| | » Eczema | » Sinus infection |

- | | | |
|----------------------------|-----------------------------------|----------------------------------|
| » Staphylococcus infection | » Parasites | » Syphilis |
| » Gallbladder inflammation | » Memory and weight loss | » Chronic fatigue syndrome |
| » Insomnia | » Obesity | » Leaky gut syndrome |
| » Food poisoning | » Neavi spider bite | » Irritable colon syndrome |
| » Metallic poisoning | » Animal bites | » Reiter's syndrome |
| » Fluoride poisoning | » Insect bites | » Some types of gallstones |
| » Mercury poisoning | » Athlete's foot | » Types of fatigue |
| » Lead poisoning | » Pyorrhea | » Thyroid |
| » Gout | » Arterial plaque | » TMJ/TMD |
| » Leishmaniasis | » Circulation problems | » Cough |
| » Lymphoma | » Hearing problems | » Attention deficit disorder |
| » Sores | » Stomach problems | » Post-traumatic stress disorder |
| » Bad digestion | » Various skin problems | » Tumors |
| » Malaria | » Adrenal glands problems | » Vasculitis |
| » Morgellons (improvement) | » Eye problems | » Warts |
| » HIV/AIDS (improvement) | » Respiratory problems | » Genital warts |
| » Migraines | » Nodular pruritus | » Plantar warts |
| » Myopathy | » Psoriasis | » Viruses |
| » Runny nose | » Sunburn | » Allergies |
| » Nausea | » Actinic keratosis | » Human papilloma virus (HPV) |
| » Necrosis | » Sun keratosis | » Vomiting |
| » Pneumonitis | » Cysts | » Diabetic leg ulcer |
| » Mental fog | » Acid reflux | » Various ulcers. |
| » Chronic lung obstruction | » Gum bleeding | |
| » Body odor | » Multiple chemical sensibilities | |
| » Osteoarthritis | » Excess sweat | |
| » Parkinson's disease | | |

“Impossible!” many will say, especially doctors or other health professionals. I admit that I also thought the claims were absurd. Nevertheless, I was able to experience it myself, when arthritis in my hands got so awful that I couldn't even pick up a pan.

Thanks to my personal experience and total recovery from arthritis, which I documented in my first book, “CDS health is possible,” I lived through what I was trying to explain in the earlier chapter about the UFOs. Now I had seen and felt in my own body how this substance could help me heal a condition considered incurable.

Being the stubborn German that I am, no one could now convince me otherwise. I have dedicated many years to researching how chlorine dioxide works and its therapeutic possibilities. This book is the result of my research on the hows and whys of this substance.

You now have two options. You can keep reading or throw this book away. I can assure you that everything has an explanation, and a logical one at that, so I invite you to come along with me on this exciting journey of forbidden health.

Known Facts about Chlorine Dioxide

Since the active substance in all the “spontaneous remission” cases mentioned above is chlorine dioxide, we should learn more about its fundamental properties, so let’s research a bit.

1. Haller JF, Northgraves WW. 1955. Chlorine dioxide and safety. *TAPPI Journal* 38:199-202.
2. Dalhamn T. 1957. Chlorine dioxide. *AMA Arch Ind Health* 15(2): 101-107.
3. Shi L, Xie C. 1999. Experimental observation on acute toxicity and irritative effect of stable chlorine dioxide. *Zhongguo Xiaoduxue Z.* 16(1):39-40.
4. Lin JL, Lim PS. 1993. Acute sodium chlorite poisoning associated with renal failure. *Ren Fail* 15(4):645-648.
5. Lubbers JR, Chauhan S, Bianchine JR. 1981. Controlled clinical evaluations of chlorine dioxide, chlorite and chlorate in man, *Fundam A. Toxicol* 1:334-338.

The chlorine dioxide compound (ClO_2) is not a recent discovery. Humphrey Davy made this gas in 1814 by reacting hydrochloric acid with potassium chlorate. In the last few years, hydrochloric acid has been used to produce vast amounts of chlorine dioxide. Typically, sodium chlorite (NaClO_2) is used instead of potassium chlorate. Chlorine dioxide (ClO_2) is a synthetic gas that doesn’t happen naturally. When dissolved in water, it has a yellow-greenish hue with an irritant smell similar to chlorine. Although their scents are similar, ***dioxide is very different from chlorine, in both chemical structure and behavior, because it’s a chlorine neutral compound that doesn’t combine readily with other substances.***

The key to the many recoveries from diverse diseases through the administration of a single substance (chlorine dioxide), and confirmed by hundreds of testimonials, is that there must be “something” in common in all the cases.

To begin with, it is an *oxidant*, a substance that facilitates combustion because it adds oxygen to all processes, in contrast to other drugs that usually work by poisoning the pathogens. *Oxygen doesn't accumulate in the body*, so this is a very different kind of pharmacological dynamic.

Our defensive cells use oxidation naturally in a similar way, as in the case of neutrophils that perform phagocytosis, which, in simple terms, is the swallowing and combusting of the enemy.

Chlorine dioxide is a yellowish-reddish gas that evaporates quickly into the air at temperatures above 11°C (51.8°F). As a gas (not dissolved in water), it is highly reactive and can provoke a deflagration at high concentrations and a gas pressure of over 10%, which is why it is usually made on-site, where it is going to be used. Industrial uses for chlorine dioxide include paper whitening, where it is used highly concentrated, and in huge quantities, in conjunction with sodium chlorate. Another is for public water disinfection to produce healthy and safe drinking water for human consumption. It's such an effective disinfectant that is used both for food disinfection and for the decontamination of military biological weapons like anthrax.

Due to its ability to remove viruses, fungi, and even spores, chlorine dioxide is an excellent substance for vegetable washing. It's safe to use and complies with all food regulations. It is used to eliminate listeria* and the E. coli bacteria from apples, potato blight, and green mold and bitter putrefaction from citric fruit. It is used in fish farming to fight infectious anemia and infectious pancreatic necrosis in salmon. Chlorine dioxide is the food industry's best option (authorized additive number= E926) because it has a very low residual toxicity and has proven to be a safe compound when used appropriately.

One key characteristic of chlorine dioxide is that it is extremely soluble in water, without creating further chemical bonds. That is, the gas completely dissolves in water, among other reasons, because its cellular structure is very similar to that of water.

Once it dissolves in water, it can also react quickly to other compounds, especially if they have an acidic pH. When chlorine dioxide reacts with water, it releases oxygen and also forms the chlorite ion (ClO_2^-). The ion is an electrically charged molecule, similar to a battery. In this case, the chlorite ion carries a negative electric charge and is also highly reactive. The chlorite ion with a negative charge seeks a positive charge for compensation and stability. In our case, it is sodium, which becomes sodium chlorite. If we now dissolve this compound in water again, we get chlorite ions and sodium ions.

Chlorine dioxide, being highly reactive, is capable of eliminating pathogens in water through a process known as oxidation. In the US, an estimated 12 million people are exposed daily to both chlorine dioxide and the chlorite ion in their drinking water, without any detrimental effects so far. There is even a documented case of an accidental overdose in a Chinese village for a prolonged period, with no negative repercussions for the health of the villagers.

Another interesting aspect of chlorine dioxide is that it reacts to ultraviolet and solar light, turning into chlorine, gas, and oxygen, which is why it must be kept away from both ultraviolet and solar light.

Brown colored glass pharmacy bottles are best; translucent and blue colored glass bottles let ultraviolet light through and can cause the chlorine dioxide to react.

If ingested, chlorine dioxide quickly reacts to acid pathogens, releasing oxygen and forming chlorite ions that later on turn into chloride ions, or common salt. Our body has no problem metabolizing this minimum amount of salt since all our fluids are saline. In fact, our body continually loses salt through sweat and urine.

What do we know?

We know that chlorine dioxide is the best disinfectant known to man since it can eliminate bacteria, fungus, viruses and small parasites within a wide pH range. It has been used without incident for over 80 years to disinfect drinking water.

It is a widely-used industrial disinfectant. Although also used for paper bleaching, the extremely high concentration levels for this purpose are very different from any ingestion dose. By the same measure, our stomach's hydrochloric acid concentration is very different from the 37% industrial acid, which, if it dropped on our skin, would immediately dissolve it. Chlorine dioxide doesn't destroy the structure it bleaches; it is not aggressive with the base substance, even at relatively high concentrations.

To a great extent, the positive results of CD come from its ability to strengthen our body's immune system through the oxidation of pathogens and through other more complex effects that I explain in the final chapter of this book. The ability to provide oxygen to cells is also crucial.

Among its possible ‘negative’ effects is the discomfort derived from the elimination process in the organism of the pathogen residue and other damaging agents that it destroys. We recommend starting with low doses and increasing them little by little, eliminating the waste progressively, without causing discomfort.

As a rule of thumb, the sicker the patient, the more significant the presence of toxic residue, so the slower we should increase the dosage, especially in the case of severe disease. In other words, **the dosage depends more on how sick the patient is than on their weight.**

Chemical reaction destroys the chlorine dioxide molecule (ClO_2). The released oxygen (O_2) joins either hydrogen (H) to form water (HO_2) or carbon (C) to form carbon dioxide (CO_2). The chlorine neutral ion bonds with sodium to become common salt (NaCl).

Can It Heal Everything?

Is it true that chlorine dioxide can heal everything? I want to make it clear here that **chlorine dioxide can’t cure every disease**, especially one of the most wide-spread illnesses among humans: stupidity.

Only the body can heal itself from disease; some tools can help when it is not able to do the task alone. In his book, Jim claimed that MMS could heal all cancers. Evidently, that is not the case. Cancer is a complex disease of many types and from different origins. I know he meant well by making that claim, after witnessing so many recoveries. Scores of people have indeed recovered entirely from terminal cancers, but that is not the same as saying that everyone can.

We’d like to point out that chemical terms often get confused, even among medical professionals. The base precursor substance to make chlorine dioxide is sodium chlorite.

Chlorine Dioxide Is Not Hypochlorite!

Hypochlorite is bleach, a substance used to whiten clothes, and is chemically **different** from chlorine dioxide.

Sensationalist media love to make this comparison since controversy drives up their sales. Content doesn’t matter. More contention means more audience share and higher advertising revenues. The same media could get people to drink

bleach to treat illness, with absurd claims. I can't blame them since I understand they are part of the 'matrix' we inhabit.

Chlorine dioxide is not chlorate either. Chlorate is much more aggressive than sodium chlorite. Its chemical denomination is NaClO_3 . Chlorate is known to cause diarrhea, and sometimes it can lead to vomiting.

Sodium Chlorite (NaClO_2), the Precursor

To produce chlorine dioxide, we need two substances: sodium chlorite (NaClO_2) and an acid. Nearly any acid would work: citric acid, lactic acid, phosphoric acid, bisulfite, vinegar, etc.

Hydrochloric acid (HCl) is by far the best choice because it doesn't leave any post-reaction residue.

The hydrochloric acid should have a concentration value of 4% to ensure a proper, neutral pH (around pH_7) in the resulting liquid. Although technically, the concentration value (stochastic) of the hydrochloric acid should, in theory, be higher, I choose to use it at 4%. That is the same as the natural acidity of the stomach, and it produces a slower secondary reaction, allowing for a more prolonged and smoother effect that facilitates absorption without the detrimental side effects.

CD is made up of two very abundant and inexpensive components: sodium chlorite (NaClO_2) and hydrochloric acid that, when put together, produce a gas called chlorine dioxide (ClO_2). Water, usually between 100-200 ml, is then always added to this mix, for ingestion. Since it is highly soluble, mucous membranes absorb it easily, and the chlorine dioxide gas (ClO_2) can penetrate the interstitial tissue. The gas, when dissolved in water, generates a powerful selective disinfectant effect that eliminates, by oxidation, all pathogen agents with acidic pH levels, especially the anaerobic ones, while leaving the symbiotic cells and bacteria in the body with higher pH. It achieves this thanks to the pH differential in body blood, which is ~7.3 to ~7.4, as the more acidic the pathogen, the stronger its oxidation potential (as ruled by Nernst's equations).

How Do We Make It?

How to produce the liquid safely from chlorite powder

Industries frequently use a liquefied version of sodium chlorite, the CD precursor. The liquid form available for purchase is usually around 24%-25% concentration, depending on the base powder. So to prepare a similar aqueous chlorite solution, we use a 30% proportion.

- One liter of water = one kilogram. Therefore 30% = 300 grams.

So to dissolve chlorite in water, we use 700 grams of water and 300 grams of powder chlorite at 80%. The result is an aqueous solution at 24%.

To make other quantities, just use the mathematical rule of three to determine the percentages.

Why 80%?

Simply because 30% of a substance at 80% is 24. If we have chlorite with a slightly higher concentration, we can obtain 25%. The difference is small since we're talking about concentration, not purity. Many people think that the higher the concentration, the better, but that is not true. It doesn't matter if we have 25% or 24% chlorite since the difference represents an infinitesimal part of a drop, more or less.

Why can't we buy 100% pure chlorite?

Because chlorite needs a base to adhere to, which is common salt or "sodium chloride," and which comprises about 15- 20% of the powder we buy.

Keep in mind that sodium chlorite (NaClO_2) is obtained from sodium chlorate (NaClO_3), which is much more potent. While the quality of chlorite is not very important for industrial whitening, it is in the case of water purification, since chlorate produces nausea and diarrhea.

To ensure you're buying good quality chlorite, check that the sodium chlorite powder doesn't contain more than 1% chlorate, in any case.

Personally, I recommend purchasing it directly from the manufacturer in a 24-25% solution since mixing the powder at home can be dangerous; it is highly comburant, meaning that it can easily provoke fire and explosions. Due to its

high concentration, there is also the danger of chemical burns if it enters the eyes or the respiratory system. Manufacturers have the proper equipment to prepare a sodium chlorite aqueous solution, and it's much safer to manipulate chlorite dissolved in water at 25%. Always check the technical specifications to make sure the product contains less than 1% of sodium chlorate and no other possibly harmful residual components.

Some procedures published on the Internet use unactivated sodium chlorite, also known as “**stabilized oxygen**.” Sodium chlorite's pH is extremely alkaline and could produce chemical burn if not properly activated. Theoretically, it should be activated by the naturally available hydrochloric acid in the stomach. The problem is that many sick people don't have enough stomach acid, so the ingestion of high doses of non-activated sodium chlorite could be detrimental, provoking diarrhea and other discomforts.

If we only had sodium chlorite but no acid, we could use some soda like Sprite® as the activator. These soft drinks are usually acidic, and most of them contain citric or phosphoric acid. Reaction time, in this case, would be a bit longer, since these drinks have an acidity value of 3.5 pH. Small doses of one or two drops diluted in 250 ml of acid soda shouldn't cause any problems.

Oxidation

What is oxidation?

This section serves as a general overview so that everyone can understand oxidation. At the end of the book, in the third part, I explain it scientifically.

Oxidation means *combustion*. There are two different forms:

1. Slow oxidation, for example, when an apple turns brown after being cut open and in contact with oxygen. Another example would be the rusting of iron, a slow oxidation that is nevertheless capable of disintegrating the metal.
2. Fast oxidation, for example, fire or an explosion.

The minute we are born, we start breathing and filling our lungs with the most abundant oxidant in the world: oxygen (O₂)! Oxygen allows us to survive on our own and is vital to our lives.

For starters, we fill the red blood cells in our lungs with oxygen, eliminating the “polluting” CO₂ through exhalation. We are just doing the same thing a combustion engine does, only more efficiently. Aside from taking in oxygen and eliminating CO₂, we also alkalize the body with every breath we take.

How does the alkalization process work? Let’s first explain pH and what the potential of hydrogen (pH) in our body means. Simply put, a pH 7 is neutral. Solutions with a pH less than 7 are acidic, and solutions with a pH higher than 7 are basic, or alkaline.

The blood in our veins has a pH ~7.31, while the blood in our arteries after exiting the lungs has a pH ~7.41. In other words, we are alkalizing our bodies with every breath, which is vital, because we breathe between 15,000 and 25,000 liters of air per day, whether awake or asleep. Therefore, the alkalization process happens through the breathing process.

I should clarify this point because there are numerous articles on the Internet about alkaline diets. Without wanting to get into nutrition, I want to clear up a couple of things. We probably eat around 500-700 grams of food per day, all of which have a pH lower than 7. It’s all acidic.

For a person weighing 175 pounds, or more, these few grams are by no means enough to alkalize the body. What does occur is that, depending on what we eat, our metabolism will turn acidic more easily. The sugar that we don’t oxidize/burn causes fermentation, and fermentation is acid.

To put it simply, apple juice can turn into vinegar if it’s fermented for long enough and has enough sugar. The fermentation process also releases energy in the form of heat, but only a small amount compared to oxidation. Fermentation produces approximately four units of energy, while oxidation produces 36. The difference is obvious.

We are, literally, fire, the flame of life, but remember that there can’t be fire without oxygen.

Going back to the red blood cells that fill with oxygen in our lungs, once they are saturated with oxygen, they exit our lungs on their way to our organs, where they release their oxygen charge. But how, precisely, do they do that?

It’s interesting to note that red blood cells don’t release oxygen into our organs uniformly; they do so primarily in the presence of acidity. What does this mean? First, when our muscles exert force, they generate lactic acid, which is obviously an acid. Our blood releases approximately 16% more oxygen in these spots than in the non-acidic areas. We must also take into account what scientific literature states: that cells use oxygen only for the combustion of sugar (which is carbon). Personally, I think it is more complex than that; through oxidation (or combustion), oxygen allows for the creation of a more alkaline environment, since most oxides (also called ash) are alkaline. In fact, long ago, they used to make soap from ashes.

When we exercise and practice sports, three main things occur in our body:

1. We burn fat
2. We burn sugar
3. We burn toxins

“Wait a minute,” some experts will be thinking right now. “What about oxidative stress?” We discuss this in more detail in the last part of the book, but I can say in advance that the “oxidative stress” theory, an old hypothesis by Denham Harman, from 1956, has been debunked in many aspects. The award-winning research on “mitohormesis,” by Professor Dr. Michael Ristow showed that short-term oxidative stress prolongs life—just the opposite of what people believed up until then.

In terms anyone can understand, who do you think is healthier, an athlete or a couch potato?

Nearly everybody will answer: “the athlete.” Let’s see. According to the old theory, people who practice sports have a lot of oxidative stress, so they should be sicker because oxygen is the most abundant free radical in our body. We can see here how we have been manipulated over the past 50 years into buying antioxidant supplements worth thousands of millions.

It’s always about the same thing: making money in any way possible. An antioxidant is, essentially, just a fire extinguisher. It can be useful to skinny, anorexic or malnourished people. But our current problem is just the opposite: an excess of food combined with a sedentary lifestyle, so oxygen doesn’t reach the cells for oxidation or combustion. Without combustion, there is no energy; without energy, there are no defenses, and without defenses, there is disease.

When chlorine dioxide decomposes, it releases oxygen in the acidic area of the body, in a similar fashion to red blood cells, but with more force. We know that most diseases have to do with excessive acidity in the body or what is known as “metabolic acidosis.” The released oxygen reacts by oxidizing the acid components or toxins in the blood and the interstitial tissue, where even blood doesn’t reach. Chlorine dioxide dissolves exceptionally well in water and can, therefore, reach all parts of the body, which is 70% water. A person weighing 220 pounds is over 154 pounds of water, but only has 6 liters of blood to work as the transportation hydraulic liquid. Dioxide is distributed much better in water, reaching even the hidden areas such as the interstitial tissue.

We know that **chlorine dioxide is pH-selective** and that it reacts to any substance more acidic than the pH 7.3 level of the human body. We also know that most pathogens, whether bacteria, viruses, fungus or parasites, are more acidic than that level. Thanks to its selectivity, chlorine dioxide releases oxygen right where the acidic pathogens are, provoking their oxidation. Simply put, it

burns them. When oxidation is powerful enough, there is no possible resistance to it. In fact, our bodies and those of other vertebrates have utilized the same mechanism of neutrophils, our immune system's killer defense cells, for millions of years. These cells swallow the enemy, provoking the oxidation that eliminates them. Thanks to this effect, we achieve a more alkaline environment with fewer bacteria, viruses or fungus, where our body can recover and heal naturally.

The key here is chlorine dioxide's capacity for selective oxidation in our organism. Personally, I think this is **one of the most significant discoveries in human history**, allowing for the elimination of so much unnecessary suffering in our world, and in a highly efficient and economical way. If the revelation doesn't comply with the pharmaceutical industry's interests, that's a different story.

The fascinating thing is that not only is chlorine dioxide selective, but it also reacts differently to each pathogen. The more acidic the bacteria are, the stronger the chemical oxidation reaction. The less acid they are, the weaker the oxidation. That is why it does not affect symbiotic bacteria as much, as they usually have a pH range closer to the body (hence, they are symbiotic).

For bacteria to attack our body, it must have a more acidic pH than our cells, similar to what happens with magnets. When two magnets have the same charge, they repel each other. Only when they have opposite charges, one negative and the other positive, do they attract each other and stick together. It's the same with bacteria; the negative pH is necessary to be able to attack, through an exchange of electrons, the cells with neutral or slightly alkaline pH levels.

That begs the question: why do we need artificial antioxidants?

Parts of the free radical theory are valid. However, the theory doesn't correctly address the fact that oxygen's free radicals (the kind in reactive oxygen "ROS") are the most abundant in our body.

No fire is possible without oxygen. Oxygen is responsible for life and, at the same time, turns everything into alkaline ashes, stopping our body from becoming acidic.

It's all about balance. It's true that too much fire will burn us (this is the basic postulate of the free radical theory), but let's be honest...How many among you are running marathons? Not many, right? Most of the population in the northern hemisphere is overweight, which is an issue derived from the opposite condition, that is, a lack of oxidation and combustion.

We can sum up the dangers of fire (oxidation) as follows: too much fire will burn us, while too little won't keep us warm. A fire lacking oxygen creates only smoke, and smoke is suffocating.

Remember that smoke resulting from combustion can harm us; burning a few sheets of paper is very different from burning a pile of tires. The treatment

works in the same way: the sicker the patient, the slower the pace of treatment needs to be, due to the larger quantity of toxins in the body.

Oxidants

Oxidants are substances capable of storing oxygen in chemical form, the same way a battery can store electricity. Oxidants release the stored oxygen under certain conditions in what's called a chemical reaction. Depending on the strength of the reaction, oxidation can be slow (e.g., when iron rusts) or it can be very fast (e.g., an explosion). There is oxidation in both cases.

Oxidation doesn't happen only when oxygen combines with other elements in the body. While other chemicals can also provoke oxidation, oxygen is capable of oxidizing body fuels like sugar or fat to generate heat, and cells can create the necessary electricity for body and mind to function.

To appreciate why chlorine dioxide in the right dosage doesn't damage body cells, we first need to understand the basics of oxidation, which is not as complex as it may sound. Oxidants are capable of stealing electrons from other chemical substances. One could describe electrons as a kind of electric cement that holds everything together.

If electrons get stolen from matter, it would be like removing the cement from a brick wall; the building would fall to pieces.

The difference between oxidants lies in their strength, also known as oxidative potential.

We can view oxygen as an essential element that oxidizes just what it needs to in the body, without affecting vital areas.

Oxidants store oxygen on the one hand and facilitate combustion on the other. There are many different oxidants. We are not going to name them all, but we can mention some, like ozone (O₃). This triple oxygen molecule is utilized for cleansing residue from water. It is an effective disinfectant, since, on the one hand, it has a high potential with 2.07 V and on the other, it doesn't leave any residues besides oxygen. It is also used therapeutically. Ozone therapy is very popular and has helped a lot of people overcome health problems.

As a therapy, ozone is often used to enhance the blood's oxygen. However, due to its high potential, it doesn't just affect bacteria, but other cells as well. Careful dosage and application are essential. Ozone consumes itself by oxidation.

Another oxidant used in therapies is hydrogen peroxide, with an oxidative potential of 1.78 V, which is also too strong in technical terms. It is also pH-selective, unlike the others. If we have to choose, it's our best option.

Further details about oxidation, with its corresponding references, can be found at the end of this book, in the scientific section.

Precautions

Precautions in the use of chlorine dioxide and its precursor sodium chlorite.

Precaution 1

Although it contains “chlorine” in its denomination, it's very different from hypochlorite (bleach), even though people often confuse the two. When we combine sodium chlorite with acid, we generate chlorine dioxide, which is always yellow and has that swimming pool smell. But if we combine hypochlorite with acid, we create powerful and highly toxic gases. The reaction also creates effervescent bubbles, something that doesn't happen with sodium chlorite.

Precaution 2

Never inhale large quantities of chlorine dioxide gas for a prolonged period, as this can cause throat irritation and respiratory difficulties. It is harmless in small quantities and over a short time, as Dr. Norio Ogata demonstrated in his research. Scientific documentation about chlorine dioxide's toxicity refers to its inhalation, which is not the same as its harmless ingestion in small quantities.

Precaution 3

We always add water to the mix we obtain by activating sodium chlorite with an acid, and that results in chlorine dioxide. Never use it in its concentrated form. Always wash with abundant water any liquid that falls on skin clothing.

Precaution 4

Never use metal containers! Metal containers react to chlorine dioxide and rust. That includes stainless steel—an alloy made up of several metals, including nickel and chrome.

Precaution 5

Don't use rubber droppers; they don't have enough resistance to sodium chlorite's alkaline pH, and, in time, the rubber can dissolve in the liquid, leaving particles in dissolution. Besides, the drops from these droppers are too large.

Precaution 6

Use only PP/HDPE/PE ophthalmological droppers. All these materials are resistant and can handle both alkalinity and acidity (pH 13/pH 1), maintaining their properties for many years. We don't recommend PET style translucent plastics to store concentrated sodium chlorite for a long time. In the long term, they disintegrate and leave residue in the sodium chlorite's solution.

PET (Polyethylene terephthalate) contains carbon atoms (the C in the drawing), and due to its similarity to oxygen, it has a low electron density. It readily reacts to sodium chlorite (NaClO_2) due to its high pH, and then the polymer chains disintegrate in time.

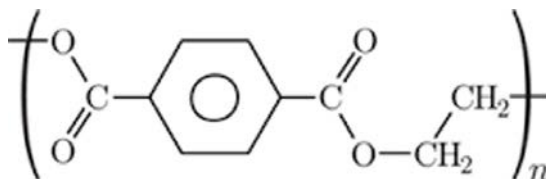


Fig. 18: Polyethylene terephthalate molecule

How can you tell if the sodium chlorite is in less than optimal condition? The product's health indicator is its color. If the chlorite, which is translucent, turns milky after its activation, then it's in poor condition. CD/MMS activated color must always be translucent yellow-amber, before reducing it with water. You should never use PET (transparent plastic bottles) with sodium chlorite, due to its pH₁₃. They can, however, be used with CDS, which has a neutral pH

Precaution 7

Using citric acid as an activator can provoke intestinal acidosis in sensitive individuals causing diarrhea, discomfort, and Citro-bacteria (bacteria that feeds on citrates). This mix is never used anymore, although it is equally effective.

Note: Citric acid can be used to make CDS because it doesn't go in the final mix. We only use the gas created.

Precaution 8

To neutralize sodium chlorite/chlorine dioxide in emergencies, use only baking soda and never vitamin C (ascorbic acid) like they used to recommend.

In the event of an emergency (if a significant amount of sodium chlorite or chlorine dioxide has been ingested), the affected person should take 240 ml of water with a teaspoon of sodium bicarbonate. That neutralizes the effect immediately. If vitamin C is taken, the acid reacts with sodium chlorite and spontaneously produces chlorine dioxide gas, which is not what you want.

Is It Toxic?

One of our primary concerns, when we ingest any substance or drug, is what toxic effect it may have on our bodies. All health professionals know that toxicity is a matter of quantity and that any substance can be toxic.

We get into details in the scientific part at the end of the book, but I am going to give a summary here so the reader can get a general idea quickly.

Toxicity always depends on quantity and place. If a person ingests a large quantity with a high concentration, they will experience severe irritations, although most people are not exposed to doses high enough to damage the body permanently. Massive inhalation is toxic because it occupies the alveolar space.

1. Chlorine dioxide is not a toxin that accumulates in the body. Unlike other substances, it is consumed the moment it reacts with the pathogens.
2. In 100 years of use, there are only five documented cases of poisoning, and all of the patients survived, even though they took doses that were hundreds of times the ones we mention in this book.
3. If you breathe in air containing chlorine dioxide gas, you can experience throat, nose and lung irritation.
4. If it's too concentrated, it produces eye irritations that are reversible.

5. Based on data obtained to date and its use for over 100 years, we can say that chlorine dioxide is not carcinogenic.
6. There is no evidence of toxicity regarding reproduction.

According to the confirmed scientific literature to date:

- There are no endocrinological effects in humans, linked to the ingestion of chlorine dioxide.
- There are no weight-alteration effects in humans, linked to the ingestion of chlorine dioxide.
- There are no lymphatic immunological effects in humans, linked to the ingestion of chlorine dioxide.
- There are no neurological effects in humans, linked to the ingestion of chlorine dioxide.
- There are no effects on the human reproductive system, linked to the ingestion of chlorine dioxide.
- There are no cancer-producing effects in humans, linked to the ingestion of chlorine dioxide.
- There are no mutagenic effects on humans associated with the ingestion of chlorine dioxide.
- There are no known effects in humans due to the accumulation of chlorine dioxide or chlorite.
- There is not one documented case of death by poison due to the ingestion of chlorine dioxide in scientific literature. It would very likely provoke vomiting long before a potentially critical quantity could be ingested.

There are five documented cases of severe poisoning with chlorine dioxide's precursor, sodium chlorite. Three of them were failed suicide attempts in which quantities more than 100 times those recommended here were ingested.

(Lin and Lim 1993). Lin JL, Lim PS. 1993. Acute sodium chlorite poisoning associated with renal failure.

“So, if you want to kill yourself...find something else!”

P.S. There is mention on the Internet of a tourist in Vanuatu who died from two drops. I have been administering this dosage to my cats every day for three years, and they are healthy and happy.



Chapter 2

Dimethyl Sulfoxide (DMSO)

One of the most effective therapeutic products is, in conjunction with chlorine dioxide, DMSO (dimethyl sulfoxide).

DMSO can be used in two ways:

- Externally as a spray, for topical use.
- Internally through ingestion; it has a very low toxicity level and is considered harmless.

DMSO is extracted from wood pulp. In fact, it's a by-product of the pulp and paper industry. It is also one of the active substances in Aloe Vera and is used to protect transplant organs due to its low toxicity. Patients should always be checked first for allergies (very rare) by applying a little of DMSO on the arm, before administering it orally.

DMSO is easily absorbed by the skin, the mucous membranes and the blood-brain barrier.

Studies performed in 1963 revealed that DMSO could alleviate pain, reduce inflammation, stop bacterial growth, smooth scar tissue and improve blood supply to organs and tissues. It is an excellent tranquilizer and muscle relaxer, and it stops the progression of inflammation in the body. It's also used as a diuretic.

- Formula: C_2H_6OS
- Discovered by Aleksandr Záitsev in 1866. Dr. Stanley W. Jacob divulged its medicinal use in 1963
- Organic, colorless liquid containing sulfide, extracted as a byproduct of wood pulp processing for the manufacturing of paper.
- It has been used since 1940 as an organic dissolvent.
- It has been used since 1961 as a cryo-preservative (for transplants).
- It is approved as a drug for interstitial cystitis.
- It is used to reduce pain and inflammation.

DMSO has also been discovered to alleviate pain from sprains, burns, and arthritis. It eliminated pain in fractured bones. It is fundamental for the immune system's regulation.

Research has been proven that DMSO removes viruses and fungi. It can be useful against cataracts, sport-related injuries, scleroderma, myasthenia gravis, and other diseases.

In studies with individuals with Down Syndrome, DMSO significantly reduced mental challenges. DMSO is also used to preserve human embryos, stem cells and transplant organs.

DMSO has the most extensive range and number of therapeutic uses ever attributed to a single product. Its effects can increase by accumulation since it acts by eliminating the disease and not only the symptoms.

Remarkably, it only takes a small amount of DMSO to obtain positive results over time. This quality sets DMSO apart from most drugs, which usually require an increase in dosage over time to maintain their therapeutic properties.

There is no doubt as to the extremely valuable biological properties of DMSO; it is used as an adjuvant component to many authorized medicines. One peculiarity is that it dissolves both in water and other organic solvents such as oils, alcohols, and acetones. Moreover, it can quickly penetrate the natural barrier of the epidermis, cell membranes, and the blood-brain barrier. So far, the FDA(1) has approved it for internal use for the treatment of interstitial cystitis, a chronic bladder disease.

It is generally used as a transportation device to pass other substances through the skin, but care must be taken not to mix it with chemicals because it transports those too. It should not be stored in bottles with rubber drip tips, because the rubber would dissolve, causing adverse effects.

DMSO can reduce pain, thanks to its ability to transport water and other substances to dehydrated areas and because it's a vasodilator that stimulates healing, improving blood supply. DMSO alleviates and reduces varicose veins, blood clots, cramps, keloids, and scars. We can also use it to mitigate bruising and headaches.

Regarding its relationship with the immune system, researchers have observed the increase in the production of white blood cells and macrophages, the improvement of leaky gut syndrome and the slowing of cancer progression (Ayre, 1967).

Another peculiarity of DMSO is that it freezes at or just below room temperature (18°C / 64°F) with a 99–100% concentration. If this happens, it can easily be thawed in a warm water bath. We recommend a 70% concentration of DMSO, to lower its freezing point and also make it less irritating to the skin.

Precautions:

- Never mix and apply DMSO with toxic products since these would penetrate the organism through the skin.
- Do not store DMSO in bottles with rubber drip tips. DMSO is a dissolvent, and the products derived from the reaction would contaminate the solution.
- Do not use DMSO for enemas, which would reintroduce toxins into the system.
- Pure DMSO freezes at only 18°C and is too strong, so we recommended using it at 70% concentration.
- Use DMSO pure (without diluting) for external application, or 70% diluted in a glass of water if it is going to be ingested.
- DMSO is contraindicated in the rare cases of excessive methionine amino acid in the blood.

We provide further information about DMSO at the end of the book, in Chapters Six and Seven.

Seawater

Researcher Rene Quinton, a doctor's son, was born December 15th, 1866, in Chaumes Brie, France. He was the first person to research the therapeutic and healing effects of seawater. Despite not having a recognized degree in science, he was an extremely educated self-taught physiologist with a talent for research, and always up to date with the significant scientific advances and discoveries of his time.

After a life-changing experience when he contracted and then recovered from it while living by the sea, he realized that the chemical composition of seawater was very similar to the saline serum in the blood of vertebrates. Later, he developed a saline serum based on seawater that he called "Quinton plasma." His discovery saved countless lives in several French cities and also abroad.

Quinton published a book in 1904 titled *L'Eau de Mer, Milieu Organique*, which translates to Seawater, Organic Medium <http://tinyurl.com/h6uprku>

and shortly after he opened marine dispensaries in Paris, Lèves, Lyon, London, and Egypt. They were all overwhelmingly successful; the isotonic seawater injections in breastfeeding babies with health deficiencies had excellent results. Fortunately, documentation of the treatments, including photographs, saved them from oblivion.

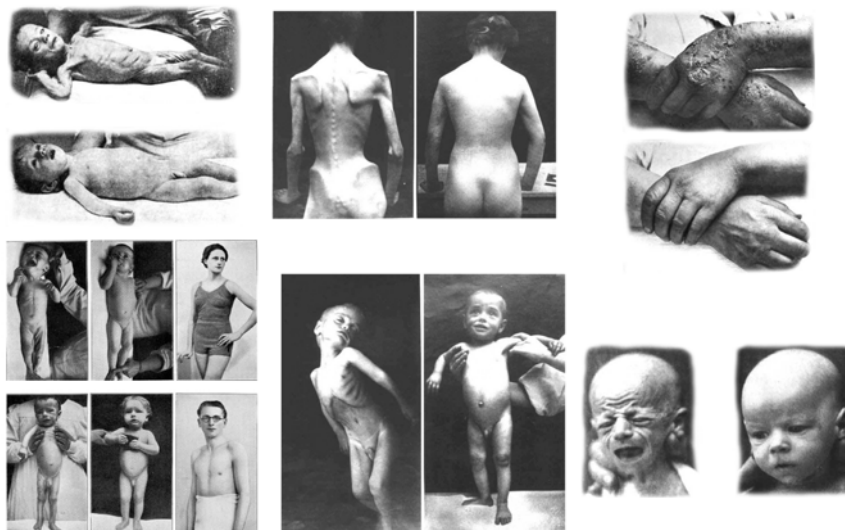


Fig. 19: Contrasting photographs of before and after treatment with seawater

The medical community that supported him during the war changed their position afterward. Under the influence of the pharmaceutical industry's propaganda, they started to consider antibiotics and vaccines as more advanced and lucrative. They chose to ignore the long-term, resistance-derived side effects of these drugs.

Because today there are more and more chronic illnesses and incurable diseases, some doctors and scientists have decided to rediscover old-school remedies that have fallen into disuse over time.

One of these researchers is Dr. Angel Gracia, who has studied the positive effects of seawater ingestion in humans and animals, with more than amazing results. With his research, he has proven that drinking seawater is highly beneficial for our health.

Seawater is more than water with salt; it is a liquid that contains a perfect balance of all the minerals and trace elements that are necessary for the human body. It is, at the biological level, extremely stable if it is stored properly. Quinton Labs still has some samples of seawater from the time of Quinton himself, and it has maintained its properties.

I met Dr. Angel Gracia in a seminar, and we became good friends. I particularly like the way he thinks! He spent his childhood living in the very same place where I have been living in Spain for many years.

Let me mention two books by Angel Gracia: “Manual del náufrago, supervivencia en los océanos utilizando el agua del mar como hidratante y nutriente” (Handbook for the shipwrecked: Survival in the Ocean Using Seawater for Hydration and Nourishment) (http://seawater.org/SEAWATER/Libro_Naufrago.html), and “Agua De Mar: Nutrición Orgánica” (Seawater: Organic Nutrition) (http://seawater.org/SEAWATER/Libro_Agua_Nutri.html)

Dr. Angel Gracia:—*“How did the first cell get out of the water? How did this cell collect everything that already was, including the information in its DNA? I decided to learn about the marine soup, where the first cell and life came from, and then Quinton said to me: “The cell is the concrete expression of the abstract idea of life.” And he and Murray (https://en.wikipedia.org/wiki/Murray_Gell-Mann) said: “No life is possible without the transfer of electricity, so the cell is a battery.” So then, where does the battery’s energy come from?*

If you are interested in drinking seawater and learning more about it, these manuals are entertaining and straightforward guides that provide a better understanding of this beautiful gift of nature.

400 million years ago, oceans weren’t as salty as they are today. If you plan on drinking seawater, you should dilute it 1:3.

The first living cells on Earth were created in an electrically conductive environment: the ocean! These single-cell organisms were able to communicate, building more complex structures with multiple cells thanks to the sea’s electric conductivity due to its salinity. Seawater provides energy transference in an environment in perfect equilibrium.

We have seen white blood cells survive in an isotonic serum made from seawater, something that doesn’t happen in hospital sterile saline solution, which is composed of just water and refined sodium chloride (salt).

That explains why cells need a balanced environment, with the right amount of each element, to work correctly. According to Dr. Angel Gracia: “In a way, we are no more than a seawater container, since blood, excretions, and secretions

(all our fluids) in both humans and animals, are saline.” That means that you are made up of approximately 70% isotonic seawater.

That should serve to make us realize that, for health matters, we shouldn’t search for the purity of one substance or another, but balance among them all. Isolating and separating to treat different parts of the body independently can’t yield a long-term solution because balance and harmony among all these elements are what improve health. If there is a lack of harmony or imbalance among elements, the normal functioning of the whole body is hindered or even stopped, and we enter the state known as disease. Nature doesn’t chemically isolate any substance, so this practice can’t comply with any biological compatibility pattern.

Even though seawater can contain elements considered harmful, these are only present in minimal quantities. To be honest, we don’t know how harmful or useful these substances might be, because as the adage goes: “the dose makes the poison.”

Another determining factor to consider is electric conductivity. The better the conductivity is, the better the communication and energy transmission among cells. For conductivity, water needs salt for the process of ion transportation since, as we already know, distilled water does not conduct electricity.

Ions can save electric energy in the form of electrons—the chemical storage of electric energy in the body. Remember that disease is a lack of energy.

The Pollution of Our Seas

Pollution, or contamination, is the introduction, in any environment, of a contaminant, whether chemical, physical, biological or even psychic, since the term can be used to express alteration, perversion, corruption or the breaking of any environment through an agent.

In ecology, environmental pollution is the presence in the environment of any physical, chemical or biological agent in places, forms, and concentrations that can be harmful to the health, safety or well-being of the population and the preservation of the planet.

Remember that seawater has an extreme capacity for self-regeneration. For millions of years, fish have defecated in the seas, and bacteria from the rivers has ended up in the sea. Marine plants keep growing, fish keep reproducing (if we don’t eat them first), and even the black oil spill that polluted Galicia’s coastal areas a few years ago, has been petrified over time.

How is it possible that the sea hasn't turned into an eternal cesspool?

Among other reasons, it is due to the high chlorine content in the form of sodium chloride or common salt, which holds the ionic electrical charge capable of creating biochemical reactions, such as an oxidation-reduction reaction.



Fig. 20: We don't need to define what environmental pollution is (and isn't).

In summary, seawater cleanses itself through oxidation from all the harmful and polluting agents that could be detrimental to us in the long term. (Small wonder that our bodies use the same self-cleaning concept through oxidation or waste combustion.)

We also need to consider the osmosis process of seawater, through which it regenerates itself.

Lately, more and more people treat residential swimming pools with a salt-based system that is replacing the old chlorine tablets. The owner just has to throw salt into the swimming pool, which is more pleasant and doesn't cause eye irritation, and at the same time, it removes bacteria and other pathogens. How does this work?

Some electrodes release a small charge of a few volts into the water, creating an electrolysis effect. This process separates water into hydrogen and oxygen, and as it is also salty, it releases chlorine as well. We already know chlorine is an excellent disinfectant. In this case, it renders unnecessary the use of other damaging chemicals in the swimming pool, ensuring a pleasant summer for the whole family, without eye, ear or skin infections.

The ocean uses the same effect, thanks to its high salt (or sodium chloride) content. Instead of electricity, it uses the force of the waves as an energy source. The constant friction of the waves produces tiny electrical currents that release

small quantities of chlorine, similar to the swimming pool, creating a destructive reaction against all those damaging components with an acidic pH.

Seawater cleans itself by continually removing pollutants, thanks to its high oxidative capacity, something any yacht owner knows. That doesn't mean that all oceans and seas are pristine since we humans have done a great job of polluting our waters with complete disregard for the consequences. We should never collect seawater from a river's estuary because chances are there is a factory upstream, dumping massive amounts of pollutants into it, or from any place near industries or ports.

The best way to know where and how to collect seawater for drinking it is to look for a significant presence of young fish. That is an indicator that the sea is not contaminated because the gills of young fish are so sensitive to pollutants or contamination that they wouldn't survive in it. Some water purification centers even use these little fish to measure how clean the water is. If a fish dies, the alarm goes off.

Regarding microbial contamination, any contamination from land-based microbes is unlikely. When they get to the sea and are affected by the sea's osmosis, all germs, bacteria, microbes, viruses, fungi, and parasites are deactivated. The same thing happens to Serrano ham or dry cod, preserved with salt.

American research 1967 claims that land-based microbes can't contaminate seawater in the long term, as long as it remains in its natural state.

You can't tell by just placing a little seawater in a Petri dish. Without movement, seawater lacks the necessary electricity to release the chlorine ion, its natural disinfectant.

When we consider this, it seems evident that the "wiring" in our body is made up of our fluids, which are basically just like isotonic seawater. Our body fluids allow the transmission of information in our organism.

Dr. Angel Gracia: *"To think and to be are the same. We are what we think. You don't realize that when a pebble hits the center of the pond, the whole pond and every water molecule are aware of the pebble. Well, in your case, even if it's just the tip of your finger that is hurting, all your cells know about it. And you will be in a good mood or a so-so mood, or a terrible mood depending on the level of physical energy you feel. It's the energy that came from the sun to give you everything you need to have, calcium, balanced acidity, and live a life in tune with nature, to what nature teaches us day after day, but we don't want to learn."*

Aside from phytoplankton and zooplankton, seawater contains all the minerals and trace elements in the periodic table; it can facilitate the energy

recharge in the body thanks to its high content of salts and ions. It's the most mineralized water in existence, immune to and recommended to treat all demineralization diseases. These minerals and trace elements act as a co-enzyme, avoiding dehydration and allowing cellular regeneration, thus keeping a perfect biochemical balance in the body. Seawater is an abundant natural liquid that can help alkalize the internal environment, thanks to its pH 8.4. It is also a dissolvent of toxins and helps purify our bodies (Dr. Georges La Fargue). Dr. Wilmer Oler researched, at the University of Antioquia, Colombia, the lack of cytotoxicity in live cells.^{[2][3][4]}

Observations in preclinical trials have not been able to confirm that seawater is detrimental to the kidneys or that it provokes hypertension, as sodium chloride does.

Nicaragua was the first country to endorse the oral consumption of seawater openly. The country has over 85 marine dispensaries and other distribution outlets for seawater, supported by the Ministry of Health.

(<http://www.distancehealingconnect.com/nicaraguannatural-medicine-act/>) .

The seawater in these dispensaries undergoes constant testing by the Ministry of Health to ensure that it is free from pathogens and suitable for human consumption.

So far, seawater has proved to be effective in the treatment of the following pathologies:

- Allergies and allergic rhinitis.
- Rheumatoid arthritis.
- Asthma and respiratory illnesses.
- Cirrhosis and liver diseases.
- Conjunctivitis and glaucoma.
- Kidney stones.
- Cancer (helping in the recovery process).
- Diabetes.
- Multiple sclerosis.
- Constipation and hemorrhoids.
- Gastritis and peptic-ulcers.
- Injuries and burns.
- Arterial hypertension
- Insomnia.
- Skin pathologies: psoriasis, dermatitis, varicose ulcers.
- Prenatal care.

Seawater is very compatible with chlorine dioxide. The two substances do not interact with each other and can be taken at the same time.

Before you can drink seawater, it must be diluted with pure water to a concentration of 25% (1:4). At this concentration, it is called isotonic seawater and has a similar concentration of sodium chloride (salt) as blood. We can then add chlorine dioxide to the isotonic seawater.

Administration:

- Oral (from 250 ml per day) in 95 % cases.
- External use (topical application on skin and nasal mucous, foot baths)
- Nebulized (in asthma and chronic bronchitis patients)
- Eye drops (in cases of conjunctivitis and glaucoma).
- Ear drops (for external otitis and ear allergies).
- Gargles (for tonsillitis and pharyngitis).
- Mouthwash (oral hygiene, gingivitis, dental diseases).
- Enemas (colonic irrigations).
- Vaginal wash (infections and cellular atypia of the cervix).
- Mesotherapy (subcutaneous injections in acupuncture points and interfering focus points)
- Intravenous injection or filtrated intravenous neural serum (from Quinton Labs).

How to drink seawater

You can drink seawater undiluted or hypertonic (36 grams of salts per liter) in small quantities, or isotonic (diluted, three parts of fresh water for one of seawater).

Weight	Seawater	Mineral water
0–14 kg (30 lbs.)	10 ml	30 ml
14–23 kg (30–50 lbs)	20 ml	60 ml
24–35 kg (55–75 lbs)	30 ml	90 ml
> 35 kg (> 75 lbs)	50–150 ml	150–450 ml

Three or more daily doses of seawater mixed with water can be administered when more minerals are needed.

You can also dilute seawater with soda or natural juices, and use it for cooking, instead of adding refined salt, with excellent results. Many gourmet stores now sell it for culinary use.

Nature gives us plenty of water at everyone's disposal. This is great news. Try to collect it, if you can, from areas at least one meter deep and don't forget... it's still free!

Artemisia Annua

There are other alternatives for curing malaria besides chlorine dioxide. *Artemisia annua* (also known as sweet wormwood, sweet annie, sweet sagewort, annual mugwort or annual wormwood) is a plant that was rediscovered in China in the late '60s. It was included in the book by Zhou Hou Bei Ji Fang, "Handbook of Recipes for Emergency Treatment," in 1970. Chinese medicine has used it since 340 BC when it was known as "qinghao." According to Chinese medicine, *Artemisia Annua* is "yin" or cold in nature, and serves to treat internal "yang" conditions of heat, such as fevers.

Later documents about this plant were found in 1596 AD in the Chinese medicine book "Bencao Gangmu," for the treatment of intermittent fevers (such as malaria). According to the ancient pharmacopeias, it is harvested in spring or summer. After adding water, it is cold extracted with a mortar to obtain its juice. Cold extraction is required; when Chinese scientists tested hot extraction, they noticed it had barely any effect on lab rats. However, when they used cold extraction, it worked. Later on, they were able to extract and isolate a useful pharmaceutical ingredient: artemisinin ("qinghaosu" in Chinese).

Artemisinin, extracted from *Artemisia annua*, acts between 10–100 times faster than all known conventional drugs against malaria. Interestingly enough, it was effective even in the treatment of *Plasmodium falciparum*, considered to be the worst strain of malaria because of its effects on the brain and high mortality rate. *Plasmodium falciparum* is developing a resistance to malaria chloroquine, one of the most common established malaria drugs.

Chinese scientists proved the effectiveness of *Artemisia annua* for ten years before informing the rest of the world. At the time, the Chinese government didn't trust the World Health Organization (WHO) and denied them access to the drug and the plant.

Another way of administering *Artemisia annua* is as a dry powder for internal use; or also in the form of aqueous extract in enemas, especially for unconscious patients. It's important to know that this treatment can be used

in combination with other classical malaria treatments, already patent-free. Enemas work well, especially with children and AIDS patients.

Three separate Chinese scientific studies, showed a 100% effectiveness when pulverized *Artemisia* annual leaves are applied directly as a powder, mixed with oil, or extracted with alcohol. These are basic procedures that any pharmacist in the world can do.

Compelled by the World Health Organization (WHO), 18 pharmaceutical companies were forced to progressively withdraw their *Artemisia*-based drugs for the oral treatment of malaria. The WHO claims that “the malaria parasite could create resistance,” without supplying any scientific evidence to back up the statement, even though *Artemisia* has a 95–100% effectiveness for curing malaria. Thirteen of these companies have given in to the pressure exerted by the WHO.

Surprisingly, there are no documented clinical cases of resistance to *Artemisia* or any of its derivatives, to date. One of the listed companies, Sanofi/Aventis, has already rushed to state that they will comply progressively with the requirement of the WHO. The rest of the companies are small European companies in Belgium, France and Switzerland, and some in Vietnam, India (Cipla), China, Ghana and Kenya.

The WHO warned the companies that are still manufacturing pure *Artemisia* that it would monitor them closely whenever they applied for product approval, to ensure they comply with all international standards regarding effectiveness, safety, and quality. It seems evident that the WHO is blackmailing these small pharmaceutical companies, due to the enormous financial interests at stake.

It makes no sense for a plant that has been used for hundreds of years to be taken off the market “just in case” by the WHO, an organization controlled by the Rockefeller family, who simply seek to safeguard their pharmaceutical monopolies.

According to the Kenyan newspaper, “*The Daily Nation*,” the WHO receives one million US dollars for acting as a mediating agency for the supply in Kenya of the antimalarial drug “Coartem,” of Novartis, whose active ingredients are Artemether and Lumefantrine.

In Geneva, the health organization’s headquarters insisted that national pharmaceutical regulatory organizations in countries where malaria is endemic ban the commercial distribution of monotherapies of oral *Artemisia*.

Since January 2006, thirteen countries have announced that they will start the commercial distribution of the antimalarial drugs proposed by the WHO, and three more notified they would start working on it. Geneva is also home to the International Federation of the Red Cross and other organizations. Keep in mind that the Rothschild family’s palace sits in the same place, in close vicinity to the UN and the WHO sites.

The problem is that since Artemisia is not a hallucinogenic plant, it's hard to ban. So they try to boycott it at all costs because developing countries could manufacture it in their backyards and end their bondage to the drug-dependency generated by the multinationals.

There are indications that many African Health Ministries receive a tidy sum of money from the pharmaceutical industry. Even they don't seem to care about the health of their people. They are part of the corruption, which is how the pharmaceutical corporations rule global markets, creating a dependency on drug imports.

In Tanzania, for instance, pharmaceutical companies pay just 0.50 €/kg to African Artemisia producers, and they only use the leaves, when they could use the whole plant and sell it to hospitals for 10 €/kg.

Before I get labeled as a conspiracy theorist, I think that worldwide conspiracy can be summed up in three simple words: "Make more money." This formula is conspiring against the health of millions of people. Everything gets done with this mindset.

Artemisia has also been effective in many cancer cases and is an excellent adjuvant therapy. Its use for cancer treatment has been researched for 30 years in China and Vietnam. Of note is an interesting work from 1975 by the German doctor, Alfons Weber. He observed merozoites (a stage of the life cycle of a protozoarian parasite in malaria) in most cancer patients' blood and was able to document this finding with photographs.

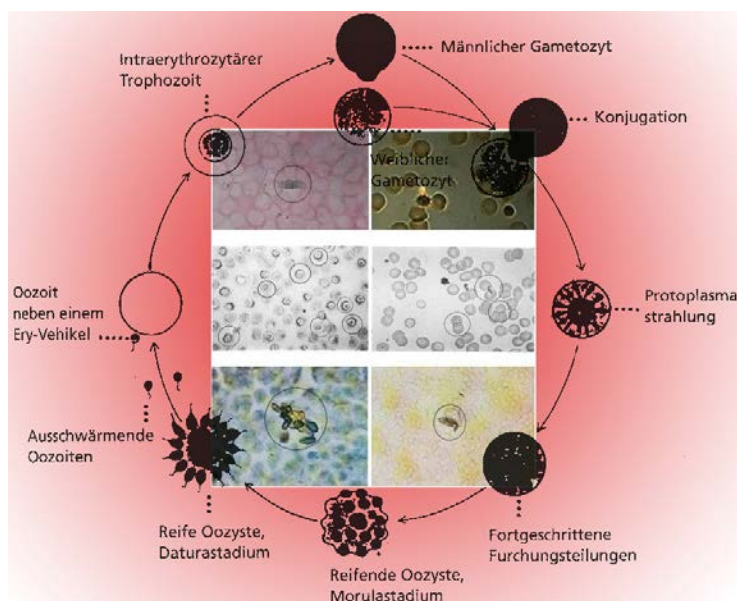


Fig. 21: Life Cycle of the Trypanosome, malaria parasite

The discovery was rejected by conventional medicine. According to Dr. Narendra Singh, Artemisia is the most powerful, cheapest and safest agent for chemotherapy ever found. Besides, it can be administered orally and at home.

There are numerous testimonials and reports of cancer remissions due to Artemisia, especially leukemia cases.

Artemisia Annua in leaves:

- Quantity, daily dosage: 5 g.
- Instructions: 1 dessert spoon per cup, take 2 or 3 prepared cold extracts per day.
- One liter can be prepared with a tablespoon of leaves and divided for different intakes.

As the drug Artemisinin:

- The normal dose to fight cancer and malaria is 600 mg of Artemisinin twice daily, between meals, or as a rectal enema, depending on the case.
- Artemisinin is relatively safe with few side effects, even in high doses (max. 70 mg/kg per day) for the short-term treatment of malaria.

Stevia Rebaudiana

Most of the common health problems in the Western world today, such as obesity, are directly related to the excessive consumption of sugar, especially white sugar, either directly or as an ingredient in other food products.

The plant *Stevia rebaudiana* is an excellent alternative to refined sugar. It's a sweet medicinal plant, naturally grown in Paraguay and Brazil, where the best conditions for its production are. It has been used for hundreds of years in South America for its intense natural sweetness. It is 10–30 times sweeter than sugar, with no calories.

Although not easily cultivated from seeds (only 15% germinate), it reproduces well from cuttings.

Pure Stevioside is 300 times sweeter than sugar, but it lacks all the natural medicinal substances of the plant.

Guarani aborigines have used and continue to use it as both a sweetener and for medicinal purposes. They use it to fortify the heart and willpower, and also as an effective remedy against arterial hypertension, obesity, and stomach acidity. They call it “Ka’a he’e” or sweet grass. Oddly enough, the plant belongs to the sunflower family.

The Japanese have been using stevia as a natural sweetener for over 30 years. And today, China and India are the largest exporters of the manufactured product.

Until a few years ago, stevia was banned from the food and agriculture industry. Then at the end of 2008, the FDA authorized its use as a sweetener, and France legalized it in 2009. The FDA had previously banned it in 1991, without explaining why. Surprisingly, shortly after, some of the people responsible for that decision left their positions at the FDA and went to work as employees of Nutrasweet, a Monsanto offspring. A little later, the ban was overturned. When in 2008, Coca-Cola and Cargill obtained 24 patents for rebiana—the sweet substance in stevia—to sweeten drinks and other foods, the FDA approved without question the product “Truvia” as a natural sweetener.

Truvia, which has a very low percentage of stevia and more added ingredients (that have made it patentable), only contains a rebaudioside, instead of the active ingredients of stevia, which are so beneficial to our health.

We have witnessed disinformation campaigns across the European Union, initiated by lobbyists from the sugar industry, trying to sway consumers against stevia. After reporting the alleged “carcinogenic potential” of *Stevia rebaudiana*, and listing sterility and impotence in males as possible side effects, without any supporting scientific data, these claims were proven false by thorough research carried out at the University of Padua, in Italy.

If those adverse claims were valid, the Paraguayans would all be sterile by now. The argument is absurd since they have used it for centuries in its purest form.

Scientific studies have revealed that stevia leaves contain over 100 different active ingredients. The main components are terpenes, bioflavonoids, and substances responsible for the glycosides in plants, particularly stevioside and glucosides. Glycosides (stevioside, rebaudioside) are stable molecules that make their way through the digestive tract with minimal change. As they don’t metabolize, blood sugar levels are not affected. There are several studies, even double-blind ones, which prove the efficacy of stevia against hypertension and bacterial growth and also for slowing the progression of cancer.^{[5][6][7][8][9]}

Several testimonials claim that the combination of chlorine dioxide and stevia was effective against diabetes. Although in some cases, there were no visible effects, others showed remission of the disease and normalization of blood sugar levels.

The dose to ingest would be a teaspoon of the powdered plant per day.

You can find more documented information on the protocols, later in this book.

Kalanchoe Daigremontiana

Thanks to Josep Pamies from the “Dolça Revolució de Les Plantes Medicinals” (Sweet Revolution of Medicinal Plants) association, I came to know about a plant by the name of ‘Kalanchoe.’ He told me about its interesting therapeutic properties, especially for cancer. He gave us a little leaf with some sprouts, and once we took it home, we realized this plant was amazingly resistant. The leaf remained stable for months, and then it started multiplying through its sprouts. As a result, we now have a terrace full of Kalanchoe, growing with abandon.

Specifically, the plants in question are ‘**Kalanchoe daigremontiana**’ (*Bryophyllum daigremontianum*) and **Kalanchoe pinnata** (*Bryophyllum pinnatum*, *Bryophyllum calycinum*). A search through scientific medical literature will mainly find studies on “Kalanchoe pinnata,” which originates in South America, where it is used for insect bites, cuts, ulcers and other skin diseases.

In a study performed in India, researchers used Kalanchoe to treat liver diseases.^[10] Its antihistaminic effect has been proven with isolated cells in vitro.^[11] The juice from its pressed leaves showed an antibacterial effect.^{[12][13]} Lab studies on rodents revealed the extract has anti-inflammatory, anti-diabetic and analgesic (pain-relieving) properties.^[14] In 2005, further studies with rodents showed that Kalanchoe pinnata leaf extract is effective against stomach ulcerations, including drug-induced ones.^[15] The leaf extract seems to contain anticancer molecules that combat mutagenic toxins such as 2-amino-antracen,^[16] having shown its anticancer activity in isolated cells. Briofiline-A and briofiline-B have been extracted from the plant, which is indicative of its anticancer potential.^{[17][18]} At the same time, it has antiviral properties. It has proven efficacy fighting the Epstein-Barr virus,^[19] and the leaf extract can inhibit the herpes virus^[20] and even the replication of the HIV in the lymphocytes that are the blood defense cells.^[21]

Doctors at Zurich’s University Hospital (Switzerland) have used Kalanchoe to reduce premature uterine contractions,^{[22][23][24]} based on its sedative effect in rodents and its efficacy as a muscle relaxer.^[25]

Toxicity:

Kalanchoe contains Bufadienolide, a poison that acts as a chemical defense mechanism. Regarding toxicity, remember that the dose makes the poison. An adult would have to ingest more than 400 g of Kalanchoe to be poisoned, which is not very likely. There are cases of lethal toxicity; sheep have died after eating the flowers of the plant, which are far more toxic.^[26]

A 15–30 g dose is considered safe for an adult weighing 50–100 kg but must be reduced accordingly for children.

“Kalanchoe daigremontiana” (*Bryophyllum daigremontianum*) was researched by

Wagner, Fischer & Lotter, a group of German researchers who managed to isolate Daigremontianin in 1984.^[27] The spectrum’s data isolated two toxic principles in Kalanchoe Daigremontiana that were structurally classified as ‘bufadienolides,’ with an unusual substitution pattern.

Daigremontianin, a new compound, and bersaldegenin-1,3,5 orthoacetate, which was also found in the Kalanchoe tubiflora Hamet, produce a sedative effect, positive inotropes, and activity in the central nervous system (CNS). CNS depressors, sometimes known as sedatives or tranquilizers, are substances that can reduce brain activity.

Experience:

Both my experience and all the testimonials I have received have been positive. Patients can eat the leaves, use them for plasters of various sizes (cover the skin with a plastic wrapping for 24 hours) and for eye drops directly into the eyes. Kalanchoe has shown a fungicidal, antibacterial and anti-parasitical effect (although it provokes burning in the eyes for about 15 seconds).

This plant is highly effective for treating cellular and tumor damage (with surprising results in terminal cancer cases), rheumatism, inflammations, hypertension, kidney stones, diarrhea, profound and gangrened wounds, infections, burns, and abscesses. Interestingly, it has even produced positive results in many instances of schizophrenia and panic attacks, perhaps due to its anti-parasitical effect.

Chewing on the leaves has also cleared up cases of thrush (oral candidiasis) on tongues, eliminating the condition, even when chlorine dioxide isn’t successful.

Kerosene (Petroleum) – A Universal Healer

Turpentine and petroleum distillates similar to kerosene have been used medicinally since ancient times. They are still used as folk remedies. They were used in ancient Babylon to treat stomach problems, inflammations, and ulcers. The process of distilling crude oil/petroleum into hydrocarbon fractions was first described in the ninth century in Persia.

The use of these petroleum products is the most widespread in poor or developing regions, including parts of Russia, Eastern Europe, and Africa.

Kerosene is a mineral oil distillate commonly used as a fuel or solvent. It is a thin, clear liquid consisting of a mixture of saturated hydrocarbons that boil between 145–170°C (293–338°F) and 275–300°C (527–572°F). While kerosene can be extracted from coal, oil shale and wood, it is primarily derived from refining crude oil. The variant most recommended for therapeutic purposes is the thinner 170°C.

The word “kerosene” is used in Australia, Canada, New Zealand and the United States. Kerosene is called “paraffin” in the United Kingdom, Southeast Asia, and South Africa. In Germany and other parts of Central Europe, it is called “light petroleum” and, medicinally, “petrolatum” (“Vaseline”—Petroleum Jelly is one of its versions). The word “Kerosin” is German for “aircraft fuel.” In Spain, it is known as “petróleo.”

In Nigeria, around 70% of the population uses petroleum-derived products for medicinal purposes.^[28] Its most common applications are for infections and infectious diseases, autoimmune diseases, cancer, arthritis and rheumatic diseases in general.

There is an article on germs that shows how excessive fungi, germs and other blood pathogens are present in the formerly mentioned diseases.^[29]

The healing effect of petroleum seems to come from its impact on fungi and germs, which allows the immune system to eliminate the remaining foci of pathogens and abnormal cells in the tumors and affected organs.^[30]

After a comparison study with other disinfectants, petroleum was found to have the most potent effect in the suppression of Candida. That could be the secret to petroleum’s healing success; it suppresses Candida, but it also works to remove viruses and harmful germs, without apparent damage to the healthy intestinal flora.

Bill Rockefeller started his fortune by selling kerosene as a cancer cure before his son David discovered that chemotherapy was much more lucrative.

From both the available literature on the subject and my own experience, I have concluded that petroleum therapy can be an effective way to control microbes, pathogens, and parasites in the blood and intestines.

I read an article, in a German forum, about a severe Candida case found in the analysis of microbial feces. They checked Candida's resistance to conventional drugs and how, after the use of petroleum, all Candida-related problems disappeared, together with the patient's allergic reactions to several foods. A follow-up analysis of the feces showed that intestinal flora was in excellent condition.^[31]

Back in 1914, Charles Oscar Frye authored a brochure titled: "Lung Deterioration and Similar Inflictions, Treated and Healed with Petroleum" with the subtitle "Its value as a remedy, when to use it, how to use it, a cure for the sick, a form of health prevention." The book describes how he used aerosol inhalations to treat pulmonary tuberculosis successfully, with just one or two inhalations, administered twice a day, for one to four months. For internal problems, he recommended half a teaspoon twice a day.^[32] Please see the following link:

<http://hdl.handle.net/2027/chi.087013173>

Paula Ganner's Cancer Cure

The current interest in using kerosene as a cancer cure started in the early 1950s. An Austrian woman, Paula Ganner, age 31, had cancer metastases and intestinal paralysis after surgery. Her doctors gave her two days to live. She remembered that in Eastern Europe, kerosene was used as a cure-all, and she started taking a tablespoonful every day. After three days, she was able to get out of bed, and 11 months later, she gave birth to a healthy boy. At age three, this boy contracted polio, which she cured with one teaspoon of kerosene daily for eight days.

Ganner started spreading the news about the amazing results of using kerosene for all kinds of health problems, and over the years, she received 20000 thank-you letters with success stories. Unfortunately, the most information on using kerosene as a cancer cure is in German, with very little translated into English.

The following are extracts from **testimonials reported in the German illustrated weekly “7 Tage,”** between September 1969 and February 1970.^[33]

- *A dog had a growth on his neck, the size of a child's fist, and was given kerosene on sugar cubes. After two weeks, the growth disappeared.*
- *After breast cancer surgery, a 48-year-old woman developed uterine tumors. After taking a daily teaspoon of kerosene, she could stop using morphine, and after six weeks, she recovered from the three tumors.*
- *A woman took a teaspoonful of kerosene three times daily for two weeks, repeating this treatment after a two-week interruption. It not only cured her stomach ulcer but also, to her surprise, her diabetes.*
- *A man cured a severe prostate problem (no mention if it was cancer) by taking one teaspoonful of kerosene each morning and evening for four weeks. Later, he overcame a stomach ulcer with the same treatment. His son successfully used kerosene to cure a chronic bladder issue and he cured his dog of leukemia after a seven-week kerosene treatment.*
- *After a woman (60) had her right breast removed, her cancer started in her left breast. She periodically took a teaspoonful of kerosene, three times daily for two weeks, and then paused for ten days. She had no more cancer problems and no more fear of cancer.*
- *A young woman (35) was sent home to die with an inoperable large tumor in her pancreas that extended to the adrenal glands. On the fourth day home, she briefly awoke from a coma and was given a spoonful of kerosene. Hours later, she showed the first signs of improvement, and four days later, she wanted to get out of bed. The kerosene cure was continued for another ten days before the hospital staff in Graz examined and discharged her*
- *After six days of using kerosene, a woman with dead tumor cells (the type of cancer is not mentioned) started taking kerosene for 32, 25 and 14 days, with nine days of rest between treatments. After 14 days, the typical smell of terminal cancer had disappeared. As a pleasant side effect, she also recovered from her rheumatism.*
- *A woman (68) had high blood pressure, heart and circulation problems and rheumatism. She could hardly walk. After she took kerosene for four weeks, a friend asked her what she was doing to look suddenly so much younger. Her husband, who had lumbar lordosis, was able to practice sports. When she sometimes feels pain in cold weather, she rubs her body with a sponge dipped in kerosene and lets it dry; this quickly eliminates any pain.*
- *A woman with colon cancer was scheduled for a colostomy (to remove her colon and insert a colostomy bag). Instead, she started taking teaspoons of kerosene. Not noticing much effect, she took about 50 ml at once, together with a lot of honey in milk. She then suffered four hours of diarrhea with pus and blood and aborted her tumor.*

Other testimonials mention recovering from bone cancer or myeloma, osteoporosis of the spinal column, severe digestive and gastrointestinal problems, constant vomiting, rheumatism, and sciatica.

Paula Ganner used and recommended, in addition to or instead of purified petroleum, Naphthabenzin or Siedegrenzbenzin Merck Nr. 1770, with a boiling range of 100°C–140°C (212°–284°F) - SBP 100/140, just as it is used for wound cleaning and as a solvent in laboratories. (The boiling range is the temperature range of a laboratory distillation of oil from the start until evaporation of all the fractions is complete.)

Turpentine: “A Cure-All Alternative.”

In addition to kerosene, turpentine was once used as a cure-all. Natural turpentine, commonly sold as “pure gum turpentine,” is used in lower doses and less frequently than kerosene. It used to be treasured for its antiseptic and diuretic properties and as a treatment for intestinal parasites. Turpentine is distilled from several species of pine trees

According to Wikipedia: “Turpentine was a common medicine among seamen during the Age of Discovery, and one of the several products carried aboard Ferdinand Magellan’s fleet in his first circumnavigation of the globe.”

To expel tapeworms, people used to take a potent dose of one to two tablespoons of turpentine, usually mixed in milk, with the same amount of castor oil. This treatment was repeated every second or third day until there were no longer worm fragments in their stools. For children, the prescription was less drastic: one teaspoonful of sugar, three to four drops of turpentine and one teaspoonful of castor oil.

Jennifer Daniels, MD, discovered that American slaves had a secret remedy that kept them free of diseases: a teaspoon of turpentine mixed with a teaspoon of white sugar, taken over short periods, several times each year. She adopted this as a successful Candida therapy: slowly pour a teaspoon of turpentine over sugar cubes or a rounded teaspoon of white sugar to soak it all up, then chew the cubes or soaked sugar and wash the mixture down with water.^[34]

Dr. Daniels generally recommends doing this twice a week for several weeks, but initially, every day. Patients with long-term Candida should continue the treatment until the problem subsides (which can occur surprisingly fast). On Internet forums, like www.terapiasnaturales.ml, I found some testimonials claiming that this therapy indeed worked for people.

Dr. Daniels cautions that before starting turpentine therapy, it is essential to prepare by drinking lots of water, adopting a suitable anti-Candida diet and

cleaning the bowels. During this stage, patients need to have three daily bowel movements to prevent the pathogens from entering the blood.

Pure Gum Turpentine is much stronger than petroleum, and some individuals have experienced temporary balance problems. The maximum daily dose for an adult is one teaspoon.

In her report, Dr. Daniels wrote that the first edition of the “Merck Manual” of appropriate and accepted treatments for recognized diseases, published in 1899, states that turpentine therapy is useful for a wide range of conditions including gonorrhea, meningitis, arthritis, abdominal difficulties and lung disease. However, the 1999 Merck Manual only mentions the dire side effects of turpentine poisoning, including the destruction of the kidneys and lungs.^[35]

Understanding the “Cure-All Effect”:

The secret of the apparent cure-all effect of kerosene and turpentine may come from the reversal of the disease-causing effect of modern medicine. Evidence shows that centuries ago, most of our modern diseases were rare. Relatively few people had cancer, which only occasionally appeared in old age. Asthma, allergies and autoimmune diseases were rare or absent as well. All this changed after World War II with the widespread use of antibiotics. While these targeted bacteria, they encouraged the rise and spread of fungi and mycoplasmas, which are at the root of most of our modern diseases.

Consider the trees and plants of forests and bushlands. Some of their greatest threats are fungi and parasites. They developed chemical defense mechanisms to kill or repel their enemies. We know about and use these biochemical products, like eucalyptus oil, neem oil, tea tree oil, pau d’arco extract, olive leaf extract, turpentine and other essential oils.

Most of these oils are composed of hydrocarbons, just like kerosene. The main chemical in turpentine, alpha-pinene, is also present in rosemary and eucalyptus oils. These volatile essential oils seem to have a stronger antifungal effect than kerosene, but frequent intake in high amounts can also cause kidney damage.

Keep in mind, however, that antimicrobial treatment can only stop an autoimmune attack as a first and essential step in a healing process. It does not automatically repair the damage already done. For instance, in diabetes type 1 and Parkinson’s disease, a healthy lifestyle is still needed to regenerate insulin-producing or dopamine-producing cells that have been destroyed; the same goes for joints that have been severely damaged with arthritis.

Dr. William G. Crook, in “*The Yeast Connection*”^[36] and other books, demonstrated that Candida is the underlying cause of hyperactivity. So, ADD or ADHD and autism are just different degrees of the same cerebral dysfunction caused by

Candida. There is evidence that a major aggravating factor leading to autism is the combination of Candida and various vaccines, possibly due to mercury and other toxic additives.

Which products should you use?

Petroleum must be low in aromatic components besides having a suitable boiling range. That is, in essence, what “low odor”^[37] means. To verify that the products from other companies or other countries are adequate, look at the manufacturer’s website for the material’s Security Data Sheet. Remember that petroleum can be sold under many different names, such as “naphtha petroleum,” “hydrocarbon dissolvent” and “mineral turpentine.”

DO NOT use products without prior knowledge of their boiling range and chemical composition.

The products must contain hydrocarbons made of aliphatic petrochemicals and isoparaffins, and not pseudo-synthetic or from combinations of available specialty dissolvents, like mineral turpentine-free aromatics.

In Germany, Shell-Sol D40, PAS (Siedegrenzbenzin) 100/140 and turpentine (Balsam Terpentinoel) are available for purchase. They can be found in large hardware stores and shops for building materials and painting supplies. However, if you can’t find the low aromatic compound content or aromatized product, then ordinary petroleum with a higher content of aromatic compounds can be utilized. It’s not more toxic; it just emits a stronger smell.

The truly toxic product in crude oil and most motor fuels is benzene, but it has a lower boiling range at less than 80°C (176°F). Therefore, it doesn’t pose a problem in the fractions with a boiling point of over 100°C (212°F). Unlike mineral turpentine, which is similar to petroleum, natural turpentine is commonly sold as “pure gum turpentine” or “100% turpentine gum.” Pure gum turpentine is used as a thinner for artists’ paints and as a general dissolvent.

How to use petroleum and turpentine

How do you take kerosene and for how long? Some patients take it as needed, while others complete a full course of treatment every year as a preventative. One way to start is with a few drops or half a teaspoonful, then continue with one teaspoon for a week or two. If needed, you can then gradually increase up to one tablespoon for a time, returning to one teaspoonful, for a total duration of about

six weeks or until the health issue has sufficiently improved. A shorter or longer follow-up course of treatment two months later may be advisable.

People commonly take kerosene once a day, either before breakfast or at bedtime. One woman supposedly cured her terminal cancer, with metastases all over the body, by drinking a glassful of kerosene followed by fruit juice. She wrote that it caused extreme diarrhea and vomiting for three days. However, this is a dangerous form of treatment, as vomiting can easily cause kerosene to get into the lungs, which is the primary cause of death from drinking kerosene.

High doses of microbicides may cause too much fungal elimination too suddenly, resulting in a “reaction” with nausea and fatigue. While this is generally good and part of the healing process, it’s preferable to increase the dosage gradually, to avoid or minimize strong, unpleasant reactions, although diarrhea is very common. If you experience an adverse reaction, you should temporarily reduce or skip the treatment until you recover.

Kerosene floats and is best taken on an empty or nearly empty stomach. The traditional way is to put several drops on a sugar cube before ingesting.

Concerns about Toxicity:

The usual dose of one spoonful over a limited time doesn’t provoke toxicity. The real danger of kerosene does not come from any inherent toxicity per se, but from vomit entering the lungs after swallowing a significant amount accidentally or in a suicide attempt. This can, indeed, cause death. However, even getting water into the lungs can be fatal.^[38]

The acute oral toxicity of kerosene for rats is $LD_{50} > 5000$ mg/kg. LD_{50} is the dose at which 50% of rats die; in this case, more than 5 g/kg are required. In comparison, the LD_{50} of gum turpentine for rats is given as 5760 mg/kg. For a person weighing 60 kilograms, the equivalent would be 300 grams (like a full beverage can!).



Fig. 22: A daily consumer of gasoline

The main danger with petrol/gasoline comes from sniffing or inhaling the vapors, which can damage the brain and central nervous system. However, ingesting this product is not necessarily harmful.

A man in China has been drinking a glass of gasoline/petrol every day, or about four liters a month, for 42 years, and

at over 70 years of age, he looks younger than most non-petrol drinkers in their 50s or 60s.

He started drinking kerosene for pain relief, but later switched to petrol. By estimates, he has ingested about 1.5 tons of it.^[39]

The System Fights Back

Soon after the German magazine “7 TAGE” published some of the 20 000 testimonials that Paula Ganner had received, the editor lost his job, and petroleum products for cleaning wounds were banned from German pharmacies. Kerosene was declared to be a dangerous poison that caused severe kidney damage, although no specific data or instances were provided.

In 1979, a woman who had distributed health information about kerosene was taken to court in Hersbruck, Germany. The public prosecutor was unable to prove any laws were violated or that anyone was harmed using kerosene as recommended. The forensic expert was also unable to evidence any harm. He expressed the view that cancer patients should be able to use anything that might be helpful and recommended allowing clinical trials. The prosecution eventually had to drop the case.^[40]

The Wikipedia page on kerosene states only: “Ingestion of kerosene is harmful or fatal.” The information no longer includes toxicity data, so people cannot see how relatively non-toxic kerosene is. Instead, only the warning remains that it can be fatal if it gets into the lungs. The information contradicts the use of Kerosene for hundreds of years as a trusted remedy and the scientific toxicity information. In France, kerosene still appears in the official pharmacopeia as “*Huile de Galian*” and is prescribed as a remedy for bronchitis, asthma, and cystitis. Even medical literature contains clinical studies by reputable researchers showing that kerosene is effective against cancer.^[41]

Nevertheless, science is no obstacle for those in pursuit of profit or special interests. To reduce my chances of having to go to court again, I want to make it clear that this article is for information only, and that I do not recommend using kerosene or turpentine to treat cancer or any other condition. People need to do their research and evaluation of available information before deciding whether any potential benefits from using kerosene are worth risking the dangers mentioned by our health authorities.

Borax

Although conventional medicine does not consider boron to be essential for human beings, there are many testimonials of its use for therapeutic purposes. We need both boron and boric acid. Keep in mind that boron is present in all plants and non-manufactured foods.

Diets that include a lot of fruit and vegetables provide about 2-5 mg of boron per day, depending on the region where the food was grown and how it was grown. Of all the minerals present in seawater, boron occupies the ninth position. Boron is a natural mineral commonly extracted from salt mines and used in many industrial processes.

Many readers may find it hard to imagine that boron is both an insecticide and a detergent used in launderettes. It is sometimes considered toxic due to a case in the '40s in which it got mixed up with baby formula, resulting in the death of newborns. To put things into perspective, remember that it's the dose that makes the poison and that, scientifically speaking, boron's degree of toxicity is half that of an Aspirin®.

The largest sources of boron are in Turkey and California. Its chemical names are sodium tetraborate decahydrate, decahydrated tetraborate disodium, or, more simply, sodium borate. That means it contains four atoms of boron, as its central characteristic. It combines with two atoms of sodium and ten molecules (sometimes less) of crystallization water: decahydrate means 10 water molecules, pentahydrate would mean 5 and anhydrate or anhydrous boron means there isn't any trace of crystallization water. Chemically, it is the same element.

Borax is commonly sold as technical or agricultural grade with a 99–99.5% minimum purity. Potential impurities consist of sodium, potassium, calcium, chloride, bicarbonate, carbonate, sulfate and phosphate but not toxic or heavy metals. This grade includes the borax commonly used as a household cleaner. Pharmaceutical grade is not noticeably purer or better.

Borax is the sodium salt of the weak boric acid. Since sodium is strongly alkaline, a borax solution is alkaline, with a pH between 9 and 10 (pH 7 is neutral). When ingested, it reacts with hydrochloric acid in the stomach to form boric acid and sodium chloride. The boron content of Borax is 11.3%, while for boric acid, it is 17.5% or about 50% higher. Both can be used for therapeutic purposes, taking dosage into account. Ingested boron compounds are rapidly and nearly completely excreted with urine.

In the past, boric acid was widely used as a food preservative, although most countries now ban it for this purpose. Chemical fertilizers inhibit the absorption of boron in soil: an organic apple grown in good soil may have 20 mg boron, but apples grown with fertilizers may have only 1 mg of boron. Fertilizers, combined

with poor food choices, have significantly reduced our boron intake compared to 50 or 100 years ago.

Health Effects of Boron

Boron is distributed throughout the body with the highest concentration in the parathyroid glands, followed by the bones and dental enamel. It is essential for healthy bones and joint function, regulating the absorption of calcium, magnesium, and phosphorus through its influence on the parathyroid glands.

**Boron is for the parathyroid glands
and iodine is for the thyroids.**

Many people currently suffer from gluten intolerance and Candida, which in turn inhibit mineral absorption, creating chronic intestinal illnesses. Health issues due to a lack of boron are very common today.

Because of its boron content, borax or boric acid has essentially the same health benefits, with good antiseptic and antifungal, antiviral properties, but only mild antibacterial action. In plants as well as animals, boron is essential for the health and function of cellular walls, and the transmission of signals across membranes.

Boron deficiency causes the parathyroid to become overactive, releasing too much of the parathyroid hormone, which increases acidity and the need for calcium, leached from bones and teeth. That leads to osteoarthritis and other forms of arthritis, osteoporosis and tooth decay. With age, high blood levels of calcium lead to calcification of soft tissues causing muscle contractions and stiffness; calcification of endocrine glands, especially the pineal gland and the ovaries; arteriosclerosis, kidney stones, and calcification of the kidneys ultimately leading to kidney failure.

A boron deficiency combined with a magnesium deficiency is especially damaging to bones and teeth.

Boron also affects the metabolism of steroid hormones, especially sexual hormones. It increases low testosterone levels in men and estrogen levels in menopausal women. Other beneficial effects have been reported, such as improvement of heart problems, eyesight, psoriasis, balance, memory and cognition.

Boron compounds have anti-tumor properties and are: “powerful anti-osteoporotic, anti-inflammatory, lipid-lowering, blood thinning and anti-neoplastic agents.”^[42] The research of Dr. Paul-Gerhard Seeger shows how cancer frequently begins with the deterioration of cellular membranes. Since boron is

essential for cellular membranes, there may be a direct relationship between boron deficiency and tumor growth.

The Arthritis Cure of Rex Newnham

In 1960, Dr. Rex Newnham, a scientist from Perth, Australia, developed arthritis. He realized that conventional drugs were not helpful, so he searched for the cure in plant chemicals. He noticed that plants growing in the Perth area were lacking many minerals. Since boron was known to help plants' calcium metabolism, he decided to try it. He started by taking 30 milligrams of borax a day, and after three weeks, all the pain, swelling and rigidity had disappeared.

He told public health and medical school authorities about his discovery, but they were not interested. Some other people with arthritis were delighted since they also improved, but others were too frightened to drink something labeled poison and meant to kill cockroaches and ants. Eventually, he manufactured pills containing a safe and effective quantity of borax.

Five years later, he was selling 10 000 bottles a month, using only word of mouth for promotion. He could no longer keep up with the demand and asked a drug company to market the product. That was a major mistake. They indicated that this would replace more expensive drugs and reduce their profits. Representatives serving on government health committees arranged that, in 1981, an Australian regulation declared boron and its compounds poisons in any concentration. He was fined \$1 000 for selling poison, and the new law successfully stopped the advancement of his arthritis cure in Australia.^[43]

He later published several scientific papers on borax and arthritis. One was a double-blind trial in the mid '80s at the Royal Melbourne Hospital, which showed how 70% of patients who completed the trial greatly improved. Only 12% improved on a placebo. There were no adverse side effects, but some also reported improvements in their heart ailments, and their health in general, including less fatigue.^[44]

Most of his later research concentrated on the relationship between soil boron levels and arthritis. He found, for instance, that the traditional sugarcane islands, due to long-term heavy use of fertilizers, have very low soil-boron levels. Jamaica has the lowest level, and arthritis rates there are about 70%. He noted that even most dogs were limping. Mauritius holds second place with very low boron levels and 50% arthritis.

The US, England, Australia and New Zealand have average soil-boron levels with an estimated intake of 1–2 mg of boron and arthritis rates of about 20%. But Carnarvon in Western Australia has high boron levels in soil and water, and the arthritis rate is only 1%. The relationship is similar in a place called Ngawha Springs, in New Zealand, with very high boron levels in the spa water

used as a cure for arthritis. In fact, all spas that reputedly cure arthritis have very high boron levels. These are also high in Israel, where the estimated daily boron intake among the population is 5–8 mg, and the incidence of arthritis is only 0.5–1%.

Bone analysis showed that the bones in arthritic joints had only half the boron content of healthy joints. Likewise, the synovial fluid that lubricates joints and provides nutrients to the cartilage was boron deficient in arthritic joints. After boron supplements, the bones regained their strength and hardness. Bone fractures in both people and animals that took boron healed in about half the usual time. Horses and dogs with broken legs, or even a broken pelvis, have fully recovered.

Borax is also effective with other forms of arthritis, such as Rheumatoid Arthritis, Juvenile Arthritis, and Lupus (Systemic Lupus Erythematosus). Dr. Newnham saw a nine month-old-girl with juvenile arthritis and was able to cure her in two weeks.

He wrote that people could often rid themselves of pain, swelling, and stiffness in about one to three months. They can then reduce treatment from three to one boron tablet (3 mg each) per day to prevent the reappearance of arthritis. He also stated that patients with rheumatoid arthritis commonly experienced a Herxheimer reaction and that this is always a good prognostic sign. If they should continue treatment for another two to three weeks, the pain, swelling and stiffness should disappear.^{[45][46]}

Osteoporosis and Sex Hormones

On estimate, 55% of Americans over age 50 have osteoporosis, and of these, about 80% are women. Worldwide, one in three women and one in twelve men over the age of 50 may have osteoporosis, a condition responsible for millions of fractures each year. After rats with osteoporosis were given a boron supplement for 30 days, their bone quality was comparable with that of the healthy control group, and the group supplemented with estradiol.^[47]

The benefits of Borax on bones seem to be due to two interrelated effects:

1. A higher boron content in the bones, which makes them harder
2. Normalization of sexual hormones, which in turn stimulates new bone growth

Low estrogen levels after menopause are perhaps the main reason why so many older women develop osteoporosis. In men, testosterone levels decline

more gradually, which may account for the later onset of osteoporosis in this group.

Research has now shown that boron supplements in postmenopausal women double the level of the most active form of estrogen, 17-beta-estradiol, to the level found in women on estrogen replacement therapy. Likewise, the levels of testosterone more than doubled.^[48] With HRT, there is a higher risk of breast or endometrial cancer, which is not known to happen with hormones produced by the body, as is the case with borax supplements.

Some women have premenstrual problems because estrogen levels are too high and progesterone too low, and therefore may be afraid of using boron. However, I found no evidence that boron increases estrogen above normal, healthy levels.

Since boron increases the levels of growth hormones, there is increased calcium absorption in the bones. A study with men showed that free testosterone levels had risen by one third after a daily supplement of about 100 mg of borax for one week.

Boron may keep sexual hormones in balance, much in the same way maca root powder does. Maca acts on the pituitary gland, not only to increase but also to balance our sex hormones and seems to stimulate our progesterone production as well.

Contrary to the medical opinion about prostate cancer, boron research has proven that high testosterone levels are beneficial for the reduction of prostatic tumors and PSA levels, an indicator of prostate tumors and inflammation. Boron has also significantly improved memory and cognition among the elderly.^[49]

Fungi and Fluoride

A recent scientific study confirms positive results from treating vaginal thrush (candidiasis) with boric acid.^[50] One dose (a capsule of boric acid) worked even in drug-resistant cases of candida and against all tested bacterial pathogens. Candida can form hard layers of biofilm. The same study showed that boric acid/boron inhibits the formation of biofilm. In 2011, a scientific review concluded:

“...boric acid is a safe and economical option for women with recurrent and chronic symptoms of vaginitis when conventional treatment fails...”^[51]

A study in Turkey showed that boric acid prevents contamination of food by mycotoxins, especially fungal aflatoxins.^[52] Of mention, aflatoxin B1 (AFB

1) is very harmful to DNA and is the most potent carcinogen ever banned. It affects the liver and lungs, in particular, causing congenital disabilities, immune toxicity and even death to farm animals and humans.

Boric acid treatment turned out to be protective and led to an increase in resistance to the damage produced by AFB 1. The potent antifungal action of boric acid is the reason for its traditional use as a food preservative. Both boron and Lugol's iodine solution—also in danger of extinction—can be used to eliminate fluoride.^[53]

Fluoride, an omnipresent and very toxic residue from fertilizers, not only deteriorates bones; it also calcifies the pineal gland and leads to hypothyroidism. Boron reacts with fluoride ions and forms boron fluoride that is later expelled with the urine. A Chinese clinical trial used boron to treat 31 patients with skeletal fluorosis. The dose was gradually increased from 300 to 1100 mg/day over three months, with a rest period of one week per month. The treatment proved effective, with improvements of 50–80%.

In Europe, borax and boric acid have been classified as “reproductive poisons” and have not been available to the EU public since December 2010. Currently, borax is available in Switzerland,^[54] but shipment to Germany is not permitted. In Germany, you can request a small amount (20–50 grams) from a pharmacy for ant poison, and the request is duly registered.

At the time of writing, borax is available on eBay and can be shipped to other EU countries. Boron tablets (usually 3 mg) can be purchased in health stores or on the Internet. In some European countries, like The Netherlands, these may still contain borax, unlike in Germany, where boron is banned in ionic form, either as borax or boric acid.

While boron is appropriate as a general supplement, it's not clear whether it works on *Candida* and mycoplasma. Most scientific studies and individual experiences related to arthritis, osteoporosis, sexual hormones and menopause used borax or boric acid. It's still unknown if non-ionic boron is as effective as borax.^[55]

Possible side effects

While the side effects of conventional medicine tend to be harmful and often dangerous, in the case of natural medicine (such as boron therapy), the effects are often nothing more than healing crises with eventual positive outcomes.

The high levels of cellular calcium cause muscle contraction with cramps or spasms. Boron, especially when used in conjunction with magnesium, can quickly relax the muscles and eliminate pain. Keep in mind that large amounts of calcium from severe calcifications can't be removed and redistributed in a short time. Typically, there is an increase in calcium levels in the affected area,

especially hips and shoulders, which can create discomfort for a while, such as cramps and pain, or circulatory and nerve issues (numbness or reduced sensitivity, or skin sensitivity).

During treatment, there is an increase in the amounts of calcium and fluoride passing through the kidneys, which can lead to some temporary discomfort from the release of the kidney stones. After a few days, the stones (calcium oxalates) tend to disappear, and the pain stops.

To remove those calcifications, also known as oxalates, many recommend drinking infusions of the “stone breaker” plant (*Lepidium latifolium*).

It is also available in drops (follow package directions: 20–25 drops for adults; 15 drops for older children, and seven drops for small children).

Toxicity Concerns

It has a low acute oral toxicity level: LD₅₀ in lab rats, 4 500–6 000 mg/kg of body weight.

Reproductive/development toxicity: Some studies on food for rats, mice and dogs have shown, in high doses, effects on fertility and the testes. Studies performed with high doses of boric acid on rats, mice, and rabbits showed several effects on fetus development, including weight loss and minor skeletal variations.

The doses used were several times higher than any human being can be exposed to under normal circumstances. There is no evidence of its carcinogenic nature in mice.

There is no mutagenic activity, as shown in a group of trials on short-term mutagenicity.

Epidemiological studies in humans show no increase in lung disease among people who work with constant exposure to borate powder, or any effects on fertility.^[56]

Remember that common table salt is between 50 and 100% more toxic than boron. Babies are at more risk in case of ingestion of high doses of boron. Estimations are that 5–10 grams can lead to severe vomiting, diarrhea, shock and even death, although lethal doses are not well documented in scientific literature.

The following toxicity data are part of the files of the US Agency for Environmental Protection (EPA) and the Center for Disease Control (CDC).^{[57][58]}

Of 784 cases of accidental human poisoning after the ingestion of between 10 and 88 grams of boric acid, there were no casualties, and 88% of cases were asymptomatic. However, some gastrointestinal, cardiovascular, hepatic, renal and central nervous system symptoms have been observed occasionally in babies, children, and adults exposed to over 84 mg of boron/kg. This translates to over 40 grams of borax for a person weighing 60 kilos.

Animal studies have identified reproductive toxicity as the most significant effect of boron ingestion. Rats, mice, and dogs exposed over several weeks showed some damage to the testicles and sperm with doses over 26 mg/kg, which is equivalent to 15 grams of borax per day for a person weighing 60 kg.

There is more concern with developing fetuses. Of all the research animals, rats were the most affected. One study found slight reductions in fetus weight after the administration of 13.7 milligrams of boron/kg/day during pregnancy. The dose without effect was therefore fixed at less than 13.7 milligrams of boron/kg/day, which is equivalent to 7 grams of borax per day for a person weighing 60 kilos. As an added security factor, they set a value (with no noticeable physical effects) of 9.6 milligrams of boron/kg/day or the equivalent of 5 grams of borax for a person weighing 60 kilos.

A study spanning three generations found no issues with ingesting 17.5 milligrams/kg/day, which is equivalent to 9 grams of borax/60 kg. A test dosage of 58.5 milligrams/kg/day, equivalent to 30 grams of borax/60 kg, resulted in infertility. Therefore, we can consider the safe reproductive dosage to be around 20 grams of borax/60 kg/day.

The main chemical component in the new borax replacement, sodium percarbonate, is close to three times more toxic than borax. The DL50 data for acute oral ingestion in animals are 1034–2200 mg/kg/day.^[59] Even the commonly used sodium bicarbonate with an LD50 in animals of 3360 mg/kg, is nearly twice as toxic as borax.^[60]

Studies on humans to ascertain the possible link between impaired fertility and high levels of boron in water, soil and dust carried out in several Turkish villages and boron mining and processing workers found no effect. One study even reported higher fertility rates in boron production workers, compared to the national average in the US.

So far, most of the borax studies with positive outcomes come from China, Japan, and Turkey.

PubMed is a publically-funded service for biomedical research publications. Although you can still find the articles by Newnham RE and Zhou LY (the two most important papers about borax mentioned earlier), the arthritis trials at Melbourne Royal Hospital and the treatment of skeletal fluorosis in China are no longer listed. Obviously, they used to be there. The removal prevents other researchers from quoting them. Regardless of the lack of scientific credibility,

borax and boric acid could be removed from public sale all around the globe, with short or no prior notice.

The Zapper (Biotrohn®)

Electromagnetic Frequency Therapy

Several electrotherapies use low-amperage micro-electrical currents. The currents are transmitted, via electrodes, into the blood and body tissues to fight bacteria, viruses, fungi, and parasites. Convention medical theory argues that frequency therapy can't work because electromagnetic waves only penetrate a few millimeters under the skin and have no chance of reaching a parasite to destroy it. There is also the question of how a patient can heal fungi in their feet while holding the electrodes in their hands. Many devices have, however, proved to be highly effective against all kinds of illness and discomfort.

Within the field of frequency therapy, there are two general kinds of devices:

1. Those using positive feedback
2. Those using negative feedback, also known as 'biofeedback.'

Positive biofeedback works through the amplification of a present signal, i.e., increasing the aura, which, in scientific terms, is the bio-photonic activity, or increasing the immune system's resistance and strength.

Zappers work differently: they remove pathogens through the use of resonant frequencies. Imagine it this way: You may have seen an opera singer shatter a glass with her voice. In my earlier years as a recording engineer, I had the great privilege of working with Montserrat Caballé, the Spanish operatic soprano. Her voice could indeed break a glass.

How does this work?

First, the singer starts to sing at the resonant frequency of the glass. The singer maintains the resonant frequency near the glass while gradually increasing volume to the point of a vibrato. The glass wants to follow but, being a rigid substance, it can't, so it shatters. It is a resonance phenomenon. Zapper devices use the same system.

I usually carry a zapper device with me when I travel. It has helped me on many occasions by keeping me healthy or helping me recover in record time from viral infections like colds or the flu.



Fig. 23: Andreas Kalcker with Montserrat Caballé in a recording studio

However, as they say, you get what you pay for; the less expensive versions are not as effective as the higher-range, more costly ones.

Conventional medicine does not acknowledge the health effects of scalar or transversal waves, so it doesn't understand how a frequency generator can influence the body. The Hertzian waves we know of are longitudinal and cannot penetrate the body more than a few millimeters. However, when you generate rectangular waves, scalar waves are also created, and these scalar waves focus on the target. Even with little power, due to the concentration of scalar waves, by emitting the same frequency as the pathogen, the pathogen dies.

Using Zappers

It's best to wrap the device's electrodes with a wet towel. That reduces the number of longitudinal waves, increasing, in turn, the amount of scalar transversal waves. Another way is to submerge an electrode into a container filled with water (with or without added salt to improve conductivity) to achieve better results if the device doesn't have electronic parts on the handles. After treatment, patients should wash their hands or feet, whichever the case, with water.

With certain diseases, it's advisable to place an electrode on the afflicted area, as with a local infection or a tumor, and the other electrode on the opposite side, to maximum penetration and effectiveness.

Although polarity doesn't really matter, some people think the negative side (the black wire) is a little bit more painful on the skin than the positive side (red wire). Theoretically, it would be better to have the negative electrode in the afflicted area, although I haven't been able to confirm this so far since it has always worked perfectly for me either way.

Obviously, electrotherapy has its detractors, who think it could be harmful to the organism. Since the zapper signal has no modulation, it doesn't carry information and can only affect unicellular or small fungi, bacteria, viruses, and parasites. Human cells are much more complex and work with different modulations. Besides, they are constantly in resonance with neighboring cells, so they are not affected in the same way as unicellular pathogens, which have no means of dissipating the energy.

The zapper is not designed for the treatment of nematodes or large intestinal parasites, but rather deal with larvae in the blood, which are smaller and more sensitive to electrotherapy. Zappers are also known as blood purifiers, for this very reason.

There are many types of zappers on the market. Dr. Hulda Clark's works with 9 V and up to 30 000 Hz. Dr. Beck's device works from 27 to 36 V at low frequencies up to 4 Hz.

High-end professional machines such as the Biotrohn® are capable of emitting a wide range of frequencies, from very low to extremely high, with such incredible precision of 1/1000 Hz that they resemble Rife machines.

Conventional medicine is based on treatment methods with models that measure and analyze, reducing the human body to a handful of chemical formulae and medicine compartments, as if the body didn't interact as a whole.



Fig. 24: Biothron[®] device with its electrodes

Keep in mind that these results are only assessments derived from experimental research. In no case should they be considered advice, medical prescription or recommendation, for anyone with any specific condition or illness.



Chapter 3

Read First

In this chapter, we discuss the different protocols for chlorine dioxide administration. You can find many versions of the protocols online. My aim here is to provide some order, creating a new, simple and effective system, dismissing information that is now outdated and avoiding the confusion that leads to problems and disinformation.

LEGAL WARNING: This document does not represent a recommendation of any medical treatment. It's a collection of data gathered from volunteers and must serve as a foundation for future clinical university-level professional research.

I want to point out that we no longer use 50% citric acid as an activator since the resulting solution's pH is too acidic, promoting the growth of opportunistic bacteria like Citrobacter, which feed off of the citrate left over from the reaction. Citric acid is also the cause of an over-acidification of the intestine and has caused diarrhea. Being a slow acid, it is not as effective as 4% hydrochloric acid. And besides, our stomachs contain hydrochloric acid by nature.

Note that the combination of these two components: sodium chlorite and hydrochloric acid, is ***never ingested directly or on its own***. Patients must activate both components in a clean, dry glass and then wait until the reaction turns them an amber color. Depending on the temperature of the surroundings, this can take between 30 seconds and one minute. The amber color indicates that the mix is ready, and we can now add water. Never use the mixture in its concentrated state. Each component should be stored in a separate bottle, and they must be mixed in equal parts. The ratio of activator and mix is 1:1, or, in other words, one drop of hydrochloric acid at 4%, with one drop of sodium chlorite at 25%.

The treatment tends to be most effective when used in small doses, as opposed to taking higher doses in the mornings and evenings. Patients who experience dizziness, nausea or diarrhea, should simply reduce the dose.

Always avoid the ingestion of Vitamin C or other antioxidants, since they cancel out the effectiveness of the sodium chlorite. Chlorine dioxide would react with the Vitamin C, instead of reacting to the acidic pathogens in the body.

The protocols should be dynamic and adaptable to each case. The treatment of a well-trained individual, who can handle oxidative stress, is different from that of a very sick person, who must start little by little. As a rule of thumb, start with the minimum dose and increase it progressively and slowly. I have received thousands of emails asking which is the right dose for one disease or another.

The answer is the highest dose that makes you feel well.

To avoid errors: **Each person** who is going to use CD must know exactly how to prepare the doses. If you teach someone else, have that person prepare the mixture at least once in your presence to make sure that they can do it properly.

Supplies and Preparation

NEVER USE METAL CONTAINERS!

1. Sodium Chlorite at 25%
2. Hydrochloric Acid at 4%
3. Mineral or distilled water
4. PP/HDPE/PE bottles with eye droppers. All these materials are resistant to high alkalinity and acidity (pH 13/pH 1).
5. Use glass containers for mixing. **Do not use rubber drip tips.** The high pH degrades the rubber (photo).



Fig. 25: Glass dropper bottle

Types of pathogens

Each pathogen must be treated according to its particular nature. In general, we can use the following guide (more information in Chapter 6—Mode of action hypothesis—pharmacodynamics):

1. Viruses: Multiple small doses, due to their ability to reproduce quickly.
2. Bacteria: Higher doses, at longer intervals.
3. Fungi: Persistent protocols, check for parasites.
4. Metal removal: Requires high doses over time.
5. Poisoning: Small sips every few minutes.
6. Parasites: high doses for a minimum period of one week.

General Instructions: (warnings and contraindications)

**The sicker the person treated,
the slower we should increase the dosage.**

1. Remember that inhalation is toxic; always avoid direct, prolonged inhalation.
2. As a preventative measure, keep in mind that blood thinners may interact with the treatment. Chlorine dioxide doesn't thin blood directly; it makes the red blood cells repel each other, changing the counts.
3. Many volunteers who were taking prescription drugs for their "chronic" ailments experienced enough of an improvement that they were able to progressively reduce their meds while carrying out regular check-ups (for hypertension, diabetes, etc.).
4. Some people report cold-like symptoms when using CD. Pathogens from a previous cold often get trapped in the mucus of the nose or lungs. Germs are sometimes encapsulated in hardened mucus, called "biofilm," but are still alive and cause symptoms. The water sanitation industry values ClO_2 gas is for its ability to eliminate this biofilm, weakening the mucus and the old germs.
5. Remember that chlorine dioxide works like oxygen with fire: too little has no effect, and too much can provoke an extreme reaction. Experiment and decide for yourself, listening to your body. Don't force anything. If you start a protocol and notice that something doesn't feel right, you should reduce the dose until any adverse effects disappear, then resume the treatment. But don't confuse this with the healing crises that may seem like adverse effects, but signal that the body has started its path to recovery.

6. Many people ask how long they can use chlorine dioxide. That depends on the disease and the dose. Small doses shouldn't cause problems even over the very long term, as indicated in clinical trials performed with mice and bees over two-year periods. In fact, the residue left by chlorine dioxide is oxygen and a few milligrams of salt that anyone can absorb. It is harmless, even for those people on salt-free diets.
7. Each person can follow the treatment for as long as they believe necessary. Theoretically, it can be for life, although I see no reason for that. We have to listen to our bodies; when we do not feel well, we can use chlorine dioxide to help recover, by supplying oxygen to all the acidic and diseased areas.
8. A high dose of CD on an empty stomach can cause vomiting. Acidified (activated) sodium chlorite (NaClO_2) provokes a second reaction in the stomach, unlike CDS. A study of each case will determine which protocol to apply, depending on the urgency. In delicate cases, always start with CDS.
9. When activated with citric acid, it can provoke, in some people, intestinal acidosis and discomfort, *Citrobacter* and fungi (see Chapter 5).
10. Take into account the condition, weight, and age of the person being treated.
11. The approximate equivalence of ingestion between CD (MMS) and CDS has been newly established as 1 ml of CDS = 1 drop of activated CD/MMS. While this is not scientifically accurate, this ratio takes into account the secondary reaction in the stomach.
12. Before starting any protocol, first, check compatibility to avoid any adverse effects. To do this, mix one drop of sodium chlorite (at 25%) with one drop of hydrochloric acid (4%), wait a minute for it to turn amber and then add 100 ml of water before drinking it. If no adverse effects appear over the next two hours, you can start with the protocol.

In case of overdose:

- Take Vitamin C, freshly juiced apple juice or a few glasses of water with baking soda.
- Continue the established protocol.

In case of discomfort:

- CD may destroy pathogens faster than the organism can eliminate them.
- Return to the previous day's dose or reduce it even more.

Discomfort can be caused by:

- Many pathogens eliminated at once.
- Toxicity from the dying pathogens dumped into the system.

Reported side effects:

- General discomfort, fatigue (more than that caused by the disease), nausea, diarrhea, and vomiting in some cases.

It's very different when we are dealing with a disease that requires very high quantities, as is the case with a terminal, critical or hard to cure illness. There is no reported evidence so far of adverse effects regarding enzymes or essential mineral oxidation.

Some people follow a routine where they take a day off every other week or two and eat fruit on the rest days. Others do three weeks of treatment followed by one week of rest before resuming with another consecutive three weeks.

All options are valid, in my opinion. We have to listen to our body's needs.

What not to eat or drink:

1. Leave 30-minute intervals before and after meals and 1 or 2 hours before and after taking any prescription drugs.
2. Wait at least four hours before drinking antioxidant juices or, better yet, avoid them altogether.
3. Preferably, do not mix CD with coffee, alcohol, bicarbonate, Vitamin C, ascorbic acid, orange juice, preservatives or supplements (antioxidants). While these substances don't usually interact, they can neutralize chlorine dioxide's effectiveness.

The taste issue:

CD has hardly any flavor and is easy to drink. To disguise its flavor, and especially its smell:

- The activating acid should be HCL (hydrochloric acid) at 4%.
- Drink it from a bottle to avoid inhaling the evaporated gas.
- Drink it cold. Chlorine dioxide does not evaporate under 11°C (51.8°F).
- Try adding a small amount of Coca-Cola.
- Try mixing it with rice milk (in a baby bottle or glass).
- Use 1/4 of seawater and mineral water for the rest.
- I do not recommend fruit juices since their natural antioxidants diminish the treatment's efficacy.



I would now like to introduce a new, letter-based system for the protocols. Since we often combine several protocols, depending on the illness, I can quickly reference the combined protocols. It may sound odd to some readers, but it's an attempt to establish a simple order.

Quick List of Protocols, A-Z:

Protocol A:	as in	A mateur, for the beginner
Protocol B:	as in	B asic, formerly protocol 1000
Protocol C:	as in	C DS, formerly protocol 110
Protocol D:	as in	D ermatology, for skin afflictions
Protocol E:	as in	E nemas
Protocol F:	as in	F requent, formerly the 115 CDS protocol
Protocol G:	as in	G as, in which only the dioxide's gas is used
Protocol H:	as in	H ome, to avoid the spread of infections
Protocol I:	as in	I nsects and Bites
Protocol J:	as in	J oyful mouthwash
Protocol K:	as in	K it, combined with DMSO at 70%
Protocol L:	as in	L avatory, or bath protocol
Protocol M:	as in	M alaria, with high doses
Protocol N:	as in	N ippers or Children
Protocol O:	as in	O phthalmology, for eyes, ears and nose
Protocol P:	as in	P arasites, intense protocol
Protocol Q:	as in	Q uenching Burns
Protocol R:	as in	R ectal
Protocol S:	as in	S ensitive, with very small, progressive doses
Protocol T:	as in	T erminal, for very serious diseases
Protocol U:	as in	U rgent, formerly Clara's 6 + 6 protocol
Protocol V:	as in	V aginal, using irrigation
Protocol W:	as in	W ow! You can also use it for...
Protocol X:	as in	detoX , to remove heavy metals
Protocol Y:	as in	HY podermic CDI injection
Protocol Z:	as in	Z apper (Biotrohn®, frequency generator)

Methods for Administering Chlorine Dioxide (CD)

Drinking

Drinking is the most common method. We mix sodium chlorite (NaClO_2) with the activator, hydrochloric acid (HCL), then wait for about 30 seconds to one minute until the mixture turns amber yellow. We then add 100–200 ml (according to taste) of water to dilute it before drinking.

Enema

The second most effective method of application is by enema. The walls of the large intestine rapidly absorb the liquid gas, and chlorine dioxide gets transported to the liver via the portal vein. This method is beneficial for all diseases affecting the hepatic system, and it helps to remove acidic toxins since oxidation causes alkalization.

Spray

The solution can be activated with water and used in spray form, for all types of skin problems. The sprayed product has had excellent results due to its high disinfectant power, and it also promotes faster healing of wounds.

Bath

You can use CD for soaking in a bath, by adding the activated mix to the bathwater. This method is very effective for skin treatment. CD is even partially absorbed, thanks to its high solubility in water.

Adding DMSO

Another form of introduction is using DMSO (Dimethyl sulfoxide), which is a transportation agent, in conjunction with CD, facilitating deeper and faster absorption through the skin. Scientific data confirms the anti-inflammatory and painkilling properties of the mix. There have been a few reported cases of allergies, so be sure to test it first by putting a drop of DMSO on your arm to check for any potential allergic reactions.

Gas (air purifier)

To disinfect the air in a room and avoid contagions, you can activate 6-10 drops in a glass. Since no one is going to drink it, there's no need to add water.

Gas (bag or glass)

Our skin is the largest organ we have, and it can absorb the gas from chlorine dioxide made without adding water. We activate chlorine dioxide in a glass, then place the mouth of the glass over the area to be treated, exposing the skin to the trapped gas, but without allowing the liquid to touch the skin.

To treat larger areas of the body or even the whole body (except the head), use a large bag containing a glass of the activated solution. Introduce the part of the body needing treatment into the bag, allowing the skin to be in direct contact with the gas (and not with the liquid), producing direct benefits. Be careful not to spill the liquid. No part of the body should come in direct contact with the activated liquid.

Breathing CD (not recommended)

Some Internet sites recommend a brief inhalation of chlorine dioxide. For safety reasons (risk of poisoning by inhalation), I do not consider this an appropriate protocol and do not recommend it.

Injection

Under certain circumstances, intravenous or intramuscular injections of an appropriate CDI solution may be indicated. Do not perform experimental intravenous injections at home, unless with a professional who is certified to conduct clinical trials. Injection trials carried out in animals, with 5–10 ml of CDS added to a 500 ml bag of saline serum, were successful.

Humidifier

Be cautious with the dosage if you want to use it in a humidifier. For safety reasons, we do not recommend this method.

Protocol A: as in Amateur

Protocol A, or protocol for amateurs or beginners, is for those starting the treatment who may be hesitant or unsure. It is also indicated for treating minor issues and for general maintenance.

Before starting any protocol, always check compatibility first (general rule 12) to avoid adverse effects.

Treatment

Drops are always activated on a 1:1 ratio, adding 100–200 ml of water afterward, to dilute the solution.

- Day 1:** Before bed on the first day of treatment, three activated drops (1:1 ratio) adding 200 ml of water.
- Day 2:** One hour after breakfast, three activated drops adding 200 ml of water, and then three more activated drops with 200 ml of water before bed.
- Day 3:** Take the doses of the first two days, after breakfast and before bedtime, adding a third dose one hour after lunch.

Continue taking these three doses: one hour after breakfast and lunch and before bedtime, for as long as necessary.

This protocol is suitable for long-term administration and also as a maintenance/prevention routine.

Summary of Protocol A

	Day 1	Day 2	Day 3
Breakfast (1 hour after)		3 drops	3 drops
Lunch (1 hour after)			3 drops
Before bed	3 drops	3 drops	3 drops

Protocol B: as in Basic

(Formerly the 1000 protocol)

Protocol B, or Basic protocol, is the most widely used and is equivalent to Jim Humble's 1000 protocol. Drops are always activated on a 1:1 ratio, adding 100–200 ml of water to the solution afterward.

Before starting any protocol, always check compatibility first (rule 12) to avoid any adverse effects.

The goal is to be able to take, without discomfort:

- Doses of 3 activated drops every hour,
- For at least 8 hours a day (increasing if necessary),
- For three consecutive weeks.

That makes a total of 24 drops per day!

1. We normally begin with a low dose of 6 activated drops per day, added to a 1–1.5-liter bottle of water for the first three days.
2. We then increase the dose to 12 activated drops in a 1–1.5-liter bottle of water, per day, for the next four days.
3. After that, we increase the dose to 18 drops, adding them to a 1–1.5-liter bottle of water per day for the next seven days
4. And finally, up to 24 drops in a 1–1.5-liter bottle of water, per day, for the next seven days.



Fig. 26: Plastic water bottle with Chlorine dioxide

The daily dosage must be taken throughout the day, divided into 8–12 doses. It may be helpful to mark the bottle with a line for each dose.

The recommended process is to activate the daily dose of drops every morning and add them to a 1–1.5-liter bottle of water, then drink a little bit each hour, for the rest of the treatment. The standard length of treatment is three weeks, or for however long it takes to feel recovered.

In case of nausea, go back to the last, smaller dose.

Summary of Protocol B

6 drops/day:	in 1–1.5 liters of water for three days.
12 drops/day:	in 1–1.5 liters of water for four days.
18 drops/day:	in 1–1.5 liters of water for seven days.
24 drops/day:	in 1–1.5 liters of water for seven days.

The sicker the patient, the slower we increase the dosage.

- For severe illnesses, treatment should start with no more than six drops per day, increasing the dose little by little.
- The advantage of preparing the mixture in a bottle is that it's easier to carry around and drink.
- Marking the bottle with lines helps to administer each dose accurately, throughout the day.

Remember (very important!):

- » Always mix the chlorite with the activator, which should always be stored in a different bottle.
- » Small, frequent doses throughout the day are more effective than larger ones in the morning and evening only.
- » Take as much CD as you can tolerate without nausea, diarrhea or severe discomfort. In case of discomfort, reduce the dosage, but continue with the treatment.
- » Avoid Vitamin C and other antioxidant supplements, for at least 2 hours prior and after the ingestion of CD, since they reduce the treatment's efficacy.
- » Follow an appropriately healthy diet to protect your immune system.
- » You can combine CD with diluted seawater to rebalance the body's minerals.
- » If, after some time, you wish to repeat the protocol, start with 6 activated drops per day, increasing the dosage according to your comfort level.

Protocol C: as in CDS

(Formerly, protocol 101)

Protocol C, or CDS, is a universal, easy to follow protocol with practically no side effects, which makes it indicated for most treatments.

Protocol C consists of drinking 1 ml of CDS 0.3% (= 3000 ppm) diluted in water, every hour, ten times a day (the reason this protocol is also known as protocol 101).

1. Add 10 ml of CDS 3000 ppm (or 100 ml of CDS 300 ppm) to 1 liter of water per day.
2. Take one dose every hour until you finish the contents of the bottle (between 8 and 12 intakes).
3. For severe or life-threatening illnesses, you should increase the dosage little by little, drinking small amounts throughout the day, depending on how you feel, up to a maximum of 30 ml per liter of water.
4. If more is necessary, prepare another bottle. Reduce the dosage in case of discomfort or nausea. Do not drink more than 80 ml over 12 daily intakes (6ml/h for 100kg).
5. The treatment can continue for as long as necessary until the patient feels recovered.

Notes:

- » The CDS 101 Protocol is used to treat most diseases and as a general 'detox' to cleanse the body of toxins. It is probably the most useful detoxifying procedure we know. To date, it has not caused side effects or unwanted interactions, and it doesn't tend to cause diarrhea.
- » You should wait a prudent interval of 1–2 hours to avoid diminishing the effectiveness of CD. In case of demineralization, you can add ¼ of seawater

Summary of Protocol C

	CDS/day	Daily intakes in 1 liter of water	Dose/hour
General cleansing	10 ml	10	1 ml
Severe illness	30 ml	10	3 ml
Critical cases	80 ml	12	6.7 ml

10 ml of CDS 3000 ppm (or 100 ml of CDS 300 ppm)

+ 1 liter of water per day

Protocol D: as in Dermatology

Protocol D, or the dermatology protocol for skin afflictions, always uses CDS for topical application since it doesn't leave any acidic residue. Thanks to its neutral pH, it can be applied undiluted, directly onto the skin, and for a longer time, without irritating.

If CDS isn't available, CD can be used as an alternative. Activate 25 drops and add the mixture to 60 ml (2 ounces) of water in a spray bottle. If the bottle is closed correctly, the mix will last up to one week or a bit longer. The color indicates the concentration of the liquid remaining. Keep the mixture stored in a cool place, away from the light. Drops are always activated on a 1:1 ratio.

1. Fill a spray bottle with cooled CDS < 0.3% (=3000ppm) and apply it to the affected area.
2. Apply directly to the skin to treat:
 - Wounds
 - Burns
 - Other skin problems

The solution shouldn't feel hot or cause any burning and should calm pain and stop bleeding. You can repeat the application several times a day (up to once

an hour). For delicate areas, like mucous membranes, it may be necessary to dilute the concentration with a bit more water.

Precautions:

- » In the unlikely event of feeling heat or burning, we recommend washing the area with water.
- » The old MMS formula is not recommended since it uses citric acid as the activator; infections may worsen in the presence of *Citrobacter* since this bacteria feeds on the sodium citrate left over from the reaction.
- » For deeper skin penetration, you can combine the treatment with DMSO at 70%.
- » To this end, prepare two independent spray bottles, one with DMSO at 70% and the other with CDS or 25 activated drops of CD, to add to a 60 ml bottle of water (as indicated earlier). Apply the solution from both bottles, alternating between the two.
- » Due to its neutral pH, undiluted CDS 3000 ppm in a spray is the best option.
- » The treatment can be repeated several times per day (up to once every hour).

Protocol E: as in Enemas

Protocol E, o the enema protocol, is one of the most effective, aside from ingestion, because it allows the absorption of CD through the intestinal walls so it can travel via the portal vein, directly to the liver. The protocol is therefore highly indicated for all hepatic problems, chronic illnesses, liver poisoning, diverticulitis, parasite removal and harmful intestinal mucus.

Drops are always activated on a 1:1 ratio.

Procedure:

1. Use an enema kit. They usually come with a 2-liter capacity bag or container, which is placed approximately one meter above the patient.
2. Fill the bag or container with warm water and prepare the drops separately in a glass. Once activated, mix with the water in the enema bag.

3. Use ten drops of activated CD (or 10 ml of CDS for delicate cases) per liter of warm water (at approximately body temperature).
4. Apply a bit of Vaseline or body lotion to the tip of the nozzle and insert it into the rectum.
5. The best position is to lie down on the right side to aid the flow of water.
6. When the valve is opened the colon starts to fill with the water. The procedure can be done in several short sessions or all at once, depending on the person's condition and comfort.
7. Try to hold the fluid in for about three minutes before evacuating, to enhance the effectiveness of the treatment. More than five minutes is not necessary.

10 drops of activated CD per liter of warm water or, as an alternative, 10 ml of CDS per liter of warm water

This protocol is essential for chronic liver ailments, parasitosis, autism and gastrointestinal diseases.

Frequency of treatment

According to the patient's condition and degree of illness, the treatment is administered up to once a day, preferably in the evening, before bed. As a rule of thumb, it can be repeated every two to three days for one to two weeks.

Some people have reported using this protocol up to twice a day, for prolonged periods, for the treatment of serious illnesses, and in most cases, with no harmful side effects. The best policy is to adapt it to each person.

Seawater can be added: 1 part of seawater to 3 of fresh water.

Many people have found the YOGUI method very useful:

- 3 consecutive nights.
- 3 nights, every other night.
- 3 nights, every 3 days.
- 3 nights, one night a week.

While this protocol is effective for hemorrhoids and rectal fissures, for those conditions, it's easier to apply the R (Rectal) Protocol with a rectal irrigator.

Notes:

- » Most diseases originate in the gastrointestinal system.
- » CD removes toxicity and disintegrates adhesions. The elimination of toxicity reduces fatigue.
- » CD removes biofilm, bacteria, candida, fungi, encapsulated fecal matter, and parasites.
- » The portal vein* provides quick access to the liver from the colon.
- » Blood flows through the liver every three minutes.
- » The protocol is an easy and quick way of detoxing the liver and blood.
- » It is effective against chronic and autoimmune illnesses.
- » This method was known in ancient times and was common practice up until the '60s.
- » It is currently less known because some see it as unsanitary.
- » It is an essential Hindu method for healing.
- » It is indispensable for detox therapies.
- » One daily stool means intestinal health.
- » This protocol is a substitution for oral treatments in most cases.

Protocol F: as in Frequent

(Formerly the CDS viral protocol 115)

The protocol is especially indicated for sudden viral infections.

It consists of taking 1 ml of CDS 0.3% (3000 ppm chlorine dioxide solution) in 150 ml of water, every 15 minutes, for 1 hour and 45 minutes (8 intakes).

- The treatment is limited to just two hours per day. You can then follow it with Protocol C for as long as needed to recover.
- You can add 8–10 ml of CDS 0.3% to a 1-liter water bottle (distilled or mineral) and mark lines to divide the bottle into eight equal doses, then drink up to one mark every 15 minutes.

1 ml CDS every 15 minutes for 1 hour and 45 minutes (8 intakes)

=

8 ml CDS in 1 liter of water

If CDS is not available, you can substitute 1 activated drop of CD for each ml of CDS.

Notes:

- » 15 minutes after the last dose (2 hours after the start of protocol F), you can continue with protocol C, if needed, until recovery.
- » If you leave home, you can carry the treatment with you, preferably at a cool temperature in a thermos.
- » **Very important:** always wait at least one hour after meals or taking any prescription drugs before taking CDS, and also wait at least one hour after the treatment before eating or taking medicine.
- » Do not follow the treatment on an empty stomach, either. If necessary, the protocol can be repeated a few hours later.

Protocol G: as in Gas

(Using only the chlorine dioxide gas)

Protocol G, or the Gas protocol, takes advantage of the healing benefits that come from the direct application of chlorine dioxide gas, which can be produced in both internal and external environments. The skin functions as an osmotic membrane, with the ability to exchange chemicals from inside the body to the exterior, and vice versa, through transpiration.

Exposure to chlorine dioxide gas is an effective way to cover a large surface area of the body or to treat a specific area. It produces good results, but be careful with exposure time; more than 5 minutes of exposure can cause irritation.

- This protocol is for external use.
- Never inhale the gas for a prolonged period.
- There are different methods for the protocol, for large and small surface areas.

Protocols with gas

1. Using a **glass for small areas**. The gas is activated in a glass to cover small surfaces or disinfect body parts.
2. Using a **bag for large areas**. The gas is activated in a container that is placed inside a bag large enough to cover a greater skin surface area or even the whole body.

Gas protocol using a glass

1. Activate 6–8 drops of CD in a glass, without adding water.
2. Immediately place the affected area over the rim of the glass, trapping the gas inside the glass. Be very careful not to let the liquid touch the skin. The exposure time is typically three minutes. To avoid irritation, never expose skin to the gas for over 5 minutes.
3. The treatment usually takes 1–3 minutes and can be repeated as many times as necessary, at one-hour intervals.



Fig. 27A: Protocol G (gas) - Chlorine dioxide gas applied to a sore on an arm.

The evaporating gas is the disinfectant; there is no need to wet the area.



Fig. 27B: Protocol G (gas) - Chlorine dioxide gas applied to an ear

The treatment is also useful for **ear ailments**. Place the glass over the ear opening, allowing the gas to penetrate deeper into the affected area, often inaccessible to liquids due to inflammation that narrows the ear canal.

Activate 6–8 drops of CD without water.

The protocol is also very convenient for use on animals that don't often tolerate fluid in their ears. In this case, reduce the number of drops according to the size of the glass.



Fig. 28: Chlorine dioxide gas used to treat a cat's ear.

Gas protocol using a bag:

This method is used to treat large areas of skin, or when ingestion is not possible.

1. First, make a “giant” bag out of two or more large garbage bags pieced together so that the patient can fit inside comfortably and be covered entirely, except for their head, which must always remain outside the bag to avoid inhaling the vapors.
2. To allow the gas to reach everywhere, patients should take off their clothes before getting into the bag.
3. Activate 30 drops of CD in a glass or porcelain container, without adding any water, and place it inside the bag.
4. The patient steps inside and pulls the bag up around their neck, closing it firmly from the inside.

The objective is to trap the released gases inside the bag to disinfect the skin, penetrating its outer layers and removing bacteria, viruses, and fungi.



Fig. 29: Protocol G (gas) using a bag to expose the entire body to chlorine dioxide gas.

Things to keep in mind:

- This protocol replaces any oral treatment.
- It may be performed up to three times a day, at the most.
- The patient should not wear any clothing, to allow the gas to reach the skin.
- You can treat large surface areas at the same time.
- Avoid breathing the gas.

Protocol H: as in Home

Protocol H, or Home protocol, is based on the research of Dr. Norio Ogata and Dr. Takashi Shibata, who proved that small quantities of CD in the air prevent the spread of infections.

The Home protocol is effective for preventing contagious diseases and pulmonary afflictions. This treatment works well in bedrooms, to avoid catching an illness from a partner sleeping next to you, and to stop contagion among children who share the same room.

Procedure

1. Depending on the size of the room, activate 6–12 drops in a clean, dry glass, without adding water, and leave it in the room, where the gas evaporates slowly.
2. Place the CD about 2 meters away from the sick person. The warmer the room, the faster the evaporation. If you prefer a slower evaporation process, you can add a spoonful of water to the mix.

Activate 6–12 drops of CD in a glass, without water.

- This protocol is for a slow release into the air.
- It can be used in a sick person's bedroom, at home or in a hospital.
- It removes pathogens from the air, preventing the transmission of airborne infections.
- Activate 6 drops for every 10 square meters (107 sq. ft), in a glass container. The chlorine dioxide will be released over a few hours.
- The evaporation process can be slowed down by adding a spoonful of water to the mix.
- In small bedrooms, leave the door ajar.
- All you should find the day after, in the bottom of the glass, is a crystallized saline deposit.

Protocol I: as in Insects and Bites

This protocol is indicated for all kinds of insect and spider bites and jellyfish stings. For snake bites and stings from scorpions or rays, the Y Protocol (Hypodermic injection) may also be needed.

While CD can be used for insect bites, CDS, if available, is faster and more effective. Since CDS is usually cold from being stored in the refrigerator, it can reduce swelling immediately.

This protocol is also effective for treating burns.

Procedure

1. Soak a tissue or a gauze in CDS.
2. Apply it directly to the bite or sting and let it dry.
3. Check for any stingers or barbs that need to be removed.
4. Repeat the process as often as necessary; there is no need to rinse with water afterward.

Protocol J: as in “Joyful” Mouthwash

Protocol J is very beneficial for:

- Dental problems
- Bad breath
- Mouth ulcers and fungi
- Inflammations
- Teeth discoloration
- As a mouthwash or for brushing teeth

Procedure

1. Add 10 ml of CDS to a glass with 200 ml of water and use it as a mouthwash and gargle, 3–4 times in one day for three minutes (do not swallow).
2. Later, use only once a day.
3. Alternatively, you can use the mixture to brush your teeth and massage the gums.
4. For severe inflammations, add 1 ml of DMSO to the mix (see below).

Notes:

- » While CD can also be used for the mouthwash (10 activated drops in 200 ml of water), CDS is the better choice due to its neutral **pH that doesn't affect tooth enamel**.
- » The protocol has been highly successful both before and after any dentistry work, especially as a precaution with implants, rendering antibiotics unnecessary, thanks to its strong disinfectant properties.
- » If teeth feel sensitive while chewing, there may be an underlying infection around the root. In this case, brushing isn't enough, and you can add DMSO at 70% to the mix.
- » In the case of acute tooth pain, you can increase the dose up to 20 ml of CDS in 200 ml of water. Take a sip and hold it in your mouth for about two minutes. Usually, acute pain is caused by bacteria in a dental cavity, affecting the nerve. Typically, the pain disappears when the nutrients that can feed the bacteria cease to exist. This protocol may remove dental abscesses. There is no need to rinse the mouth with water.

Protocol K: as in Kit (Combined with DMSO 70%)

Protocol K is the former “MMS 3000” protocol (CD+DMSO external application).

Sometimes oral treatments are insufficient or are not tolerated. In these cases, Protocol K offers an alternative way to introduce CD into the body with

the help of DMSO. For this protocol, drops with DMSO are always activated on a 1:1 ratio.

To treat most skin diseases, such as acne, psoriasis, eczema, athlete's foot, and wounds, activated CD diluted with water is usually applied on the skin, or CDS is applied directly, followed by DMSO, once every hour, up to ten times a day.

Preparation for topical application

Before starting any protocol, always check first for compatibility to avoid any adverse effects. Test for any allergic reaction to DMSO (which rarely occurs). Apply and wait one hour for a reaction.

1. Mix 20 drops of activated CD with about 50 ml of water in a spray bottle. If stored in a cool place away from the light, the solution can last for several days, and in glass containers, up to months.
2. If using CDS at 3000 ppm, apply it directly with the DMSO.
3. Add 3 teaspoons of DMSO 70% (if it is at 99.98% add 30% water) in a small glass. Never use plastic bottles (ABS and PET) or rubber gloves since they could dissolve from contact with DMSO and pass through the skin. PE and HDPE bottles are appropriate.

Topical application

- Always apply on clean skin, free from perfumes and other chemicals.
- Apply CD up to a maximum of 10 times a day, spraying it onto the skin, and later rubbing the diluted DMSO with your hand.
- For treatments of larger surface areas, alternate the area of the skin to be treated every hour. For example, one hour treat the right arm and the next hour the left arm, then the right leg and then the left, stomach, back, and then repeat with the right arm.
- Repeat the procedure up to ten times a day, three days a week, letting the skin regenerate on the other four days.

Oral preparation

1. If using CD, mix the same number of drops of DMSO and CD.
2. If using CDS, mix the same number of drops of DMSO as ml of CDS.

Note: You can increase the amount of DMSO up to one teaspoon per 250 ml of water, as needed.

Intravenous application

For qualified health professionals only.

Warnings

- » If the skin gets too dry, dilute the solutions more or rub some aloe vera or virgin olive oil on the skin to soften it.
- » If the skin gets too dry and irritated, reduce the dose, or take a break from the treatment.
- » There might be slight hotness, a momentary itch or redness, which is normal and disappears completely.
- » DMSO mustn't be kept in bottles with rubber dropper, which could dissolve and contaminate the solution. It can only be kept in polyethylene (PE, HDPE) or glass bottles.
- » It is not used in enemas since the toxins present in the colon would get reabsorbed.
- » A side effect is that it causes a garlic smell in mucous membranes.
- » Warning for therapists: Use chemical-resistant gloves. NEVER USE RUBBER GLOBES, because they dissolve and cause toxicity.

Protocol L: as in Lavatory (Bath Protocol)

Protocol L is a simple remedy consisting of a detox bath. It is a hydrotherapy alternative to eliminate the harmful effects of toxins accumulated in our organism and to strengthen and heal our bodies.

Our permeable skin is an organ capable of acting as an osmotic membrane, allowing an exchange to take place between the inside of our bodies and the surrounding exterior. In addition to ingesting CD, we can also absorb it directly through our skin. A larger quantity of ClO_2 enters the body fluids and interstitial tissue, and, according to those who have used this method, the results are quite fast, especially when combining the treatment with other protocols.

The whole surface of the skin is in touch with the ClO_2 gas for 20–30 minutes. For some people, this technique has provided the definitive experience.

Description of the process

1. Always use a clean bathtub. Do not put any soap or other chemical products in the water.
2. Activate 30–60 drops of CD with HCL 4% as the activator, in a glass. The number of drops depends on the amount of water used; use more chlorine dioxide for a bigger bathtub.
3. Fill the bathtub with warm (body temperature) water. Don't add any soap, perfume, shampoo, or children's toys and keep the bathroom well ventilated.
4. Add the activated CD to the bathwater and stir to mix it well. The amount of water does not reduce the amount of ClO_2 gas released.
5. Soak the whole body in the bathwater, including the head and scalp. Don't worry if water gets in your eyes; CD this diluted is harmless.
6. You can add hotter water later. The heat dilates the pores and aids the penetration of CD in the organism.

Notes:

- » Each bath session should last about 20 minutes, preferably in the evening, before bedtime.
- » Detox baths used as a complement to any treatment, are a very effective way of eliminating accumulated residue in our organism.
- » Open wounds tend to heal faster due to the disinfectant action of CD.

Useful information

Always use a clean bathtub. Do not use any soap or bath products. Tap water can be used since chlorine dioxide eliminates heavy metals by oxidation. People sensitive to tap water can pour very hot water and let it settle for a few minutes to allow the common chlorine contents to evaporate.

Detox baths with warm or hot water and 2–4 kilograms of simple sea salt absorb our body's acids through our skin. This process is known as osmosis, in which the density of two or more fluids tends toward equilibrium.

The higher density fluid passes through the skin towards the lower density fluid, creating equilibrium. So through the skin, acids and toxins flow out of our bodies, and the body absorbs the sea salt minerals. This is why iodized salt or any other salt with chemical additives is not recommended.

Protocol M: as in Malaria (high dosage)

The M protocol for malaria, developed by Jim Humble, is for people who don't have time for lengthy treatments and need a simple procedure with immediate results.

Procedure

1. The treatment for acute malaria in adults is one dose of 15 drops of activated CD, followed by a second dose of 15 drops of activated CD one to two hours later.
2. Most symptoms should disappear about three hours after the second dose.
3. If symptoms persist, patients take three drops per hour afterward.
4. In case of nausea, reduce the dosage.
5. Continue the treatment, but with no more than three drops per hour. For children, treatment is up to one drop for every 4 kilograms of body weight.

Patients who can't tolerate ingesting this amount at one time can fill three gel capsules with 5 activated drops in each one, and take them with abundant water. This method is sometimes easier and doesn't cause throat irritation.

If the patient is still sick after this procedure, it may be due to some other disease and not malaria. Malaria gets easily confused with dengue fever since both are transmitted by mosquitoes. While malaria is a parasite, dengue fever is a virus, and the appropriate treatment is the F protocol (Frequent—formerly, protocol CDS 115). Alternatively, you can use more advanced protocols.

Advanced malaria CD protocol

If the adult patient is very weakened:

- | | |
|--|-----------------------------|
| » 8 drops of MMS for the first intake (hour 1) | » 5 drops of MMS at hour 4 |
| » 5 drops of MMS at hour 2 (one hour after the first intake) | » 6 drops of MMS at hour 6 |
| | » 8 drops of MMS at hour 8 |
| | » 8 drops of MMS at bedtime |

Daily total amount: 40 drops

Notes:

- » Malaria should disappear with this protocol. If the fever does not subside, increase to one more intake with ten drops.
- » For babies: Four daily intakes of 1 drop every 3 hours. Increase two more drops if necessary.
- » For children: 5 daily intakes of 1 drop every 2 hours for every 12 kilograms of weight.
- » Administer for two days

Protocol N: for Nippers (Children) and Adolescents

Protocol N, for children, is based on the experiences and testimonials of many mothers.

- As a general rule for an initial hourly dose, we use a maximum of one drop of activated CD for every 12 kilograms of body weight, in 100 ml or more of water. CDS is often tolerated better than CD; use 1 ml of CDS 0.3% (3000 ppm) in 100 ml or more of water for every 12 kilograms of weight.
- Before starting any protocol, first check compatibility, to avoid any adverse effects.
- Always activate the drops on a 1:1 ratio, adding between 100 and 200 ml of water.
- Watch for any adverse reactions from the minor: fatigue, nausea, belly pain, vomiting, etc. to adjust the dose accordingly.
- Except for extremely critical and urgent cases, it's best not to administer any prescription drug or treatment to children under the age of one year.

Dosage (drops according to the child's weight)

5 kilos:	3 drops a day divided into ten intakes. The drops may be mixed with rice milk.
15 kilos:	6 drops a day divided into ten intakes.
30 kilos:	8 drops a day divided into ten intakes.
40 kilos:	12 drops a day divided into ten intakes.
60 kilos:	adult dose

Notes:

- » Avoid antioxidants and Vitamin C.
- » Keep all products out of the reach of children.
- » Try to use child-proof containers.

Protocol O: as in Ophthalmology, or eyes, ears and nose

Protocol O consists of the preparation and administering of eye, ear, and nose drops with the following procedure:

Mix the following in a small glass bottle with a polyethylene dropper (PE polyethylene is more durable than rubber):

- 50 ml physiological saline solution
- 5 ml of CDS
- 3 ml of DMSO 70%

Store the eye drops in a cool place away from the light to conserve 100% efficacy for up to about three days. After this time, they degrade rapidly, so you should prepare a new mix. Since the liquid is a disinfectant, there's no risk of infection, but its efficacy decreases after a few days.

Eyes

Apply five drops of the solution every 2 hours to the affected eye.

Ears

- **CDS:** Add 2–4 ml of 0.3% CDS (3000 ppm) to 30 ml (one ounce) of warm water. Fill the dropper and place it in the lying ear on the side, leaving it for 1 or 2 minutes and wipe the excess liquid with a tissue when rising.
- **CD:** Activate 2 to 4 drops of CD (1: 1) and then add 30 ml (one ounce) of warm water. Have the patient lie on one side with the affected ear facing upward. Fill the dropper and put the solution into the ear, leaving it for 1 or 2 minutes, then wipe off any excess liquid with a tissue.

Note: Protocol G (Gas) is the most appropriate for treating external ear afflictions; place a glass over the ear opening, allowing the gas to penetrate deeper. The affected area is often hard to reach with drops due to inflammation that narrows the ear canal.

Nose

To clean the nose, use 10 ml of the solution in each nostril 1 or 2 times a day, according to the following process:

1. Lean over a sink and turn your head so that the left nostril is facing down.
2. Insert the solution into the right nostril using a syringe. Water will flow through the left nostril.
3. Cover the nose to ensure the solution flows into the nostrils.
4. Lower your head move it up and down.
5. Turn your head to the side again and uncover your nose and let the fluid flow.
6. Repeat the same irrigation process with the left nostril.

For more information on how to clean the nasal passages, see the following video:

<https://youtu.be/orpf63wsLyo>

Protocol P: as in Parasites (intense protocol)

Protocol P (for parasites) is indispensable. Our current society has lost contact with the popular wisdom of our ancestors. Conventional medicine doesn't take into account parasites, as if they didn't exist anymore.



Fig. 30: A parasite in a blood sample

This twisted specimen in a blood sample (Figure 39) proves the opposite: they do exist, especially in chronic diseases.

Three-month deworming protocol

One forgotten ancestral practice is to follow the natural cycle of the moon for many of our routines. It is essential to start this treatment during the first three days of a full moon and continue during the waning moon. The results are better during this period because it is when most nematodes mate in the intestines. This protocol goes beyond a simple deworming and is designed to be used when other conventional treatments fail.

Throughout the treatment, but especially at the beginning, it is critical to use daily CD enemas and purge with castor oil, a mineral cathartic agent like Epson Salts or a mix of senna leaves. This treatment is specially designed for the elimination of large intestinal parasites, mainly roundworm nematodes such as *Ascaris*. It is effective against most nematodes but less so against tapeworms

such as the *Taenia* genus. Niclosamide is recommended to eliminate *Taenia*; it is effective and has a low level of toxicity.

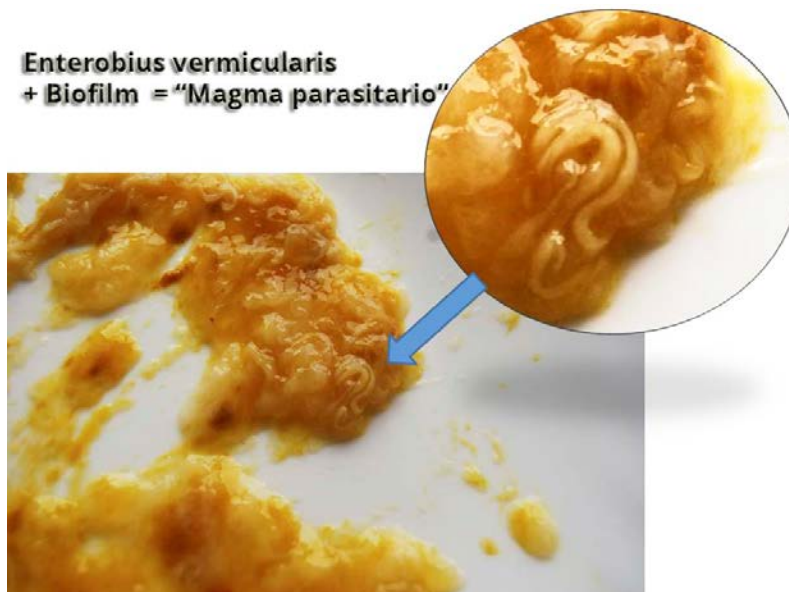


Fig. 31: Parasites inside biofilm, or parasitical magma

Children with autism and most chronically ill patients have excess mucus that is often hard to identify, resembling a dead *Ascaris* or, according to some, intestinal mucus. Intestinal mucus over 1 meter long have been found, and it is unlikely that these belonged to the patients. The University of Bologna in Italy claims that the mucus is from the body. However, Dr. Volinsky from the University of Florida, having performed a DNA analysis of the mucus, thinks this is foreign to the human body. My opinion so far is that this is a form of unclassified "parasitical magma," and hence, it doesn't show up on lab results. And my evidence comes from results.

More than 350 children have overcome autism with this protocol, and all of them expelled vast quantities of this "parasitical plasma" (biofilm), along with other parasites. After each elimination, they showed significant improvement.

The same thing happened with patients of many other chronic, supposedly incurable diseases. Although the efficacy of this protocol is undeniable, further research is needed to obtain scientific evidence, and I am seeking financial and academic support.

Note:

This treatment does not include the use of systemic antiparasitic drugs that are absorbed by the body. A high-end zapper such as the Biotrohn®, which eliminates parasites from the blood without poisoning, is preferable. This protocol is designed to be used with children, without causing an excessive toxic charge in the blood and body, due to its length and dosage.

Do not confuse Mebendazole with Albendazole (Albenza®), which is systemic and needs a doctor's prescription. If you notice an infestation of parasites in the blood, consult with a doctor to confirm it. Only after confirmation, systemic antiparasitic drugs (which will be absorbed by the blood) would be administered, according to the doctor's criteria.

Since the brands of these antiparasitic drugs differ across countries, we will use the name of the primary active chemical substance in this protocol. You should ask your pharmacist about the brand.



Fig. 32: Photograph of biofilm eliminated from a human intestine

Treatment:

Day 1

- Pyrantel Pamoate (morning only dose): 10 mg/kg, administered in a single oral intake, with liquids. When presented in liquid form, a 5-ml

teaspoonful contains 250 mg (three 5-ml teaspoonfuls for 60 kg). In tablet form, take three tablets for 60 kg.

- Diatomaceous earth (two doses): one teaspoonful twice a day with meals, preferably liquid. Morning and evening.

Day 2

- Mebendazole (two doses): 100 mg every 12 hours. One tablet in the morning and one in the evening.
- Diatomaceous earth (two doses): one teaspoonful twice a day with meals, preferably liquids. Morning and evening.
- Enema. Additional equipment needed: an enema kit with a 2-liter bag or container.

Day 3

- Two tablespoons of castor oil (tasteless from the pharmacy) on an empty stomach.
- Mebendazole (two doses): 100 mg every 12 hours. One tablet in the morning and one in the evening.
- Diatomaceous earth (two doses): one teaspoon twice a day with meals, preferably liquids. Morning and evening.
- Enema

Day 4

- Mebendazole (two doses): 100 mg every 12 hours. One tablet in the morning and one in the evening.
- Diatomaceous earth (two doses): one teaspoon twice a day with meals, preferably liquids. Morning and evening.
- Enema

Day 5

- Pyrantel Pamoate (morning dose only): 10 mg/kg, administered in a single intake with some liquid. When presented in liquid form, a 5 ml teaspoon contains 250 mg (three 5 ml teaspoons for 60 kg). In the tablet form, take three tablets per 60 kg.
- Diatomaceous earth (two doses). One teaspoon twice a day with meals, preferably liquids. Morning and evening.
- Enema

Day 6

- Two tablespoons of castor oil (tasteless from the pharmacy) on an empty stomach.
- Mebendazole (two doses): 100 mg every 12 hours. One tablet in the morning and one in the evening.
- Diatomaceous earth (two doses): one teaspoon twice a day with meals, preferably liquids. Morning and evening.
- Enema

Day 7

- Mebendazole (two doses): 100 mg every 12 hours. One tablet in the morning and one in the evening.
- Diatomaceous earth (two doses): one teaspoon twice a day with meals, preferably liquids. Morning and evening.
- Enema

Day 8

- Mebendazole (two doses): 100 mg every 12 hours. One tablet in the morning and one in the evening.
- Diatomaceous earth (two doses): one teaspoon twice a day with meals, preferably liquids. Morning and evening.
- Enema

Day 9 to 18 (first month)

- Two tablespoons of castor oil (tasteless from the pharmacy) on an empty stomach. Repeat as necessary. Stop in case of continuous diarrhea.
- Diatomaceous earth (two doses): one teaspoon twice a day with meals, preferably liquids. Morning and evening.
- **Neem infusion** (*Azadirachta indica*) (9 days). Three level teaspoons in one liter of water. Boil for 5 minutes and drink throughout the day. Neem capsules can also be used since the infusion is very bitter.
- Enemas: as continuous as possible.

Day 9 to 18 (second month)

- Two tablespoons of castor oil (tasteless from the pharmacy) on an empty stomach. Repeat as necessary. Stop in case of continuous diarrhea.

- Diatomaceous earth (two doses): one teaspoon twice a day with meals, preferably liquids. Morning and evening.
- **Epazote infusion** (*Chenopodium Ambrosioides*) (three days). Boil 1- 2 tablespoons of leaves in one liter of water for 10 minutes, let it steep, then strain.
- Drink a cup on an empty stomach for three consecutive days.
- On the remaining days, drink aloe vera gel with juice or water on an empty stomach.
- Enemas: as continuous as possible.

Day 9 to 18 (third month)

- Two tablespoons of castor oil (tasteless from the pharmacy) on an empty stomach. Repeat as necessary. Stop in case of continuous diarrhea.
- Diatomaceous earth (two doses): one teaspoon twice a day with meals, preferably liquids. Morning and evening.
- **Neem infusion** for nine days or drink an alternative antiparasitic infusion.
- Enemas: as continuous as possible.

If, after the third month, there are still parasites or excess mucus, the protocol can be repeated from the beginning.

Day 19 to 30 (rest)

According to the British Royal Society of Medicine, 90% of diseases and discomfort is directly or indirectly related to a blocked colon. Think of the colon as the body's sewage system. The toxins there get filtered to the blood, seriously deteriorating our health. On average, adults over 40 have two to twelve kilograms of waste in their colons. Parasites live in this residue, slowly and steadily intoxicating their host organism. They consume most of the beneficial nutrients in the foods that reach the digestive system, often leaving nothing but "garbage" for their host.

That explains how sometimes, even when we try to follow healthy diets and take vitamin supplements and other products, we don't experience any improvement. Sometimes we may get the opposite effect because we are feeding the parasites. One of the best methods to remove all that waste is "colon hydrotherapy," performed by a professional.

Enema treatments with just two liters of water can help to heal many diseases. Used by many cultures since ancient times, enemas are an easy and natural way to cleanse the colon. The liquid helps to eliminate the accumulated

toxicity in the bowels by killing the parasites. The massive death of worms can cause fever and fatigue and make us feel quite sick. Enemas evacuate the digestive system as quickly as possible, preventing toxins from reaching the bloodstream.

Enemas are an indispensable part of this treatment.

Parasites produce mucus or biofilm in the bowels where they can hide from the attacks of all drugs, so CD enemas play an important role. CD can penetrate the mucus and destroy the eggs and larvae dwelling there. Patients should do daily enemas starting on the second day and then progressively decrease to every 3–4 days. Make sure to listen to your body's needs.

Use 10–20 drops of CD with its activator, or 10–20 ml of CDS, in 2 liters of water. The dose can be increased, if tolerated. The important thing is to hold the solution inside for as long as possible, but not more than 5–10 minutes.

Parasite detection in feces. Look for worms by direct observation of the feces. You can use a plastic bowl and a stick to perform the exam after a bowel movement. A microscope is useful for the diagnosis, allowing the observation of tiny parasites in the blood as well as the presence of eggs or larvae in the feces. Observation will allow you to control whether the number of parasites is decreasing.

This treatment is highly effective with children who have trouble sleeping since worms are often the cause of discomfort and restlessness. A very common parasite is responsible for the onset of anxiety and other attention deficit disorders, especially in children.

Deworming drugs

Mebendazole (Lomper, Vermox)

Mebendazole has been in use since the '70s for the treatment of diseases provoked by helminths (gastrointestinal pinworms). The drug prevents the parasite from using glucose, prompting a reduction of energy and, eventually, its death. The gastrointestinal tract absorbs very little Mebendazole (approximately 5% to 10%). More is absorbed when administered in conjunction with fatty foods. It is metabolized to a greater extent in the liver. About 2% of administered Mebendazole is excreted in the urine, and the rest is eliminated in the feces. The right dose of Mebendazole differs from one patient to another, depending on the type of parasite causing the infection. The most frequently recommended dose is 100 mg twice a day for three days.

Adverse side effects from Mebendazole are rare, given its low absorption. It can provoke nausea, vomiting, abdominal pain and diarrhea. Frequently, these effects are caused by the release of toxins from the parasite when it dies.

Mebendazole can be administered rectally with a small rubber irrigation pump: 15 ml diluted with a bit of warm water is introduced with about 30 ml of water, allowing the liquid to reach the large intestine, where it acts overnight. This method is especially indicated for the treatment of enterobiasis. It does not interact with CD or CDS.

Mebendazole (Vermox) does not interact with CD

Mebendazole (Vermox) interacts with:

- Tagamet
- Zithromax
- Carbamazepine
- Ethotoin
- Amoxicillin
- Flagyl
- Penicillin
- Mephenytoin

Very important:

Drug interactions with Mebendazole (Vermox):

1. The most critical drug interaction is with Flagyl (metronidazole). **Very important! DO NOT take or administer mebendazole and metronidazole together.** When taken together, they can cause Stevens-Johnson syndrome, which can be very serious.
2. The second important interaction with Vermox is Tagamet (cimetidine). This is not a serious interaction, but it could result in a reduction of mebendazole's hepatic metabolism, causing a high concentration of serum/blood.

Pyrantel Pamoate (Trilombrin)

Pyrantel pamoate is a broad-spectrum anti-helminthic that acts by provoking neuromuscular blockage that paralyzes the parasite, before its expulsion in bowel movements. It does not excite the parasites or cause them to move elsewhere. Pyrantel pamoate has short-term effects and tends to be eliminated from the body through feces and urine in 3–4 days. The gastrointestinal tract barely absorbs Pyrantel pamoate. About 6–8% is found in urine, and the rest is eliminated in the feces.

The recommended dosage for adults, twelve years and over, is a single dose per day. 40-75 kg: 3 tablets. Adults over 75 kg: 4 tablets.

Warning: It is not compatible with the use of Piperazine, the chemical is found in pumpkin seeds, or with antiparasitic drugs that contain this substance, since and they cancel each other out.

Plants and minerals for deworming

Internal parasites are and always have been a concern for many cultures across the planet. Indigenous plants have been used since ancient times as cleansing treatments. The Western world and developed countries look down on these remedies, making us more vulnerable.

Some minerals and chemicals are beneficial for fighting internal parasites. There are a variety of treatment options:

1. Bentonite to remove deposits.
2. Vegetable carbon to absorb toxins.
3. Common clay and diatomaceous earth are among the most frequently used minerals.

In this case, we use diatomaceous earth, an effective agent for the destruction of intestinal parasites. In case of discomfort, we add activated carbon tablets to detoxify.

Diatomaceous earth

The treatment with diatomaceous earth should last for 18 days. Diatoms are unicellular plants that lived in the oceans millions of years ago. They developed a shell made up of the same silica they extracted from the water. When the diatoms died, the microscopic shells fell to the bottom of the oceans. Over time, massive deposits thousands of meters deep accumulated. When the oceans receded, these deposits were eventually uncovered, fossilized and compressed, producing a rock chalk powder called diatomaceous earth.

Diatomaceous earth is inert, nontoxic matter, rich in minerals like manganese, magnesium, iron, titanium, calcium, and silica, among others. Adequately pulverized, the diatoms' skeletons become microscopic siliceous needles that are harmful to parasites, fungi, candida, worms, and amoebas. These needles are harmless to humans and other warm-blooded animals. Since diatomaceous earth is harmless, it can be taken regularly. However, the best course of action (as always) is to take a break now and then.

Take a teaspoon twice a day for 18 days of treatment.

Castor Oil

Castor oil is extracted from the seed of a plant akin to the maple tree called ‘*Ricinus communis*,’ or ‘Devil’s Maple Tree.’ Its seeds are 50–80% oil, with a high content of ricinoleate acid. This oil has excellent laxative and cathartic properties. Treatments with drugs and medicinal plants may cause spastic paralysis of parasites. If there are enough of them together, they can create a “knot” of worms and provoke intestinal blockage. Castor oil can remove the blockage. Take it in the mornings on an empty stomach with some juice, tea or milk.

Doses

Adults: 15-30 ml (two large spoonfuls) on an empty stomach. Wait one hour before eating any breakfast or taking medication. If the patient has an intolerance for castor oil, Epson Salts or senna leaves can also be used as purgatives.

Children: one teaspoon for small children and two teaspoons for older children.

Another option is to take castor oil in capsules.

Neem (*Azadirachta indica*)

The neem tree is one of humanity’s most precious natural heritage. It has been used for medicinal cures for thousands of years. There are references to neem in Sanskrit scriptures, and Ayurveda medicine has used it since ancient times. Hindu medicine has acknowledged the healing and medicinal properties of neem since antiquity. Even today, Hindu villagers refer to this tree as “the people’s pharmacy,” due to its ability to alleviate many diseases. It is now authorized by Indian authorities to use in medicine. Neem is one of the most potent purifiers and detoxifiers in existence today. Neem has been used to fight all forms of parasites in the body, both internal and external.

Preparation and dosage:

1. Boil four leaves (the contents of a bag) in one liter of water for 5 minutes (if necessary, add stevia to combat the bitterness).
2. Drink the infusion throughout the day.
3. Continue the treatment for 9–10 days during the first month.

As an alternative to the bitter infusion, many people prefer to take tablets.

Epazote (*Chenopodium Ambrosioides*)

Also known as “paico,” and by the scientific name of *Chenopodium ambrosioides*, this plant grows in the wild in Central and South American countries. It has healing properties to alleviate digestive problems, reduce gas, and eliminate parasites and intestinal worms. In Mexico, it is a favorite ingredient for soups. Ascaridole is the active ingredient present in paico. It produces a paralyzing and narcotic effect on intestinal parasites, loosening their adherence to the bowel walls.

Dosage: For infusions, boil 2 tablespoons of leaves in one liter of water for 10 minutes. Let steep and drink a cup on an empty stomach for three consecutive days.

Other medicinal plants

There are other plants and herbs that you can use for deworming. After three months, if the problem persists, change herbs or repeat treatment with the most effective one. You can prepare mixtures with several plants and herbs, or use them individually.

The following plants, among others, can be used as alcoholic extracts, oils or infusions: walnut tree bark, *Artemisia annua*, calamus root, rue, *Artemisia absinthium* (absinthe), southernwood, mint, *Dictamnus albus*, tansy, yarrow, dandelion, clove, pomegranate root bark, male fern, calendula, hypericum, chlorophyll.

Preventive foods and diet

If faced with a parasite infestation, we should avoid certain food groups, such as dairy products, refined sugars (sucrose, fructose corn syrup), flours (especially refined ones) and excessively sweet foods in general.

On the other hand, there is a list of beneficial foods and plants that promote the correct internal balance of the organism, becoming our allies. No parasite survives for long, where there are adequate production levels of stomach acids and bile and enough healthy bacteria. Worms require an acidic environment created by sugar decomposition and the putrefaction generated by eating and drinking processed or unhealthy foods. Eating raw vegetables and drinking fruit juices is essential since they provide us with enzymes and other vital defense elements.

Sauerkraut (salt fermented cabbage)

Many people have a deficient level of stomach acid, which is the underlying cause of many intestinal problems. Without proper acid levels, the organism is not capable of defending itself from intruders. Sauerkraut is one of the most potent stimulants for the production of acid by your body. Non-pasteurized fermented foods (water kefir, soy sauce, miso, etc.) are highly recommended to stimulate the beneficial bacterial flora in charge of keeping parasites at bay.

Take a few teaspoons of cabbage juice before meals. Even better, drink the fermented cabbage juice from sauerkraut. It will do wonders for your digestion.

Garlic

Garlic, when consumed regularly, turns the stomach and intestine into a lethal environment for parasites, offering constant protection. Garlic is the home remedy par excellence for the natural removal of intestinal parasites. The Chinese, Greeks, Romans, Indians, and Babylonians all used garlic. It never lost its utility and is still used by modern medical professionals.

Both fresh garlic and garlic oil are useful.

1. The most common treatment is to eat three garlic cloves or take a teaspoon of garlic oil in the mornings.
2. You can also mix crushed garlic in a bit of cold water and drink it immediately.
3. Another recipe involves cutting four cloves of garlic and marinating them in milk overnight to drink the resulting liquid in the morning, on an empty stomach. This treatment may provoke vomiting.

Pumpkin seeds

Pumpkin seeds contain a substance called “piperazine,” which paralyzes parasites, allowing the host organism to eliminate them. Piperazine is available as a component of prescription and non-prescription drugs, as well in pumpkin

seeds, as mentioned above. This traditional method of deworming has been used around the world since the beginning of time. There are several effective traditional formulas, including the following:

Mix a cup of peeled and crushed pumpkin seeds (around 80 seeds) with coconut water and two tablespoons of honey. Eat the mixture over three hours on an empty stomach. To finish, take castor oil to provoke the immediate evacuation of the parasites.

Warning: Do not eat pumpkin seeds if you take Combantrin® because it cancels out the effect.

Papaya and papaya seeds

Papain, the digestive enzyme found in the papaya, is capable of decomposing the outer shell of an adult parasite. The milky juice of a green papaya is a long-reaching agent for the destruction of ascarids.

Adult dose: Mix a tablespoon of fresh green papaya juice with the same amount of honey and 3-4 spoons of hot water.

Two hours later, take a dose of castor oil mixed with warm milk.

Repeat this treatment for two days, if needed.

Children aged 7-10: Administer half this dose.

Children under 3: 1 level tablespoonful of the mixture is enough.

Papaya seeds can be used as well. They are rich in papain and caricin.

Procedure:

1. Prepare a mixture with the crushed fresh seeds.
2. Add one spoonful of honey for each spoonful of seeds.
3. Take a teaspoonful in the mornings on an empty stomach or before bed for ten days. Rest for five days and repeat the cycle, up to three times.
4. We recommend combining the treatment with a purgative.

Ginger

Ginger is effective not only for fighting intestinal parasites but also for reducing nausea and calming nerves. Fresh ginger, used for hundreds of years, has proven very successful in destroying intestinal worms.

The most common way of consuming ginger is raw or as an infusion. You can also add fresh and powdered ginger to many foods.

Propolis

Propolis has been in use for at least 3,000 years. Ancient Egyptians and Romans knew of it and we still use it today. We owe its name to the Greeks: “pro” meaning “in front of” and “polis,” meaning “city.” Propolis translates as “city defense” or “city defenders.” Thanks to the antibiotic action of propolis that protects them from viral and bacterial activity, beehives are one of the most sterile places known in nature. Multiple scientific studies have proven the anti-parasitic activity of propolis. It is recommended for treating giardia, amoebas, and Ascaris, as well as for intestinal infections caused by gram-positive bacteria.

- » Take 3 drops per kilogram of weight, or 3 capsules, 30 minutes before each meal.
- » For the treatment of parasites, take propolis for seven days on an empty stomach, diluted in water or fruit juice.
- » Seven-day cycles are recommended with a 7-day treatment period followed by a 7-day resting period.
- » Repeat 3–5 times to ensure the complete elimination of parasites or bacteria.

It is essential to repeat the treatment to thwart the reproductive cycles. Repeating the treatment at least three times ensures the effective elimination of parasites.

Propolis in tincture at 30% and propolis capsules are available on the market. Propolis has many advantages, including its high efficacy, high tolerance, and no side effects.

Pomegranates

Pomegranate peel contains an alkaloid called “punixin,” which is highly toxic to pinworms. We use a decoction of the root peel and tree bark or the fruit. The roots are preferable because they contain a higher quantity of alkaloids than the bark. This alkaloid is highly toxic to *Taenia solium*.

Administer a cold decoction of the bark, preferably fresh. The decoction is mainly used to expel the *Taenia solium*.

Adults: 90–180 ml, three times with 1-hour intervals between intakes. Take a laxative after the last glass.

Children: 20–60 ml

Carrots

Homemade treatments with carrots help to eliminate intestinal parasites in children. The chemical components in carrots attack parasites, impeding their development. It's one of the most effective natural treatments for children. Give them a small bowl of grated carrots in the mornings until the problem subsides.

Spices

The spices and herbs we use in our daily cooking can be effective weapons. They have been used since antiquity to control parasitosis. Among the most effective ones are turmeric, pepper, tarragon, thyme, cinnamon, cayenne pepper, and cloves.

Protocol Q: for Quenching Burns

Protocol Q is for treating all kinds of burns. There are different treatment methods:

1. For severe burns, it's best to **apply CDS 0.3% (3000 ppm) directly**, spraying it over the burn. Usually, this soothes the pain immediately.
 - You can **soak a cloth in CDS** and leave it on the affected area. The advantage of this method is that you can repeat the treatment over and over without having to wash the area since it doesn't produce a pH chemical burn.
2. An older application method for burns **uses of non-activated chlorite alone**, spraying it directly and leaving it for one or two minutes. Never leave non-activated chlorite for longer. With this method, chlorite is activated with the lactic acid produced under the skin, in the very pustules of the burn. Afterward, make sure to rinse off the chlorite residue with running water.

Experience has taught me that it's most effective to **combine both methods**: first use the non-activated chlorite, leaving it for one or two minutes, and then rinse it off with nothing but abundant water. Pain disappears immediately. If the pain reappears after a few minutes, use CDS 03%, spraying it over the affected area. Repeat several times every 30 minutes, depending on the severity of the burns. As a general rule, one to three treatments are enough to eliminate pain and promote healing without leaving scars.

Protocol R: as in Rectal with an Irrigator

Protocol R is specially designed for rectal application using a rubber irrigator or pump, with an approximately 100–150 ml capacity.

Procedure

1. Activate 6 drops of CD in a glass.
2. Add 150 ml of water at body temperature.
3. Absorb the solution into the irrigator, squeezing out the air inside.
4. Apply Vaseline or lubricant lotion to the tip of the irrigator.
5. Insert it into the rectum and empty the irrigator completely.
6. Hold the liquid in for about three minutes before evacuating.

That is the optimum protocol for anal fissures, hemorrhoids, and especially for prostate cancer, in which case it is repeated after each stool. It's a simple and effective protocol with no side effects.

Notes:

- » CD removes toxicity and disintegrates adhesences.
- » The elimination of toxicity reduces fatigue.
- » Most diseases originate in the gastrointestinal system.
- » CD removes biofilm, bacteria, candida, fungi, encapsulated fecal matter, and parasites.
- » The portal vein provides quick access to the liver from the colon.
- » Blood flows through the liver every three minutes.
- » The protocol is an easy and quick way of detoxing the liver and blood.

- » It is effective against chronic and autoimmune illnesses.
- » This method was known in ancient times and was common practice up until the '60s. It is currently less known because some consider it unsanitary.
- » It is an essential Hindu healing practice.
- » It is indispensable for detox therapies.
- » The large intestine is the body's sewer. One daily stool means intestinal health.
- » This protocol is a substitution for oral treatments in most cases.

Protocol S: as in Sensitive (low and slow doses)

Protocol S, or Sensitive protocol, is designed for people with a low tolerance for ingesting CD. Notably, with the old MMS activated with citric acid, there are reported cases of possible side effects like diarrhea and vomiting. Some people are sensitive to just one drop.

Through my work with children with autism, I discovered that chlorine dioxide might not eliminate large parasites. Many other parasites are likely affected by chlorine dioxide, and end up dumping all their residue at once into the affected organism. These toxins are the cause of intolerance. Those who have practiced treatments for deworming according to my protocol are later capable of taking high CD doses without any side effects.

We use CDS in this protocol because it's easier to tolerate and has fewer side effects.

Dosage

Day 1: Add 1 ml of CDS to 500 ml of water and drink it little by little the first day.

Day 2: 2 ml of CDS in 1 liter of water.

If you don't notice any adverse effects (and normally there aren't any), you can increase the dose every day, adding 1 more ml per liter of water, until building up to 10 ml of CDS per liter of water.

Note that the idea is to increase the dose slowly and progressively, without forcing the body at any time. If you feel fatigued, don't continue to increase the dose until the fatigue disappears. Since each body is different, you have to adapt the dosage to your needs. Once you build up to 10 ml per day, continue at this level until the next full moon, when you can start the parasite protocol. Follow this protocol as closely as possible to ensure effectiveness. While deworming, continue with the same CDS dose for as long as necessary until symptoms disappear entirely. CDS doesn't accumulate in the body because it's an oxidant.

Protocol T: as in Terminal (for very severe illnesses)

Protocol T is for terminal cases, failed by conventional medicine. We created this protocol based on the experience of a mother who healed her dying 26-year old daughter. When the girl started treatment, she weighed just 44 kilograms due to the effects of chemotherapy. Even though she was near death, she recovered completely.

Day 1: CDS 2 ml every 1 hour, 6–8 times a day

Day 2: CDS 3 ml every 2 hours

Day 3: CDS 4 ml every 2 hours

Day 4: CDS 5 ml every 2 hours

Day 5: CDS 6 ml every 2 hours

Day 6: CDS 7 ml every 2 hours

Notes:

- » During the following five weeks, 7 ml every 2 hours, 6–8 times a day.
- » Then for four weeks, 3 ml of CDS every hour, until total remission.
- » If CDS is not available, CD can be used, at a ratio of one drop of CD x 1 ml CDS.
- » Keep in mind that CD in high doses can cause diarrhea.

Protocol U: as in Urgent, (formerly, Clara's 6 + 6 protocol)

The Urgent Protocol is also called the Shock Protocol, 6 x 6, Clara's protocol, and other variants. It is used for one-time treatments of urgent but not serious conditions, and also to treat infections, such as urine infections (cystitis), kidney infections, ear infections, gastroenteritis, fevers, food poisoning, sudden vomiting or diarrhea, or any severe discomfort with no apparent cause. It can also be applied in cases of acute pain with a sudden increase of infection from an unknown disease.

Procedure

1. Drink 6 drops of activated CD in 200 ml of water.
2. Repeat the same dose (6 drops) 2 hours later.
3. You should see a definite improvement by the end of the day. If that is not the case, see an ER doctor.

Notes:

- » Adapt the dosage to the tolerance level of the patient. As an alternative, you can use 1 CD drop per ml of CDS, diluted in the same amount of water.
- » Keep in mind that, depending on the illness, you can reduce the dose to 4 x 4 (instead of the 6 drops indicated above).
- » People tend to tolerate CDS better, especially for treating stomach problems.

Protocol V: as in Vaginal, via irrigation

Protocol V is designed to treat female genital afflictions such as candidiasis, mycosis, polyps, cervical cancer or myomas. It's also useful to treat cystitis, kidney problems and sexually transmitted diseases since it prevents contagion. It can even serve as a contraceptive during the first hour after sexual intercourse since it immobilizes spermatozooids.

On the other hand, women who have taken it 12–24 hours before intercourse, have reported increased fertility, due to the elimination of vaginal pathogens, whether fungi, bacteria, viruses or parasitic protozoa.

The treatment can be administered with a vaginal irrigator from the pharmacy or with a simple, clear plastic water bottle.

There are two methods:

1. With a **vaginal irrigator**: activate 10 drops of CD or 10 ml of CDS for 1 liter of lukewarm water.
2. With a $\frac{1}{2}$ liter **plastic water bottle** (preferably with a long neck for easier insertion): Use 6 activated drops of CD or up to 6 ml of CDS at 0,3% for 500 ml of lukewarm water.
 - While sitting in the bathtub, insert the neck of the bottle into the vagina, squeezing the bottle and creating a back and forth flow of the solution.
 - Then try to hold it in for 3–5 minutes. Repeat, if necessary, a few hours later.
 - In some cases, the treatment needs to be repeated for a longer period.

Besides being available anywhere in the world, the main advantage of using the water bottle is that you can observe the contents afterward and check for candidiasis (white fluid) or trichomonas (yellowish-greenish fluid), which is a parasite.

Notes:

- » Try not to let in any air.
- » Use osmotic or sterilized water.
- » Use water at body temperature.

Precautions – very important!

DO NOT USE THIS TREATMENT ON Women who have been through surgery or have recently given birth. Wait at least 40 days after delivery or surgery.

Protocol W: as in Wow! It Can Also Be Used to...

To eliminate body odor:

CDS is a wonderful deodorant; it eliminates the cause of strong body odor, attacking and destroying bacteria and fungi. CDS is very effective against armpit odor, feet odor, etc. It can be applied by using undiluted CDS at 03% onto the skin. There's no need to remove it afterward. For easy application, use a spray bottle. CDS is much less corrosive than activated CD.

For brushing teeth:

You can brush your teeth with CDS; its neutral pH doesn't harm the enamel over time as CD would. At the same time, you will whiten your teeth and prevent cavities and other mouth problems.

Footbaths (to fight fungi, ulcers, wounds, etc):

Use 10–30 activated drops in a plastic container with 2–5 liters of water in a well-ventilated room for 15–20 minutes.

As a preservative in the refrigerator:

Prepare a 500 ml water bottle with 50 activated drops and leave it open inside the refrigerator door. Because of the cold, hardly any gas is released, but it is enough to help preserve fruit and vegetables for weeks and even months without getting moldy.

- This effect is akin to the “preservative atmosphere” in industrial plants that use it for meat packaging. You can use what's left of your homemade CDS production (the mixed solution) for this purpose.
- Store cheese in a closed container in a different place, as it naturally contains fungi and bacteria.
- You can also disinfect kitchen towels by pouring a little liquid from the bottle of the activated CD in the refrigerator.

To remove warts:

Some testimonials report that many warts fall off on their own after the patient ingests CD or CDS, but this is not always the case. One application is enough. Disinfect the area with diluted CDS. One procedure for removing warts is:

1. Rub the hard surface with an emery board, without causing bleeding.
2. Put a little Vaseline around the wart to protect the surrounding area.
3. Carefully apply a small drop of sodium chlorite (NaClO_2) without activating it, just on top of the wart, and don't wash it afterward.
 - The alkaline pH of the chlorite burns the wart, releasing acid that serves to activate the chlorine dioxide, which penetrates to the root of the wart.
4. The next day, the wart will be a reddish color and will soon fall off.
5. It should heal in 14 days, and the skin should look normal in a month, with no scars.

Protocol X: as in DetoX (to eliminate heavy metals)

Protocol X is used to treat metal poisoning, currently prevalent due to all the metals in alloys, pesticides, fungicides, paints, dissolvents, dyes, polishes, textiles, domestic appliances, cosmetics and numerous other products. Metals are also present in the air we breathe, from the incineration of industrial residues, factory smoke, car fumes, etc.

Removing Metals

Heavy metals are hazardous substances; our bodies can't metabolize them and have difficulties in eliminating them as well. Metals accumulate in the kidneys, nerves, fat, bones, skin, lungs, thyroid glands or the brain, with severe consequences.

- Start with Protocol B (Basic protocol) for three weeks and then rest for one week.
- Depending on the degree of poisoning, repeat the treatment for three whole months. After this period, metal levels should be lower.
- To ascertain the results, do blood tests rather than the hair test (even though the latter is much more affordable).

Depending on the type of metals, you may need to build up to a relatively high dose for a relatively long time. Mercury, for instance, has an oxidative potential of 0.82 in standard conditions. Chlorine dioxide, having a higher potential, can oxidize it to be eliminated later through urine.

Protocol Y: as in HYpodermic—CDS injections

There are several ways of using CDI (Injectable chlorine dioxide).

Only research professionals in the health sector should perform this type of treatment.

A harmless and easy method for this protocol is injecting subcutaneous blebs or bubbles.

The protocol consists of injecting 5–10 ml of CDI bubbles with a concentration of 50 ppm (0,005%), close to the affected area. Repeat, if needed.

In Chapter Five, we describe how to prepare the correct concentration.

This protocol is also used to treat serious diseases such as Amyotrophic Lateral Sclerosis (ALS), or Lou Gehrig's disease, which is a degenerative neuromuscular disease that provokes progressive muscle paralysis and usually results in death when treated with conventional medicine.

To make intravenous injections (by Dr. G. Leon)

- Start with an oral treatment for at least a month, to detoxify.
- CDI must not exceed 5% of the injectable solution or serum.
- The application must be increased progressively and slowly, starting with 5 ml in 100 ml of solution, every five days, three series.
- Increase to 12.5 ml in 500 ml of solution, for three series, every seven days.
- Increase to 25 ml of CDI in 1000 ml of solution every seven days.
- Infusion time should be as long as possible to increase the exposure period.
- It's a good idea to take Acetylcysteine and Silymarin every six days.
- Use a 22 caliber vial.

I would like to thank the surgeon, Dr. G. Leon, for his research on the parenteral use of CDI and the data provided from the results. He has Amyotrophic Lateral Sclerosis (ALS), and, as a result of the treatment, the disease stabilized, and he no longer requires assisted respiration at night. At this time, he can even stand on his own again.

Protocol Z: as in Zapper (Biotrohn) - frequency generator

Protocol Z, or the Zapper protocol, uses a frequency generator of rectangular impulses for therapeutic use. The premise is that the device can create a resonance with (emit the same frequency of) the selectively targeted pathogens. The pathogens get agitated and die, without affecting the body.

The first Zappers sold were the models from Hulda Clark and Robert Beck. Years later, there are now much more advanced devices on the market with a wide price range. After testing many of them, I can confirm that there is a vast disparity in quality and efficiency. In my opinion, it's better to spend a little more.

I carry the Biotrohn® from Medalab with me on all my trips. It has been a loyal travel companion, saving me when other remedies failed. With impressive efficacy, it is probably still the most professional device on the market, at an affordable price. That doesn't mean there aren't other brands that also work admirably. I like this device because it is user-friendly and has over 130 programs for all kinds of diseases, which combine perfectly with all the protocols in this book, whether viral, bacterial, fungal or parasite-induced. It includes Hulda Clark's and Robert Beck's programs and many others for treating terminal diseases like cancer, among others. Another advantage is that a therapist can add new presets using a default program, without having to purchase them at hefty prices.

I intend to research this type of treatment further. I predict a bright future for zappers based on their efficiency and the fact that they have no harmful side effects.

In the end, I think all that we are and feel can be reduced to electromagnetic frequencies.

Calcium Hypochlorite (MMS₂) Protocol

I do not personally advocate this protocol, and it is not in the A-Z list because it has caused side effects to many people. While the concept is theoretically correct, and it has worked in numerous cases, something else happens in practice. We don't have water in the stomach. We have a chemical combination of hydrochloric acid, pepsin, and many other substances. That explains the many reported cases of incompatibility, causing stomach pains and discomfort. While the premise is sound, we need further scientific research to guarantee that the treatment is harmless. Nevertheless, documented reports claim that it has helped many people, which is why I explain it here.

Calcium hypochlorite capsules are Jim Humble's idea. He calls it MMS₂ for severe illnesses, such as cancer and HIV/AIDS.

Calcium hypochlorite is only allowed for water purification. When it contacts water, it produces hypochlorous acid. This acid is also generated in the body to neutralize pathogens. In general, severely ill people don't produce enough hypochlorous acid.

Jim Humbles' protocol

- Jim Humble recommends first drinking two glasses of water.
- Then take a capsule of MMS₂
- And then drink another large glass of water.

According to Jim, besides the oral ingestion of standard MMS, a person can take up to two capsules of MMS₂ per day. At first, you can reduce the MMS₂ dose by opening the capsule and dropping out part of its contents.

Under no circumstances should you use the loose powder; it can provoke severe burns!

Since chlorine is a universal disinfectant and hypochlorous acid (HClO) is the active component in chlorine, HClO, in high concentrations, works wonders as a surface disinfectant and to destroy hospital waste. It is a high-level disinfectant. Calcium hypochlorite, as it dissolves in water and comes into contact with stomach fluids, will likely turn into hypochlorous acid (HClO), which is a

chemical used to disinfect drinking water, like sodium chlorite. Our bodies and immune system use this chemical. Myeloperoxidase is in charge of manufacturing hypochlorous acid in the organism. The essential idea of the theory is that if we have a deficiency of this chemical, we won't have enough HClO, which is needed to eliminate harmful pathogens.

HClO reacts with HCl to form chlorine gas:



- Calcium hypochlorite reacts with ammonia.
- Hypochlorous acid reacts slowly with DNA and RNA, as well as all nucleotides “in vitro.”
- Hypochlorous acid and the hydroxyl radical are cytotoxic, and this is the reason they are used by neutrophils to kill bacteria and other pathogens.

Summary and maintenance protocol

- Remember that CD should always be used in combination with the activator on a 1:1 ratio. Always store the activator in a separate bottle.
- CDS has a yellow color, and the CD gas is captured in the water. It has a neutral pH and doesn't cause a secondary reaction with stomach acids.
- The correct dosage is the one that doesn't cause discomfort, nausea or diarrhea. If this happens, reduce the dose but continue treatment.
- Many repeated small doses are more effective than larger doses taken only mornings and evenings.
- Avoid all forms of Vitamin C or artificial antioxidants for two hours before and after the CD or CDS intake, because they reduce the effectiveness of the treatment.
- Follow an appropriately healthy diet to protect your immune system.
- We no longer use citric acid (classic MMS).

Many people may not understand the importance of taking maintenance doses of CD or CDS every day or at least twice a week. This routine helps to keep our lymphatic system clean, increasing our cellular oxygen, which allows for the alkalizing of the body. As with everything else, don't overdo it, but many small doses make a big difference.

Keep in mind that in the last 50 years we have witnessed the appearance of numerous new diseases: Ebola, Chikungunya virus, AIDS, hepatitis C, avian flu, swine fever, Lyme's disease, Morgellons' disease and an endless list of others we now face. Millions of people suffer and die due to illnesses that are, in many cases, human-made or induced by industrial food.

The contamination in our bodies from toxic chemicals and heavy metals creates the ideal environment for infestations from all the parasites that surround us in our daily lives, present even in the food we eat.

Let's be clear: Chlorine dioxide is highly effective, but it's not a cure-all. While it can eliminate bacteria like the "Pseudomonas aeruginosa" in a Petri dish, this is not so easy in the body, where they are harder to control. Other pathogens, such as microaerophiles and the spirochetes that cause borreliosis, can reside deep in tissues and are, to date, very difficult to eliminate, even with chlorine dioxide. However, there are many success stories, and very few that didn't obtain the desired results.

Likewise, while CD and CDS eliminate most toxins, they can't kill large intestinal worms. That is why an accompanying deworming treatment is vital, especially in people who handle animals or live with pets that have not been dewormed for over a year.

Remember that when parasites die, they can generate even more toxins for the organism (for instance, in the form of ammonium), which can cause healing crises that present adverse reactions (dizziness, vomiting, diarrhea and general discomfort), all indicating the presence of parasites.

Therefore, anyone who improved with chlorine dioxide in the first few months but then relapsed must first perform a deworming treatment, followed by another treatment with chlorine dioxide, which will aid the final detoxification of parasite waste in the body. Chlorine dioxide kills pathogens, oxidizes heavy metals and destroys most poisons.

The maintenance protocol is Protocol A. This simple and easy protocol works with maximum effectiveness to keep our immune system functioning. It helps prevent flu and colds, cancer and many other deadly diseases caused by excessive acidity in the body, coupled with a lack of cellular oxygen. A small quantity of CD/CDS ingested frequently seems to prevent the formation and

development of cancer. If you show symptoms of any other disease while taking this preventive or maintenance protocol, you should change to another appropriate protocol until symptoms have disappeared.

Some patients lack the discipline to follow the chlorine dioxide protocols, which is frequently the real cause of their failure. Experience has proven that those who closely adhere to the treatments have had demonstrable success fighting chronic, severe and even terminal diseases, giving truth to the phrase:

“Incurable was yesterday.”



Chapter Four

In this chapter, we will describe many diseases often considered incurable or hard-to-cure, and their corresponding treatments and results, endorsed by real testimonials. While testimonials may not be scientific, they **are helpful** for those who suffer.

- Abscess
- Acne
- Acute Proliferative Glomerulonephritis (Nephritic Syndrome)
- Aphthous Stomatitis (Canker Sores)
- Allergic Rhinitis
- Allergy
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- Amyotrophic Lateral Sclerosis (ALS)
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- Depression
- Diabetes
- Diarrhea
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- Ebola
- Epstein-Barr's virus (Cytomegalovirus)
- Erectile Dysfunction
- Escherichia coli
- Esophagael Cancer
- Fibromyalgia
- Flu
- Fractures
- Fungi-mycosis
- Gastritis
- Gastroenteritis

- Gingivitis (See Periodontitis)
- Gonorrhea
- Gout
- Headaches
- Heavy metals
- Hepatic Cirrhosis
- Hepatitis
- Hernia
- Herpes (zoster, genital)
- High Cholesterol
- HIV/AIDS
- HPV (Human Papillomavirus)
- Hyperthyroidism
- Infection
- Kidney cancer
- Leukemia
- Lichen sclerosis
- Liver cancer
- Lou Gherig's (see Amyotrophic Lateral Sclerosis—ALS)
- Lung cancer
- Lupus
- Lyme's disease
- Lymphoma
- Malaria
- Meningitis
- Migraine
- Mononucleosis (Epstein-Barr virus)
- MRSA (Staphylococcus aureus)
- Multiple Sclerosis
- Nephritis (Acute Proliferative Glomerulonephritis)
- Osteoarthritis
- Osteomyelitis
- Osteoporosis
- Otitis
- Ovarian cancer
- Pancreatic cancer
- Papillomavirus (see HPV)
- Peptic Ulcers (Helicobacter)
- Periodontitis (See Gingivitis) Pneumonia
- Prostate cancer
- Prostatitis
- Psoriasis
- Pneumonia
- Acid Reflux
- Renal Calculus (Kidney stones)
- Renal failure (Nephritis, Acute Proliferative Glomerulonephritis)
- Renal Ischemia-reperfusion
- Rheumatoid Arthritis
- Sarcoidosis
- Scabies
- Schizophrenia
- Sciatica
- Sinusitis
- Sjögren's Syndrome
- Skin rash
- Staphylococcus (MRSA)
- Stomach or gastric cancer
- Thyroid cancer
- Tongue cancer
- Tonsillitis
- Tuberculosis
- Tumor
- Typhoid Fever
- Ulcerative Colitis
- Uterine cancer
- Uveitis
- Varicose veins
- Venous (Diabetic) Ulcers
- Venous Thrombosis
- Vesicular Stomatitis
- Vitiligo
- Warts
- Wounds

Abscess

An abscess is an accumulation of pus in tissues anywhere in the body, caused by infection. Abscesses can be external and visible, or internal. They may result from a bacterial infection, wound, boil or folliculitis.

Symptoms

Symptoms can include:

- Fever or shivering (in some cases)
- Swelling around the affected area
- Hardening of the skin tissue
- Skin sores such as open or closed ulcers or lumps
- Redness, pain, skin that feels warm to the touch
- Secretions

Testimonial

The following is a personal testimonial.

A few months ago, one of my fillings fell out. I didn't go to the dentist for about a week; I just brushed my teeth several times a day, but eating was very painful. By the time I finally went to the dentist, the pain was unbearable and had extended to my jaw. My dentist removed the remains of the filling and fixed my tooth with resin, as I requested. I wanted to remove all the metal from my mouth. He asked me to come back in a week to see how it was progressing.

As agreed, I went back a week later, since I still had pain from eating, especially meat (fiber), which would get stuck between the gum and the tooth, bothering me. My dentist said there was no other option but to perform a root canal or pull the tooth.

I looked at him and said: "Give me one week, and I'll let you know." When I came back home, I started the following Treatment

1. Put 1 ml (1cc) of CDS (Chlorine Dioxide Solution) in a small glass. That is equivalent to approximately four drops of MMS activated with four drops of citric acid. If CDS is not available, use MMS as stated.
2. If you are using MMS, wait at least 1 minute before adding 1.5 ounces of distilled water. When using CDS, there's no need to wait.
3. Add 20 drops of DMSO 70%.

4. If you only have the 99% pure (undiluted), then you have to dilute it down to 70% DMSO by adding 30% distilled water.
5. Put this solution in your mouth and hold it over the affected tooth for one to one and a half minutes. Then spit it out, no need to rinse your mouth. If you wish, you can rinse a little with some distilled water.
6. Repeat this procedure at least three times a day, especially after each meal and after brushing your teeth. In about 48 hours, the pain should disappear. You may notice an improvement on the same day. Depending on the degree of the infection, continue this procedure for five more days. If the tooth bothers you again, continue for two or three more days.

My tooth is safe and sound, and I didn't need to pull it or have a root canal.

Source: <http://terapiasnaturales.ml>

Treatment

Appropriate treatment, in this case, would involve using Protocol D (Dermatological), 2–6 times a day in case of an external abscess, combined with Protocol C or B as an alternative for three weeks. For a hard-to-cure abscess, you can also use Protocol Y.

Acne

Acne is a skin alteration characterized by the presence of pimples. Our skin is covered with small holes (pores) that connect to sebaceous glands through a channel called a follicle. Within the follicle, sebum transports the dead skin cells to the skin surface. Pimples form when the follicle is plugged.

Symptoms

Acne may or may not cause swelling. Non-swelling conditions may include open or closed “blackheads.” Swelling acne may have reddish pimples, pustules, nodules and cysts. The latter two are the most severe as they can leave scars, the primary repercussion of acne.

Testimonial

Gabi from K. (México) – 8/5/11

I would like to take this opportunity to relate my experiences with MMS. I first heard about MMS from a friend who was enthusiastic about the discovery. Encouraged by her enthusiasm, I searched the Internet to find out about MMS, and I found your website “by chance.”

Then I bought the book, I ordered the drops, and when I had everything ready, I started putting off the first intake. Well, I had just started taking the meds my doctor had prescribed for me and was feeling nauseous all the time, so I was afraid it would make things worse.

So, the book remained on my kitchen shelf for about two weeks. I didn't realize that my 16-year old son had gotten hold of the book and was reading it. All of a sudden, he came to me asking for the MMS I had ordered. He had read the book and wanted to try it. At first, I scolded him because he had no health issues and also because I wanted to try the drops on myself first and check that they would work without problems. But he had made up his mind and started with the first mix.

I wasn't feeling too confident and was worried about what could happen. As an excuse, I should say that I am easily scared and always have a “yes, but...” attitude.

Luckily, nothing really “happened,” and that's what I didn't count on, to be honest. After a couple of days of drinking 15 daily drops of MMS about an hour after dinner, we could see its success. My son had been suffering from very severe acne on his face and his back. He has tried endless drug therapies and creams to no avail. And now he could see a clear improvement. After three weeks, there were no more new pimples, and the “old ones” had turned light pink, nearly the same shade as the healthy skin tone. After four weeks, there wasn't a single pimple left.

He never felt discomfort after the intakes, and we didn't observe any side effects. You can't imagine the positive change this has meant to him!

I am now taking MMS and will be able to relate my own experiences in a while. Hopefully, this report will help to encourage someone still on the fence about MMS.

With warm regards, Gabi from K.

Source: <http://mms1.mexico-foro.com/t124-acne-muy-grave-en-la-cara-y-espalda>

Treatment

Appropriate treatment, in this case, would consist of using Protocol D (Dermatological) 2–3 times per day combined with Protocol C for three weeks.

Acute Proliferative Glomerulonephritis

(Nephritic Syndrome)

Acute proliferative glomerulonephritis is an infection caused by a species of streptococcus bacteria. It is a disease of unknown cause for which conventional medicine has failed to provide an adequate pharmaceutical solution. Streptococci bacteria provoke the inflammation of the small blood vessels in the kidneys' filter units (glomerulus), limiting its ability to filter urine. In this case, however, the infection doesn't manifest in the kidneys, but in other areas, such as the skin or throat.

Symptoms

Symptoms include reduced urination, reddish urine, abdominal swelling, or swelling of the face, eyes, hands, feet, and ankles, visible blood in urine. It can also manifest as joint pain and stiffness.

Testimonial

Testimonial 4383, Friday, March 9th, 2012

I suffer from chronic glomerulonephritis (a renal disorder), but after just two weeks taking MMS, my tests have improved significantly. Amazing!

Treatment

Appropriate treatment, in this case, would be Protocol A (amateur) for two weeks followed later on by Protocol C (CDS) or Protocol B (basic) as an alternative, for three months.

Aphthous Stomatitis (Canker Sores)

Aphthae are ulcers that can show up anywhere in the mouth cavity: tongue, lips, gums, throat, uvula, etc. They are whitish (sometimes yellowish), oval-shaped sores, not too deep and with no pus, bacteria or other signs of infection.

Symptoms

Aphthous stomatitis presents as a lesion or ulcer anywhere in the mouth. Typically, it is not accompanied by fever, although it is often painful and can cause difficulties in eating, talking or kissing. It starts with a burning sensation where the future ulcer appears.

Testimonial

Since I have been taking MMS, I've had excellent results. I suffered from recurrent oral aphthae. As the name indicates, the sores reappear now and then and sometimes take over a week to heal. Once I took MMS, they disappeared overnight! And best of all, they never came back! It's been two months since the last outbreak, and this, for me, is a record. It also helped in the remineralization of my teeth, and now the sensitivity I had is gone.

My health as a whole has improved a lot since I am taking MMS, and I can only speak wonders about it. I recommend it to all my friends, especially to those who have been condemned by allopathic medicine to take drugs for life, which does not cure them of their illnesses while provoking new ones.

Source: <https://testimoniosmms.com/?s=afta>

Author's note: Dr. Serra, of the "Discovery Salud" health magazine, claimed recovery from aphthous stomatitis in 24 hours.

Treatment

Appropriate treatment, in this case, would be to use Protocol J (mouthwash) for three weeks. You can combine it with Protocol C.

Allergic Rhinitis

Allergic rhinitis, or hay fever, is a chronic inflammatory disease of the nasal mucous membrane that can be caused by an allergic reaction to dust mites, fungi or animal epithelial cells.

Symptoms

The most frequent symptoms are itching, nasal congestion, a runny nose, and occasionally, loss of sense of smell.

Testimonial

ROSARIO M.

About 20 days ago, I bumped into information about MMS. Being a chemical engineer, it caught my interest.

I have suffered from throat conditions and allergic rhinitis my whole life. I never wanted to remove my tonsils, so they are quite large; they swell up and are like balls of mass that cause pain, discomfort, bad breath and hoarseness to the extent that I don't like to talk very much because I start coughing and having to clear my throat.

On the first day, I started taking two drops in the evening and two more drops one hour later, before going to bed. The first thing I noticed was that my nose cleared up, and the next day, I woke up without that thick saliva that was always there in the mornings. I slept placidly all night, and the next day, I continued the treatment, taking three drops every hour for 8 hours. My throat is clean, and my nose clear. [...]

Many people would like to know more about MMS, and I have provided them with the information at my disposal. I know about ten people who use this product. Some are sick, and others take it for health maintenance. I hope I can share all their healing testimonials soon.

I forgot to mention that I used MMS topically and for gargles. I also use it as toothpaste, and I can say it leaves my teeth clean and without tartar.

Treatment

Appropriate treatment, in this case, would be Protocol C (as CDS) or B (basic) combined with Protocol O (Ophthalmology: eye, nose and mouth).

Allergy

Allergy is a disease for which conventional medicine hasn't provided an adequate pharmaceutical solution. It's an overreaction (hypersensitivity) of the patient's defensive immune system that identifies harmless substances as threats. Among these are the pollen of some plants, dust mites, and many others that are tolerated by most people.

Symptoms

When an allergen (a substance that provokes the overreaction) penetrates the organism of a subject that is allergic to it, their immune system responds by producing many antibodies called IgE (immunoglobulin E). The repeated exposure to the same allergen provokes the release of chemical mediators, mainly histamine, which produces the typical allergy symptoms.

Depending on the organ where the released mediators act, these symptoms can include:

- On the skin: erythema, angioedema (swelling) and rash (itching) as well as itchy sores (welts), hives and dermatitis.
- In the bronchial tubes: bronco-spasms, swelling and increasing secretions (asthma).
- On the nasal mucous membrane: swelling and itching that leads to sneezing and increase of mucous secretion (rhinitis).
- In the digestive tract: diarrhea, vomiting and abdominal pain (food allergy).

When the contact with the allergen is more systemic (e.g., inoculation of hymenopter poison from bee stings, drugs or food), there can be effects on other organs, or even on several organs (hives, bronco-spasm, arterial hypotension, heart palpitations), something also known as anaphylactic shock.

Testimonial

15.05.11 – Pollen allergy

For a few years after my tonsillectomy, I suffered from a pollen allergy, that it lasted longer and longer every year. Two years ago, I discovered Jim Humble's book and MMS. The wound healed, but only for six weeks. Before that, I read many success stories and learned that MMS also cured allergies. At that time, I was having trouble with my ears, and I thought, "It's now or never."

I started with 15 drops mornings and evenings for a week. Then I reduced the dose, as required for the Biotens consultation. I continued taking the reduced dose for three and a half weeks of continuous treatment and also did nasal irrigations with salt. Now I feel great and am very grateful. The friend who recommended me MMS has also been successful. Thank you, Jim Humble!

Source: http://www.jim-humble-mms.de/erfolgsgfaelle/pollen_allergie.php

Author's note: Chlorine dioxide oxidizes histamine, the cause of allergies.

Treatment

Appropriate treatment, in this case, would be Protocol C or B as an alternative combined with Protocol H for three weeks.

Alzheimer's Disease

Alzheimer's disease (AD) is a disease of unknown origin for which conventional medicine hasn't provided an adequate pharmaceutical solution. It is a neurodegenerative disease, which manifests as a cognitive decline and behavioral disorders. Typically, it's characterized by short-term memory loss and deficiencies in other mental capabilities, as nervous system cells (neurons) die and different parts of the brain atrophy as a result.

Symptoms

The ten most usual symptoms and signs of this disease are memory loss, difficulty to perform familiar tasks, language problems, disorientation in time and space, lack or reduction of judgment, problems with abstract thought, loss of objects, mood or behavioral swings, personality changes and loss of initiative.

Author's note about mercury and aluminum in the vaccines:

"A recent study of people who received flu vaccinations found a regular pattern: those who had five consecutive flu vaccinations between 1970 and 1980 (the years covered by the study) were ten times more likely to develop Alzheimer's than for those who received one or no vaccinations."

Testimonial

Guillermo Veliz Ilabaca

I have been taking MMS for some time, and I feel much better. To be honest, I bought it thinking of my mother, who is nearly 92. She has Alzheimer's, and that distances her from reality. She has made significant progress since I started giving her MMS, even though I only give her two drops a day.

Source: <http://lei971.blogspot.com.es/p/casos-de-cura.html>

Treatment

Appropriate treatment, in this case, would be Protocol C continuously, or B as an alternative. Combine it with Protocol K (with DMSO) applied to the back of the neck and the spine for three weeks before resting one week. Also, combine with Protocol L for the patient's baths. Repeat the same protocol every month.

The treatment can be combined with 2000–3000 mg of niacinamide, also known as nicotinamide, or Vitamin B3. Niacin or nicotinic acid belongs to this group, and while it tends to provoke diarrhea, it's the most recommended.

Amyotrophic Lateral Sclerosis (ALS) – Lou Gehrig's Disease

Amyotrophic lateral sclerosis is a disease of unknown origin for which conventional medicine hasn't provided a pharmaceutical solution. It is a degenerative neuromuscular affliction, also called "Lou Gehrig's disease." It occurs when cells in the nervous system, called motor-neurons, gradually decrease and die, provoking a progressive muscle paralysis and death. In its advanced stages, patients suffer total paralysis accompanied by uncontrolled reflexes (the result of the loss of motor neurons that provide muscle control). Most ALS patients die due to respiratory failure when the chest muscles start failing.

Symptoms

Not all ALS patients experience the same symptoms and progression. However, all of them experience weakness and progressive muscle paralysis. They drop objects and trip; they feel unusual fatigue in the arms and legs, manifest speech difficulties, and suffer from muscle cramps and nervous tics.

Muscle weakness leads to difficulties walking and coordinating extremities (especially the hands, making it a challenge to perform daily tasks). The spread of this degeneration and paralysis to the thorax ends up causing the inability to chew, swallow and breathe, making patients resort to artificially assisted respiration.

Little by little, abnormal muscle movements appear, such as facial tics, spasms, twitching, cramps or weakness, or a loss of muscle mass or weight. The progression of the disease tends to be irregular or asymmetric (different in different parts of the body). Sometimes, it is very slow, developing over many years with periods of stability and a variable degree of disability.

Testimonial

Dr. Gustavo León 17/06/15

At the time of writing, my health status is good, with no involution. Exercise tires me, but I recover nicely. I have a good appetite and eat all types of food. I don't have difficulty drinking. I don't use thickeners. I sleep on my back, without artificial respiration. I haven't experienced any mood swings. I don't present spasticity or hyperreflexia, and facial twitching only occasionally appears after exercise and is very mild.

Treatment

The proper treatment for ALS is restricted to administration by health professionals only, and has been developed in conjunction with Dr. Gustavo León.

1. Start with an oral treatment for at least a month, to detoxify.
2. The CDI dose must not exceed 5% of the injectable solution.
3. Application must be slowly increased starting with 5 ml in 100 ml of serum every five days, in three series.
4. Increase to 12.5 ml in 500 ml of serum, three series, every seven days.
5. Increase to 25 ml of CDI in 1000 ml of serum, every seven days.
6. Injection time must be as long as possible to increase exposure time.

7. Recommendation: Every six days, take acetylcysteine and silymarin.
8. The caliber of the vial to use must be 20–22.

Author's note: I would like to thank Gustavo for his testimonial and the parenteral protocol in this case. I wish him strength and courage with all my heart.

Anal Fistula

An anal fistula is an abnormal connection between the internal surface of the anal canal and the perianal skin. Fistulas can develop inside the anus and be undetectable.

Symptoms

- Pain in the area of the fistulous tract during depositions.
- Irritation in the anal area at the point of exit of the perianal fistula.
- Continuous or intermittent discharge that often stains the patient's underwear.
- Itching and burning in the anal localization of the fistula.
- In case of infection, fevers are possible. As patients must be at rest, they may experience muscle pain.

Testimonial

Dear Jim,

My name is Vicente, and I am writing to you from Campania in the South of Italy to thank you for saving my brother's life.

In May this year, my brother was suffering from an anal fistula for the fourth time. He has been suffering from it since 2001. The first occurrence was in 2001, and he was confined to bed for 40 days. During that time, he was hospitalized on two occasions for four days for treatment.

The second time was in 2004. Again, he had to stay in bed for about 30 days and was hospitalized on two occasions for four days for treatment.

The third time was in 2008. He was only bedbound for a week. He went to the hospital, and the doctors told him there was nothing wrong.

The fourth time was this year, and he was very ill. He couldn't walk, his legs and feet hurt, and he was distraught. He told me he had never felt that bad in his whole life.

Then I started to treat him with Protocol 1000 (Protocol B). I gave him three drops of activated MMS every hour, and I sprayed the affected area continuously with a bottle of 40 activated drops of MMS.

After taking MMS for 24 hours, his legs and feet started to feel better, and he could stand up and walk slowly. By the third day, he didn't feel any pain at all, and we were all thrilled. On the fourth day, he went shopping with his wife. He was feeling great. On day five, he returned to work and said he was feeling stronger than ever, full of energy. Both he and I have been taking six drops of activated MMS every day as maintenance. He told me he's now doing things he couldn't do earlier because of back pain every time he tried to move or raise objects around him. He is now completely healthy. God bless Jim and everyone with you on this.

Vicente (Italy)

Source: <https://espanol.groups.yahoo.com/neo/groups/mmscdsgdl/conversations/topics/159>

Treatment

The appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic) combined with Protocol D (dermatological) for one or two weeks and applying Protocol R (Rectal irrigation) after each deposition.

Anxiety

Anxiety is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. It is a mental state characterized by intense restlessness, excitement, and extreme insecurity.

Symptoms

The symptoms of anxiety can be quite varied. They may include headaches, feeling hot, nervous palpitations, choking sensation or shortness of breath (dyspnea), tachycardia, excess sweating, tension, feelings of panic or dread,

feeling detached, voice disorders, sobbing, and insomnia. Symptoms are not usually isolated; they affect each other and tend to get worse.

Testimonial

Dear Mr. Humble:

Rosalie took me to see Janet, and in the first few hours, I started to relax and felt healthy again. I had no idea about all that toxicity in my body. I thought I was doing quite well after getting my thyroid drugs. In about two hours, I could feel the toxicity of years and years of experimental drugs and treatments. Now I feel great, and my pain has completely disappeared. I experienced some stinging sensations during the process of toxin clearance from my bladder, but that was nothing compared to the pain I suffered for 20 years. I feel and look good, and my skin has improved as well. I just don't look like the same person.

Loving regards AJ

Treatment

Appropriate treatment, in this case, would be Protocol C, or B, as an alternative, in combination with Protocol K for three weeks.

In severe cases, we should initiate Protocol P for parasites since there is clinical and scientific proof that some parasites release toxins that are responsible for anxiety, depression and other psychosomatic conditions.

Appendicitis

The appendix is a closed-end tube of tissue linked to the intestine on the right side of the abdomen. Appendicitis is the inflammation of the appendix.

Symptoms

One of the first symptoms is a dull, continuous pain that starts in the upper abdomen or the periumbilical region (around the navel) and gets sharper as it moves towards the lower right abdomen. It ends up localized in the right iliac fossa (the right inferior sector of the abdomen). It can present with nausea, lack of appetite and vomiting. If the appendix ruptures, the pain lessens for a short while, then soon gets much worse.

Testimonial

LG Katrin (30.07.11) – Serious abdominal pain, appendicitis, hip pain.

Two months ago, I went to the hospital ER with a high fever and severe abdominal pain. They suspected appendicitis. They admitted me at 11 AM based on my doctor's conclusions and the very elevated inflammatory markers in my bloodwork. The night before, because of the extreme pain I was feeling, I started taking three drops of MMS every hour until 8 AM. That afternoon, they did another a blood test, and soon after, the results came back from the lab. The inflammatory markers were back to normal, and the fever had gone, so there was no reason to worry anymore. I went home the next morning.

Thanks to MMS, I no longer have pain in my hip joints. The pain used to be so intense that I could hardly go up the stairs. Personally, I have to recommend MMS to everyone.

Source: <http://www.jim-humble-mms.de/erfolgsgfaelldarmschmerzen.php>

Treatment

Appropriate treatment, in this case, would be Protocol C, or B as an alternative, in combination with Protocol R. Another option is to use Protocol U (urgent), or Protocol E (enema) for faster results.

Arterial Hypertension (High Blood Pressure)

Blood pressure is the force, exerted by the heart, of blood pushing against the artery walls as it flows to the different body organs. Blood pressure is highest each time the heart beats and lowest each time it relaxes. Hypertension, or high blood pressure, is a sustained and continual rise of arterial pressure above normal levels. There are ranges of minimum and maximum blood pressure levels considered normal, depending on age and gender. Hypertension is hard to detect, and it can go unnoticed. It means the heart and arteries are overexerting themselves to perform their functions.

Symptoms

Although blood pressure doesn't usually show visible signs, it sometimes concurs with cephalalgia, or headache, and also dizziness.

Author's note: Hypertension is not a disease itself but a consequence of an unbalanced environment with excessive acidity.

Testimonial

Joe, a Chiropractor, using MMS for six years. Overweight. My pulse rate has gone down to the levels when I was young and practiced sports. My blood pressure is better than ever.

Source: <https://www.youtube.com/watch?v=RALrlo4ovoY>

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or protocol B, as an alternative, for one month or longer, until back to normal levels.

Asthma

Asthma, a disease of unknown origin for which conventional medicine has not provided an adequate pharmaceutical solution, is an inflammation of the airways, or bronchial tubes. In individuals with sensitive airways, asthma symptoms can be caused by the inhalation of substances called allergens or triggers. The thinnest airways can shrink occasionally and reversibly, due to the contraction of their smooth musculature or a thickening of the mucous membrane. That typically happens in response to one or more triggers, such as exposure to a hostile environment (cold, humid or allergenic), exercise or exertion in hyper-reactive patients, or emotional stress. In children, the most frequent triggers are common illnesses such as colds.

Symptoms

The most characteristic symptom of bronchial asthma is dyspnea or respiratory difficulty of variable intensity and duration, with the presence of bronchial spasms, usually accompanied by coughing, mucous secretions, and wheezing or an abnormal breathing pattern with exhalations twice as long as inhalations.

Thoracic rigidity is also characteristic of asthma patients. For some, these symptoms can be severe and last for several days or even weeks.

Testimonial

MMS probably saved my daughter's life. Letter sent to news reporter Cindy Galli (Oct 23rd, 2015):

Five years ago, my daughter reached a critical point. She suffered a combination of asthma and inflammatory infection that nearly closed her throat completely, making both eating and breathing impossible. She was hospitalized in great pain, on an I/V antibiotics regime. That became a daily treatment, with visits twice a day for a couple of hours of the I/V. After three weeks, they interrupted the treatment. The symptoms persisted to a lesser degree, but the use of antibiotics had to stop. It took her several months to get back to normal.

A year later, my daughter moved in with me. After a few months, her asthma came back with revenge. She asked me to take her to the hospital once again. However, I tried to convince her to start an MMS treatment (the Miracle Mineral Solution I learned about through Jim Humble). It was a Friday evening when she started taking it 3–4 times a day. On Sunday, there was no improvement yet, and my daughter asked me again to take her to the hospital.

Based on the experience she had a year ago, I promised her that if there were no improvement by Monday, I would take her back. The next morning, she was delighted because she was feeling much better, so she decided to continue with MMS. By Thursday, she was back to normal and in good health.

She never had asthmatic episodes again—perhaps a small incident in the following two years but no symptoms whatsoever since then, and that's been about three years now.

In one week, MMS achieved results that three weeks of antibiotic regime failed to produce, not to mention the lasting resolution of the problem.

Source: <http://mmstestimonials.is/component/jetestimonial/>

Treatment

Appropriate treatment, in this case, would be Protocol C, or B as an alternative, combined with Protocol H. Asthma can also be caused by parasites, in which case we would apply protocol P.

Atherosclerosis (Atheroma)

Atherosclerosis is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. It is a vascular alteration characterized by the hardening, thickening or narrowing (stenosis) and loss of elasticity of the arterial walls. Stenosis can progress to vessel occlusion, impeding the flow of the blood through the affected artery. There is no proven medical treatment for atherosclerosis, despite being the most sought-after drug by the pharmaceutical industry.

Symptoms

Pain associated with movement, due to the narrowing of the main arteries, which decreases the blood flow to the areas dependent on those vessels and produces “intermittent claudication” (pain and cramps from walking that disappear when the activity stops).

When blood vessels are completely occluded, there is reduced sensitivity to heat and cold and even pressure, making the feet more vulnerable to minor trauma and infections. The complications of this disease are severe and can affect the heart (heart attack or angina pectoris), the brain (stroke, vascular dementia) and the leg arteries, producing permanent pain when the patient walks.

Author’s note: Arterial calcifications are the product of the body’s attempt to compensate for an acidic pH. The body adds calcium that then adheres to the acidic area, eliminating one problem but creating a future one—arterial calcification (oxalates). There are two possible treatments, in my opinion. The first is using stonebreaker (*Lepidium latifolium*) infusions to dissolve the oxalates. The other one is to eliminate acidity with an appropriate alkalizing diet and the use of chlorine dioxide, which reacts to excessive acidity releasing oxygen at the same time.

Testimonial

My name is Jorge Reynaud, and I live in Rancagua, Chile. In 2008, I was diagnosed with atheromatosis in both lower extremities. That involves the obstruction of the main arteries and veins due to calcium deposits. It was so large and extended that several vascular surgeons in the public health system considered it inoperable (medical reports attached). Going to a private doctor was out of the question because it was far too expensive. Due to this condition, in conjunction with coronary ischemia plus chronic hypertension, a medical commission declared me handicapped (78%) and unable to work. On top of all this, I suffered from asthma for years.

I spent a great deal of time looking for feasible alternatives considering my economic situation, and I found Jim Humble's website. That is how I found MMS Chile and Angelica Costa Correa's kind attention. I started my treatment on November 9th, 2011.

The first thing I noticed, only two days after starting Protocol 1000, was that I no longer had any respiratory difficulties. There were no symptoms of asthma or the allergies that used to bother me in the springtime.

Ten days later, I didn't have numbness in my feet or the cramps typical of this disease. Since then, I have been able to walk up to three blocks without the pain I would formerly feel after walking only 10 meters.

A vascular specialist told me once that he called this condition (Intermittent claudication) the "window shoppers disease" because of all the times one has to stop to wait for the pain to go away. Walking 10–15 meters feels like running uphill.



Clínica Isamédica

ECOGRAFIA

NOMBRE : JORGE REYNAUD PINO.
FECHA : 08 DE JULIO DE 2008.



HOSPITAL REGIONAL
RANCAGUA

UNIDAD DE RADIOLOGIA

Ecografía Doppler Arterial de la Extremidad Inferior Izquierda :

Antecedente clínico: Hipertensión arterial. Tabaquismo crónico.

El flujo en arteria femoral común y en arteria femoral superficial se encuentra con velocidades menores a lo habitual y con pérdida del componente reverso.

El flujo también se encuentra disminuido en arteria poplitea y en ramas distales.

El flujo es imperceptible en arteria pedía izquierda (tipo Tardus – parvus).

Hay placas de ateroma en todas las arterias evaluadas.

IMPRESIÓN ECOGRAFICA:

*Enfermedad ateromatosa en extremidad inferior izquierda.
Flujos muy disminuidos desde arteria femoral común con compromiso hemodinámico de aproximadamente un 50%.
El compromiso es mayor a un 70 % en arteria tibial posterior y en arteria pedía.
Se estima conveniente realizar arteriografía convencional.*

Dr. Nibaldo Venegas M.
Médico Radiólogo

NVM/mpm

Carretera El Cobre Pdt. Eduardo Frei M. N° 884. Fono 211554-200072. Rancagua.

NOMBRE : JORGE REYNORD PINO
FECHA : 18 - AGOSTO - 2008

ANGIOGRAFIA DE EXTREMIDADES INFERIORES POR TOMOGRAFIA COMPUTADA MULTICORTE.

Hallazgos:

Se observan placas cálcicas parietales en forma difusa en el trayecto de la aorta, arterias ilíacas y las arterias dependientes del territorio bifemorales.

Posterior a la administración de medio de contraste endovenoso se observa la presencia de este en la aorta y arteria ilíaca común derecha e ilíaca interna y externa de este lado. No se identifica flujo en la arteria superficial derecha en todo su trayecto, recanalizándose a través de colaterales en su tercio más distal, permeabilizándose la arteria poplitea, presentando las arterias tibial anterior, tibial posterior y peronéa un flujo filiforme. La arteria femoral profunda se encuentra permeable.

No se identifica flujo en la arteria ilíaca común izquierda, en la arteria ilíaca externa izquierda ni en la femoral común de este lado, presentando solo flujo en la arteria femoral profunda a través de colaterales.

La arteria femoral superficial izquierda no presenta flujo, recanalizándose la arteria poplitea a través de colaterales con un flujo filiforme, condición que se mantiene en las arterias tibial posterior, peronéa y tibial anterior izquierda.

No se observan arterias permeables a nivel de ambos pies.

Fig. 33: Lab results of Mr. Jorge Reynaud

I have been on treatment for 26 days, and I feel better than ever, even though I had an adverse reaction between days 18 and 24 when the cramps and pain returned. I didn't lose faith or lower my expectations, and since yesterday, I feel great again, so I have started doing exercises that I couldn't do before. I will keep publishing my progress or any news I have. I am especially grateful to Angelica, who has been so kind, giving me very personalized attention.

Testimonial update:

After three months of successful treatment with MMS, I want to share this update with all of you.

Since my disease was incurable, I had to take a drug for life. Its average cost is CFL\$ 12000 for a box that lasts ten days. Now that I have recovered 80% of my normal functioning, I don't take ANY drugs except for my MMS maintenance dose, which has no side effects at all.

With gratitude to Angelica Costa Correa.

Source: <http://www.imedicinas.com/GPTage/Obrir.php?ident=caA2>

Source: www.mmslotionamerica.com/testimonios

Treatment

Appropriate treatment would be Protocol C (CDS) combined with 3 daily infusions of stonebreaker (*Lepidium latifolium*) from fresh leaves if possible. This can be a long-term protocol.

Athlete's Foot

Athlete's foot or *Tinea pedis* is a mycotic infection produced by dermatophyte fungi or yeast. It affects the area between the toes and also on the heels, palms of the hands and between the fingers.

Symptoms

Athlete's foot causes redness and constant itching. Some cases are asymptomatic, aside from the characteristic foul smell of the infection. Cracks, blisters, and scaling are common. Skin turns red, and painful, with itching and burning. Blisters form and break, excreting liquid or forming scabs. If the fungus extends

to the nails, these can present discoloration, thickening, bruise-like stains or they can even fall off without causing pain.

Testimonial

Anthony Muiruri Nairobi, KENIA

I had pain between my toes. One night, I decided to treat it using MMS. I heated up a bit of water and activated 15 drops of MMS with 15 drops of citric acid in a bowl. Then, I added the hot water and put my feet in the bath for 15 minutes. I let my feet dry and went to bed. The next day, I no longer had any pain. It's been over two months, and the infection has gone for good. I also use MMS to treat my drinking water, and sometimes I take it orally, about five drops. [...] Thanks a lot.

Treatment

Appropriate treatment, in this case, would be Protocol D 2–3 times a day, combined with Protocol C, or B as an alternative, for three weeks. It can be done in conjunction with foot baths, as mentioned in the case above.

Atopic Dermatitis (eczema)

Atopic dermatitis is a disease for which conventional medicine has not provided an adequate pharmaceutical solution. Also known as (atopic) eczema, it is an inflammatory, intensely itchy skin disorder, affecting elbows and knee joints, the scalp, face, and thorax. It occurs mainly in babies and children.

Symptoms

In children, the sores start on their cheeks, elbows or knees. In adults, they appear on the inner area of knee and elbow joints, and ankles. Skin is abnormally dry (xerosis) and intensely itchy. If chronic eczema develops, the skin may appear thickened itchy. Ambient dryness, water exposure, temperature changes, and stress can aggravate symptoms.

Testimonial

For over 19 years, I have been dealing with dermatitis around the joints of my knees, elbows, and wrists. Typical symptoms are dryness, itching, and redness.

I always had to use cortisone and anti-fungal ointments on the affected areas. I was concerned about that since I know these drugs can generate long-term problems in the bones (according to what I have read). At first, I started using MMS activated with citric acid, but it burned me intensely when I applied it, so I stopped because the burning made the itching worse, and I was hurting myself. But when I learned how to prepare CDS, I decided to try again because I knew it was the unreacted salts that were causing the burning feeling, and it went great.

I prepared a CDS spray, 1000 PPM, and I sprayed over the affected areas. Besides, I added some DMSO at 70%, and I noticed this worked better, so I continued doing that occasionally.

I didn't need to buy those costly creams ever again, and best of all, I am getting rid of the side effects as well. That said, sometimes DMSO dries my skin up or burns a little bit, but it goes away in a matter of minutes, while the problem disappears for a long time.

My experience indicates that I have this skin problem when I am worried or stressed. The condition seems to appear by magic! But now with CDS and DMSO, the problem disappears.

Source: <http://forum.mmspr.net/index.php?t=msg&th=35&start=0&>

Treatment

Appropriate treatment, in this case, would be Protocol D (dermatological) or Protocol K, 2–3 times a day depending on severity, combined, in severe cases, with Protocol C, or B as an alternative, for three weeks.

Autoimmune Diseases

Autoimmune diseases are “supposedly” caused the immune system’s attacking the cells of the organism. But what is the cause of that reaction by the immune system? What’s the first thing to trigger that “error”? That first action could have a parasitical origin, and therefore, it would be unknown to conventional clinical medicine. Parasites and their ability to host a combination of viruses, bacteria, and fungi, in conjunction with the metabolic acidosis caused by an inadequate diet, can often be the cause behind all the so-called autoimmune diseases, according to my criterion. Thus, conventional medicine uses the term “autoimmune disease” in an attempt to explain a disease whose origin they do not know.

Autoimmune diseases include multiple sclerosis, diabetes, autoimmune thyroiditis, rheumatoid arthritis, Crohn's disease, blood cancer, breast cancer, osteoarthritis, osteoporosis, etc. Some of them, like arthritis or obesity, are considered disorders of affluent societies. The World Health Organization (WHO) claims that arthritis is more common in developed countries.

Testimonials

Daniela from Peru (medical doctor).

He had been diagnosed with an autoimmune disease three years before, having inflammation in the joints and extreme fatigue. He tried several therapies, but only MMS resulted in a 70% improvement.

Source: <https://www.youtube.com/watch?v=qSfm-oIMiWI&feature=youtu.be>

Autism

Autism is a disease of officially unknown origin (although we know that vaccines, especially the MMR vaccine, is often the cause), for which conventional medicine has not provided an adequate pharmaceutical solution. It is an iatrogenic disorder that affects socialization, imagination, planning and emotional reciprocity, and manifests through repetitive or unusual behavior. Typical symptoms are the incapacity for social interaction, isolation, and uncontrollable movements of extremities, usually the hands. It is part of the autism spectrum disorder (ASD) that encompasses several afflictions: autism, Asperger's, childhood disintegrative disorder (CDD), and pervasive developmental disorder (PDD).

Symptoms

The following can be symptoms of children autism:

- Initial auditory hypersensitivity (in many cases)
- Avoiding eye contact with people
- Fixedly staring at nothing in particular or inanimate objects
- Failure to respond to verbal, gestural or social stimuli
- Lack of healthy interest in games
- Lack or loss of speech, late development of speech

- Anxiety over changes to routines
- Repetitive body movements
- Attachment to objects
- Inability to maintain a conversation
- Difficulty or inability to make friends or participate in social games
- Avoidance of physical contact because it's arousing or overwhelming
- Obsessions that take up attention and focus.

Testimonial

Dyana is the mother of Gabriel, a child fully recovered from autism. She is one of over 200 mothers with autistic children who have recovered thanks to CD treatment, with total remission of symptoms.

Gabriel was born a healthy child, but when he was two years old, he was diagnosed with “severe autism.”

When he tried to speak, no one could understand what he said. He wanted to communicate, but couldn't form the words, which was distressing for him. Then I started to research what could be happening to him and took him to the doctor. They told me that this was an autism spectrum disorder. That felt like the end of the world to me. “It can't be,” I thought, “if autism is genetic and hereditary and neither my husband or I have anyone in our families with cognitive disabilities or autism. How can this be? Tell me!” Moreover, they told us that it was incurable, that it might improve in time, but that he would always have the symptoms—difficulty communicating, reaching out to or understanding others, etc. He would have to deal with these difficulties all his life. That was a heavy weight to carry, hearing “Your child has autism” and receiving the whole package of bad news.

Luckily, my mother always told me: “Don't settle for other people's opinions; you are intelligent. Seek, and you will surely find”. Also, Gabriel's psychologist told me: “Research, because I can see that you need action. Investigate, and you will find there are diets and biomedical treatments that have had good results”. Then I started searching the web and found a DAN protocol, the GAPS diet. Many diets show how this disease works and how it involves a brutal intestinal detoxing.

Mercury, aluminum, lead, but mercury is the leading cause of the symptoms of autism. Chlorine dioxide changed all of our lives. Knowing that it had applications for other diseases, we all started to take it, and we all recovered from different illnesses. We can see Gabriel is happy. He has a two-year-old sister,

and they are both happy. There is no bigger joy for parents than having healthy children.

Gabriel is now six years old and is very happy. He is cured. The other day I took him to a health check-up, and at the end, I asked if they could see any signs of autism. They said, “But why would you say that? He’s a perfectly healthy and happy kid. How many kids are happy when they go for a check-up?”

Watch the video here: <https://www.youtube.com/watch?v=MusiNkz4WqM>

Treatment

Appropriate treatment is Protocol P (parasites). So far, we have documented reports with the full names of over 300 children who have recovered from autism.

I recommend contacting the Facebook groups of affected parents, such as “<https://www.facebook.com/groups/mms.cds/>” or others that can be found on my website: www.andreaskalcker.com, or at www.cdautism.org. The book by Kerri Rivera, “Healing the Symptoms Known as Autism,” describes the treatment in more detail.

Bacterial Vaginosis

Bacterial vaginosis is a vaginal infection caused by an anaerobic bacteria (germ), whose excessive growth provokes an imbalance of the bacterial flora in the area.

Symptoms

Abundant vaginal discharge, translucent or colored, sometimes with a foul smell

Testimonial

Pati

Protocol 15 drops. One year ago, she was diagnosed with vaginitis due to menopause. She tried various treatments for a year without success, and when she tried MMS, her condition completely disappeared after 6–7 days.

Source: <https://youtu.be/LQ1gI9voq5I>

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) in conjunction with Protocol V (vaginal) for two to three weeks, according to the severity of the condition.

Baldness

Baldness (also known as alopecia) involves thinning or loss of hair. It can affect the scalp or other areas with hair, such as eyelashes, eyebrows, armpits, genital region, and beard.

Allogeneic alopecia (genetically inherited) is the most common form. Women also suffer from it, but to a lesser extent. Their hair loss is more diffused, not localized, like in men. Diffused alopecia occurs due to diseases such as thyroid alterations, ingestion of certain drugs (chemotherapy), hormonal changes, stress or an unbalanced diet.

Symptoms

Excessive and abnormal hair loss, over 100 hairs a day.

Testimonial

In Samuel's case, from the second month he was taking MMS, not only did he notice a health improvement (he had previously been taking cortisone and had no strength left in his legs), his hair also came back where he could only see baldness before.

Author's note: Let's be honest. Chlorine dioxide is not going to return a lion's mane to a bald man. However, when using it at the onset of the first symptoms, it will probably slow down or even stop hair loss, especially if the condition is caused by fungi (as is often the case in with female alopecia). It may likely also reactivate the mitochondrial activity in the follicles.

Treatment

Appropriate treatment here is Protocol D (dermatology), applied in spray form to the affected areas several times a day for three months. It can be combined with Protocol A (Amateur), followed by C (CDS).

Bipolar Disorder and Generalized Anxiety

Bipolar disorder, a disease of unknown causes for which conventional medicine has not provided a pharmaceutical solution, is also known as bipolar affective disorder (PBAD) and used to be known as manic-depressive psychosis (MDP). It is the psychiatric diagnosis that describes a disorder characterized by unusual mood swings.

Symptoms

Manic: very happy or lively, very nervous or excited, taking very fast about a variety of things, restlessness, irritability, and sensitivity, sleep problems, difficulties relaxing, attempting to do too many things at once, and hyperactivity.

Depressive: feeling very depressed or sad, worried and empty, with difficulty concentrating, forgetting things because the mind focuses only on sadness, insomnia, and suicidal or death-related thoughts, and a sensation of hopelessness.

Author's note: I suspect that the cause of this disorder is often an intestinal parasitosis in which parasites release toxins that provoke brain alterations. I have seen many cases of total remission after a deworming treatment.

Testimonial

Julio Cesar de Ambato (Ecuador) — 2. 12. 2015

At first, I followed Protocol 1000 with small increases until I built up to 24 drops per day for three weeks. My MMS₁ treatment lasted six months with increases and decreases until I managed to come off a prescription drug I had been taking for nearly seven years for my panic and anxiety disorder.

I don't suffer from the 17 symptoms of panic attacks anymore, and I am very grateful to Jim Humble for making MMS available to whoever wants to use it to treat their illnesses.

Source: <https://testimoniosmms.com/?s=ansiedad>

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic), combined with Protocol E (enemas). Afterward, one should follow Protocol P (parasites) since it has proven highly effective in many severe cases.

Bites

The reactions often caused by insect and spider bites, whose poison causes immediate and painful swelling.

Symptoms

Insect bites are not usually critical and vary according to the kind of insect and the individual. Most people experiment localized pain, redness, swelling or itching, and sometimes a burning, numbing or tingling sensation.

Testimonials

Insect bite



Fig. 34: Evolution of treatment with chlorine dioxide for an insect bite

Loli Corbin

Day 1: Insect bite.

Day 2: Visible symptoms the next morning:

- Swollen eye

- Loss of strength in my eyelids to open my eye
- Intense pain and burning.
- Inflammation on the right side of my face and nose.

Day 2: 10 am

- » I apply a wet dressing on the affected area, soaked with the following compound: 5 drops of MMS – 5 drops of activator – 5 drops of DMSO in 30 ml of fresh water.
- » 15 minutes later, I can open my eye. Incredible!
- » The pain had decreased, but facial tiredness and heaviness were still apparent.

Day 2: 3 pm

Impressive: just one application, and my expression changed. I applied another dressing before going to bed, but there was no need. I was already completely healed!

(Photographs of the entire treatment at www.andreaskalcker.com)

Spider bite:

Ivan Albornoz—Severe Chilean recluse spider bite with the risk of amputation.

<http://www.youtube.com/watch?v=2PWFD2VeZbA>

My name is Ivan Albornoz. I am from Chile, and I belong to the Krishna Consciousness movement. I want to give my testimonial about MMS.

I live in the countryside in Camino Yumbel (Concepcion). A recluse spider bit me on the sole of my foot. I went to the doctor since it was causing high and low blood pressure, and they said it was just a cold, and what I had in my foot was an “Ojo de Gallo” (plantar callus) that they could remove later.

Two days later, I was feeling worse, and my foot was feeling heavier. I treated it with clay to bring out the inflammation. The clay extracted everything, and a huge blister formed on the sole of my foot. I went to the hospital again. They punctured some holes, and their only solution was amputation. A doctor told me: “amputate it, or you die.”

My wife and I were in utter shock over this news. Some monks came to our home and told me that there was a cure. They helped me with other natural remedies such as aloe vera, clay, and fenugreek. My spiritual advisor called me and asked me to get in touch with Angelica Costa from MMS Chile. She immediately recommended a high dose of CDS. She taught me how to take it and how to use MMS as a spray on the wound that was huge and ugly. I started doing Protocol 1000 (Protocol B) and applying MMS on the wound with a spray bottle.

Doctors told me that even if I got better from that wound, I would die in a year. They prescribed antibiotics, which I stopped taking after two weeks because my stomach hurt so much. I was just on CDS, MMS, DMSO and a healthy diet. Months later, they ran tests and couldn't understand. They couldn't explain how my wound had almost completely healed, and both urine and blood tests came out perfect.

After 3.5 months, the wound healed completely, and my foot is now as good

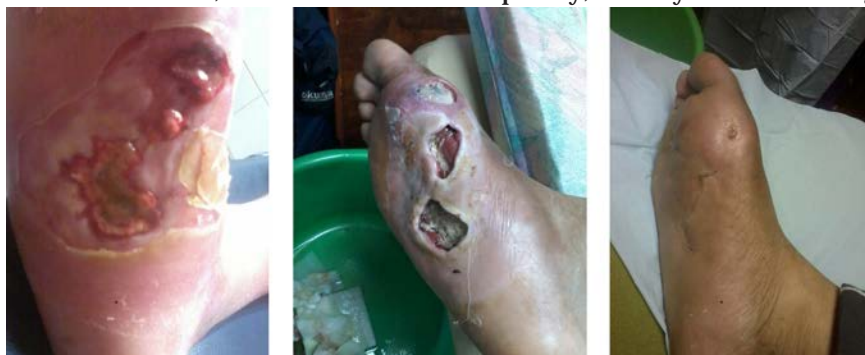


Fig. 35: Evolution of treatment with CD and DMSO for a spider bite on a foot

as new. I am trying to walk. I apply DMSO for the inflammation.

I want to thank Angelica from MMS Chile because she cared a lot for me.

Treatment

Appropriate treatment, in this case, would be Protocol I (insects). Apply a dressing well soaked in CDS 0.3% (if it is not available, use five activated drops of CD in 50 ml of water). You can add five drops of DMSO to the water if the swelling doesn't recede.

Bladder Cancer

Bladder cancer is a disease for which conventional medicine has not provided an adequate pharmaceutical solution. It is cancer localized in the bladder, a hollow organ on the lower side of the abdomen, able to shrink and expand to store the urine produced in the kidneys. Cancer originates when cancerous cells start growing in the bladder. When detected early, it is usually treated with surgery.

Symptoms

Hematuria (the presence of blood in the urine) is the most common symptom of bladder cancer. The degree of hematuria is unrelated to the extension of the disease. Hematuria can be microscopic, only detected with urine tests, or gross, visible to the patient. Any degree of hematuria, however, needs to be checked to discard the possibility of bladder cancer, even if there are other possible causes for it, such as renal calculus or bacterial cystitis. Other symptoms are pain or a burning sensation when urinating, needing to urinate more often than usual, or feeling the need to urinate but being unable to do so.

Testimonial

July 2011

My mother was diagnosed with bladder cancer, and I decided to give her MMS since my research has shown that it is an alternative therapy used in many countries.

I am a retired doctor (without a medical license). I refused the options of chemotherapy and radiotherapy for my mother because of her advanced age, besides being my responsibility. It has been a month and a half, and my mother is medically healthy.

I administered it via intravenous injection like Jim describes in his book, and also orally. For a while, my mother was eliminating bits of skin with her urine. Now, I only administer it orally, so she doesn't relapse.

Blessings of light.

Treatment

Appropriate treatment, in this case, would be Protocol C or Protocol B as an alternative, increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol R with an irrigator or V (vaginal wash) for female patients, for three to six months. In the evening, apply Protocol E (enema), alternating with Protocol L (bath) on the next day.

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Bone Cancer

Primary bone cancer is a disease for which conventional medicine has not provided any adequate pharmaceutical solution. It is a rare type of cancer that affects bone tissue. Unlike the secondary type, it originates inside the bone and is not the result of cancer in any other part of the body that has spread to the bone. In that case, it would be called metastatic and would receive the name of the originating organ or tissue affected by cancer.

Symptoms

The most frequent symptom is a persistent or unusual pain or inflammation in/or close to the bone.

Author's note: We have yet to document a proven and confirmed case of complete regression of bone cancer, although we have had reports about improvements in the quality of life. We keep researching to find cures for this hard-to-treat cancer.

Treatment

Appropriate treatment for this case would be Protocol C, or Protocol B as an alternative, and increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol K with DMSO in the affected area for 3–6 months. In the evening, apply Protocol E (enema), alternating the next day with Protocol L (bath).

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Breast Cancer

Breast cancer, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, involves the abnormal growth of malignant cells in the mammary tissue. There are two main types of breast cancer. Ductal carcinoma is the most frequent, and starts in the lining of milk ducts that go from the mammary gland to the nipple; lobular carcinoma starts in the parts of the mammary glands called lobules, where mother's milk is produced.

Symptoms

Usually, early breast cancer doesn't create symptoms. As cancer grows, symptoms can include redness, swelling and retraction of the skin or the nipple. Another symptom can be the nipple's secretion. In some cases, this secretion can be clear, yellowish or greenish and look like pus. We must emphasize that breast cancer can manifest as an asymptomatic tumorous growth and when there is skin retraction, the cancer is in its advanced stages.

Testimonial

María de los Angeles Reyes (Argentina)—March 1st, 2013, 0:56

Subject: I AM SO HAPPY WITH MY PERFECT RESULTS!!! (breast cancer)

To: ANDREAS KALCKER

Andreas, I want to tell you that my lab tests (I had many, of all kinds) came back perfect, that I am so thrilled that I want to share the news with you and your team. I feel so excited and relieved. I found a doctor who believes in chlorine dioxide, she analyzed the tests, and they are all A+!!

I am in the forum and always leave comments about my case. I want to thank you for your support. I only had one surgery; they removed the tumor from my mammary gland, but that was it. I didn't let the doctors operate again when they wanted to; I didn't remove any lymph nodes, no more touching my body. I didn't do chemo either, or radio, or hormones. I refused all interventions.

I take chlorine dioxide regularly, aloe vera with honey, several herbs to cleanse my liver, lungs and kidneys and others for deworming. For the latter, I am using some of the products you mention on your website, but only those that I can find in Argentina, and I am doing the immersion baths with salt. With much love for my soul and faith.

I send you a soulful hug, and I offer you my unconditional support. I ask the Universe to bless you and your family infinitely.

THANK YOU, THANK YOU, THANK YOU, THANK YOU!

Treatment

Appropriate treatment for this case would be Protocol C, or Protocol B as an alternative, increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. You can combine it with Protocol K with DMSO for 3–6 months. In the evening, apply Protocol L (bath) when possible. In cases of high toxicity or acidity, we can add Protocol E several times per week.

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Bronchitis

Bronchitis is an inflammation or swelling of the bronchial tubes, which connect the trachea to the lungs. The inflammation impedes airflow to the lungs. Acute bronchitis (AB) usually appears after a cold or flu. It is caused by a virus that affects the nasal region first, the paranasal sinuses and the throat later, and that finally reaches the respiratory pathways connected to the lungs. Chronic bronchitis (CB) is a prolonged condition.

Symptoms

- Chest discomfort.
- Coughing with mucous, sometimes blood. When bronchitis mucous has a yellowish-green hue, and the patient has a fever, there is very likely bacterial infection.
- Wheezing, fatigue, bubbling, respiratory difficulties, general discomfort, fever (usually low).
- Chronic bronchitis can also present the following symptoms: inflammation in ankles, feet, and legs; blue coloration of the lips provoked by low levels of blood oxygen.

Testimonial

Bronchitis and pneumonia, Testimonial MMS, April 5th, 2013

Last winter, I was diagnosed with bronchitis and the beginning of pneumonia. It was not the first time. As usual, the doctors prescribed antibiotics and cortisone (typical). Both drugs have side effects, but on this occasion, I knew about MMS. I took it following Protocol 1000, and in a week, I noticed a vast improvement. When I took antibiotics, I didn't see any results for over a month, and then it took another two months to clear out all the toxins produced by the drugs.

Source: <https://testimoniosmms.com/2013/04/05/bronquitis-y-neumoniatestimonio-mms/>

Treatment

Appropriate treatment, in this case, would be Protocol C, or B, as an alternative, combined with Protocol H for three weeks.

Brucellosis

Brucellosis, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is also known as Maltese fever, Mediterranean fever, undulant fever or Bang's disease. It is an infectious disease that exists worldwide, produced by bacteria of the *Brucella* species. These bacteria attack several species of mammals, including humans, and cause unspecific fever symptoms.

Symptoms

High fever and sharp temperature changes.

Testimonial

Dr. Mario Bruseghini

I am 58 years old and live in Mendoza (Argentina). I got brucellosis as a work accident while working in the field. I got acutely ill with a titer of 1/600 and fever, pain, etc. After 16 years testing positive for brucellosis, an acute outbreak,

and two treatments with antibiotics for 45 days each, my titers went down to 1/50 and remained stable for several years.

In 2014 and for different reasons, I decided to try MMS for 21 days (Protocol C). Sometimes I would do a Hudlesson reaction test to monitor my titers. They came back 1/86, 1/55, 1/50 for years. At the end of 2015, I went for a blood test for different reasons, and I also asked for Hudlesson, IGG, and IGM just to check my brucellosis since they were extracting blood for other studies. Amazingly, the Hudlesson diagnosis came out NEGATIVE and non-reactive IGG and IGM.

As a vet, I know that brucellosis never disappears entirely. The intracellular brucella remains for many years, and whenever there is a decrease in immunity (due to the flu or other illness), brucellosis becomes more acute. That's why we must monitor the levels of the disease regularly.

My results were an unexpected miracle. There isn't much information about brucellosis and MMS on the web. That's why I think this is a fascinating case, and I offer to provide anything I can to benefit other people suffering from brucellosis.

I thank you for your constant work for everybody's benefit!

Treatment

Appropriate treatment, in this case, would be Protocol C, or B as an alternative, for three weeks.

Burns

Burns are lesions or wounds in the skin that can be provoked by contact with flames, liquids or hot surfaces and other sources of high temperatures as well as by contact with elements at extremely low temperatures. There are also chemical, electrical, radiation and friction burns. The first aid treatment for burns is the immersion of the affected area in cold water.

Symptoms

Pain, redness, sensitivity to touch, and blisters.

Testimonial

Christie Peterson—United States. 22/10/13

I treated a patient with 3rd-degree burns. This burn was over an old burn produced by motorbike exhaust. After a few days, there were scabs, and in a month, she was completely healed.

Source: <http://mmstestimonials.is/burns>

Treatment

Appropriate treatment, in this case, would be Protocol Q (quenching burns) combined with Protocol D (dermatology). In case of infections and fever, we add Protocol C (CDS) or B (basic) as alternatives.

Bursitis

Bursitis, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, involves the inflammation of the small sacs of synovial fluid, called bursae, located between the muscles, tendons, and bones. They help joint movement by absorbing friction. Although the human body contains over 150 bursae, bursitis tends to manifest in the shoulders, knees, hips, pelvis, elbows, wrists, toes and heels, or in those areas where joint movement is most repetitive.

Symptoms

- Joint pain and sensitivity when the area surrounding the joint is pressed.
- Rigidity when moving the affected joints, redness, and in some cases, swelling and fever.

Testimonial

Signorella Sonya

I have been following Protocol MMS 1000 for six days, and I woke up today without the osteoarthritis rigidity in my back. It's gone! Bursitis inflammation

had already disappeared after the second or third day. I can't wait to wake up tomorrow to check how much better I feel.

I think that what you are doing and how you are going about it is wonderful!
Blessings and Miracles,
Signorella Sonya

Source: <http://mmstestimonials.is/component/jetestimonial/>

Treatment

Appropriate treatment, in this case, would be Protocol C, or B, as an alternative, combined with Protocol K (DMSO) on the affected area for three weeks.

Candidiasis (vaginal)

Candidiasis (yeast infection) is an ailment for which conventional medicine has not provided an adequate pharmaceutical solution. It involves a fungal infection (mycosis) of any of the *Candida* species (all yeasts), *Candida Albicans* being the most common.

Symptoms

Symptoms depend on the location. Among the candidiasis that affects mucous membranes, thrush (oral candidiasis) manifests as creamy white bumps on the tongue, the soft palate, gums and inner cheeks. Vaginal candidiasis appears around the vagina area as a whitish discharge. The infection can also cause a red, smooth, shiny and painful tongue. Yeast infections can also occur in the digestive, respiratory and reproductive systems, with different symptoms.

Testimonial

Dr. T.M.

I have received permission to publish this case about a patient that I just discharged today, March 6th. While I only reveal her initials to safeguard her identity, I think this case is worth publishing due to the long time the infection

has lasted, and the virulence of the Candida. Her initials are A. I., thirty-five years old.

She came to my office after ten years of yeast infections, that is, with chronic textbook candidiasis. Her story and her struggle started ten years ago when she began having vaginal infections, sporadic at first. Her gynecologist would give her an oral antifungal and a vaginal ovum. Following this treatment, the infections reappeared more frequently. She spent three years going from gynecologist to gynecologist, changing because she didn't see any improvements; one of them even told her to get used to living with it.

After three years, the infection became permanent, with monthly periodicity: more fluconazole, more Canesten, but no change. No one had so far diagnosed her with chronic candidiasis. She found out by herself when her symptoms became more severe: general fatigue, insomnia, exhaustion, muscle pains—she was even diagnosed with fibromyalgia. She tried homeopathy, and it worked, and then the candidiasis came back again after four months. The infection would return every month, and she was starting to get used to it, with everything that entails.

She found out about a naturopath in Barcelona (she is from Alicante) who had very favorable results with Candida. Desperate yet filled with hope, she traveled there to get this treatment on three occasions. It didn't work. The naturopath told her that she was the first one to resist his treatment. She also followed an antifungal diet for three years.

It has been two months now since her last infection (she thinks it's too early to celebrate, she can't believe it). We treated her problem from three different fronts, which in my humble opinion and after all the cases I have treated, is what works best.

It was clear that A. I. came with Candida in its fungal phase. It was already well established in her intestine. Her bowel must have been permeable by then, filling her whole organism with toxins because. After three years of antifungal diet, we still had to make it even stricter. We removed fruit from her diet. I must say that her fighting spirit and her mettle have been admirable—three years of strict antifungal diet. I honestly believe that there are very few people who could put up with that for so long. With the diet, we also started Biomagnetic Pair therapy. Candida appears with the first impact. Due to its severity, I recommended the combination of MMS and Bio Pair, since we would cut the number of sessions this way. She agreed, and we started treatment.

Result: five sessions with Biomagnetic Pair therapy to level the pH, strengthen her immune system, which was severely low, and remove the “favorable environment” for the Candida in her body, besides weakening and controlling the yeast population with the antifungal diet that hadn't worked on its own for three years... and 21 days of MMS.

She can't believe it yet. She hasn't had an infection for two months! Now she's trying to learn to live without being on constant alert from her yeast infection. I sincerely believe that we need a logical sequence of treatment to finish off Candida. If you follow it, you have a chance.

Author's note: I have observed the presence of parasites in this kind of hard-to-beat Candidiasis. In these cases, apply Protocol P (parasites). Make sure to combine it with Protocol Z (Zapper), which works to remove parasites from the blood.

Treatment

Appropriate treatment for this case would be Protocol C, or Protocol B as an alternative, and increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It's combined with Protocol V (Vaginal) for three weeks. In severe cases, apply the Protocol E (enema) in the evening, along with Protocol L (bath) the next day, for as long as necessary.

Alternatively, it can be combined with Biomagnetic Pair therapy, and also with vaginal washes with the juice of 15 grams of crushed kalanchoe, dissolved in 300 ml of water.

Chagas

Chagas disease is a condition for which conventional medicine has not provided an adequate pharmaceutical solution. It is caused by the *Trypanosoma cruzi* parasite and propagated through the bites of Reduviidae insects, and it's one of the worst health problems in South America. Due to immigration, the disease also affects people in the United States.

Symptoms

Chagas disease has two stages: acute and chronic. The acute phase can be asymptomatic or with very light symptoms, including fever, general discomfort, swelling in eyes if the bite is close to the area, inflammation and redness in the area of the insect bite. After the acute phase, the disease goes into remission. It's possible to remain asymptomatic for many years. When symptoms finally show, they can include constipation, digestive problems, cardiac failure, abdominal pain, accelerated or palpitating heart pace, and difficulties in swallowing.

Testimonial

Dora Perez (Argentina)

Date: April 24th 2014, 2:58

Subject: Hi, wonderful people.

To: Andreas Ludwig Kalcker

Hi Andreas (very special greetings to Jim Humble), I want to tell you that since I found out about MMS in Nov/Dec 2013 and started timidly using it, a few months have passed. My Chagas has been receding. I tried everything. It was very hard to continue with MMS due to nausea. But on March 16th, 2014, I started with 18 ml of CDH, twice a day until March 31st, MMS enemas, and purgatives. Amazing. I am now resting a bit with 6 ml of CDH in 600 ml of water every day.

In a little while, I will go again to test for Chagas at Instituto Fatale Chaben. I am preparing my testimonial to say that I have used MMS (which healed my lesions) as:

- Gargles
- Dental wash with MMS
- Glass over the mouth
- Glass to inhale through airways
- MMS spray with DMSO for the most severe moments
- Whole house cleaning with MMS (placing glasses in closed rooms) Cleansing with immersion in bathwater
- Bag protocol (I have made one where I can sit, and I only leave my head outside).



Fig. 36: The back of a patient with Chagas



Fig. 37: The same back after 1.5 months of treatment

But most importantly, I am active. I recognize myself once again. Everything in my house has MMS in it (shampoo bottles and hair rinses).

Just last Easter Thursday, I printed Jim's book with his picture in color on the cover. Amazing! And I am getting green clay and diatomaceous earth. I am sending two pictures; I don't have recent ones because I am fine, and NEARLY everything has healed and closed.

I will continue treatment for a bit longer, will run tests and write a testimonial, but for now... ***Many, many thanks and please accept my respect and love!***

Treatment

Protocol C, or B, as an alternative. Additionally, soak a dressing in CDS 0.3% = 3000 ppm from the fridge and apply immediately over the bite or sting. The pain usually subsides quickly.

This protocol can be used for all kinds of insects and spider bites and jellyfish stings. For poisonous snakebites and stings from scorpions or rays, consider subcutaneous injections of CDI or apply in a way that it enters the wound, oxidizing the toxin.

Chikungunya

Chikungunya fever, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is also known as Chikungunya epidemic arthritis (CHIK). It is a recent form of viral fever caused by an alphavirus transmitted by mosquito bites. It is the same mosquito responsible for transmitting dengue fever, the reason why it's possible to contract both infections in some cases.

Symptoms

The most frequent symptom is a sudden high fever that can reach 104°F (40°C) and lasts two to five days. Patients may have pain in hand and feet joints, with or without inflammation, and occasionally in the spine as well. Pain tends to be worse in the mornings and gets better with light exercise, but worsens with fast movements. Muscle pain and headache. Skin rashes and redness, and sometimes itching.

Testimonial

In the Palmar sector, about 15 minutes from Charallave, I saw a 25-year-old man that I will call Andres, with his brown skin soaked in sweat, not because of the heat but because of fever. A bricklayer, his strong arms rested on the shoulders of his younger brother, who could hardly help him walk while he dragged his feet and walked bent entirely over.

Andres had been bed-bound for a week, almost unable to move due to fever and joint pain. He had only had water with Acetaminophen, which is the indicated protocol to treat the symptoms of the virus since there is no antiviral treatment. With great pain, he lay in bed, and I explained to him what I was going to do to help abate the virus and get him back on his feet as soon as possible: two very simple and safe things to make him recover quickly from this disease.

1. Autohemotherapy: First, autohemotherapy, which is a kind of self-vaccination. We take 2–10 cc of your blood and inject it again intramuscularly. We do this with two objectives in mind:
 - » So your organism has an immunological reaction to the virus and recognizes it.
 - » So that the number of macrophages increases, and they can fight the virus.
2. MMS: Second, we will give you regular doses of something called MMS to help you fight the virus. MMS breaks the virus protein structure and impedes its replication, helping you heal faster. Besides, MMS stimulates your immune system.

After performing the autohemotherapy that took about two minutes, I showed Andres the way to activate MMS in a 1-liter bottle so he could drink it throughout the day and told him to do this for the next three days. Andres wasn't the only one affected in that house. There was also an older woman and two children. The woman was already recovering from disease, but she still had intense pain in her joints and a reddish rash all over her body. Both children were in the initial stage of the disease. The woman allowed us to perform autohemotherapy on her, but the children were too afraid of the needles, so they just took MMS.

To my surprise—and I say surprise because I didn't expect the recovery to be so fast—the next afternoon, after spending the night and part of the day with a fever, the young man tells me that he's feeling great again. He had no pain of any kind and was only a bit tired. His female relative also woke up without the rash, and although she still had joint pain, it was better. After two more days, the pain

had gone away. The kids that only used MMS took a couple more days to heal, but in the end, they recovered from the disease pretty quickly.

Source: <https://mmslatinoamerica.wordpress.com/2014/12/14/chikungunya-levantando-al-hombre-doblado/>

Treatment

By Karl Wagner–Protocol 115 Progressive

Procedure: Fill three 18-oz bottles with filtered or mineral water and 8 ml CDS in each bottle.

- 1st Bottle:** Take four doses, one every 15 minutes. You should drink the whole bottle in about one hour.
- 2nd Bottle:** Take four doses as well, but now take one every 30 minutes. You should drink the whole bottle in about two hours.
- 3rd Bottle:** Take four doses as well, but now one every 45 minutes. You should drink the whole bottle in about three hours.

The idea and concepts are clear. We extend the chlorine dioxide in the blood for many more hours without leaving much time in between, to keep high levels in the blood.

We initiate with Protocol 115 with an intake every 15 minutes to shock and awe the system. For the second and third bottles, patients aren't going to complain about drinking too much water since they take longer to drink it, which is more bearable. In other words, this way, we would be consuming one and a half liters of water over six hours. Repeat this process at least two consecutive days, three days if necessary. From then on, continue with Protocol 101 (1 dose per hour).

Author's note: We can add Protocol Z (Zapper), as it is highly effective in viral treatments.

Chronic Obstructive Pulmonary Disease – COPD

Chronic obstructive pulmonary disease, an illness for which conventional medicine has not provided a pharmaceutical solution, is a common pulmonary disease that provokes respiratory difficulties. There are two main types of COPD: chronic bronchitis, which involves a prolonged cough with sputum, and emphysema, which causes lung damage over time.

Symptoms

Symptoms can include any of the following: a cough with or without phlegm, fatigue, many respiratory infections, difficulty breathing (dyspnea) that gets worse with activity, slight difficulty inhaling, and wheezing.

Testimonial

Marcos (Pennsylvania)

Recently, a friend of mine introduced me to his 42-year old daughter who has suffered COPD for years and who recently took a turn for the worse. Her mother asked me to call her daughter and offer my help.

The first time I called her, she could hardly keep the conversation going, and it was challenging to understand most of what she said. She told me she had been unable to work for a month and that she was so weak and had so much trouble breathing that she often couldn't get from one room to the next without fainting. Her doctor had told her that the lower part of her lungs was dead, and her disease would only progress. I sent her some MMS₂, and she took three doses, one per hour. She stopped taking it due to severe pain in her upper abdomen that started 45 minutes after the first dose. She drank two more doses before giving up. The next day, when I spoke to her, she was feeling 50% better. The day after, she was breathing and walking better. Then, her doctor stopped her high doses of steroids, and she's now (5 days later) back to work and feeling better than she has felt in years.

She's part of a COPD trial, and when she tried to tell the doctor what she had done to get such sudden success, he merely said: "I don't want to hear about that!" And I say: What will he say when she stays healthy, and the rest of people in the trial get worse? Praise be to God for MMS, and thanks to Jim for bringing it to our awareness.

Author's note: Remember that MMS₂ can cause acute side effects and that the author distances himself from its use, although it can be effective in some cases.

Treatment

Appropriate treatment for this case would be Protocol B, or Protocol C as an alternative, combined with Protocol H, increasing the dose to 3 ml of CDS dissolved in 100 ml of water, ten times a day. It can be combined with Protocol K (with DMSO) applied to the chest for 3–6 months. At night, we can use Protocol L (bath).

Colorectal Cancer (Colon Cancer)

Colorectal cancer, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is also known as colon cancer. It is a type of cancer that starts in the rectum or the colon, the large intestine that forms the final part of the digestive tract. The colon absorbs water and nutrients from food and stores the waste that passes to the rectum before exiting the body.

It's thought that many cases of colon cancer develop from a polyp in the colon. These cellular, mushroom-shaped growths tend to be benign but may turn cancerous over time. Colon cancer can be detected with a colonoscopy. Surgery is the usual treatment, often followed by chemotherapy.

Symptoms

Right-sided colon cancer:

- The main symptoms are abdominal pain, anemia, and occasionally, an abdominal mass noticeable by palpation. Sixty percent of patients have abdominal pain on the right half side of the abdomen. Over 60% also become anemic, caused by the continuous, although minimal, loss of blood from the ulcerous surface of the tumor that doesn't alter the look of the feces. Patients report fatigue, weakness, palpitations, and even angina pectoris. They present a microcytic and hypochromic anemia that denotes an iron deficiency.

Left-sided colon cancer

- Bowel movements may alleviate pain in the lower abdomen. In some cases, patients can develop anemia and an iron deficiency, like with right-sided colon cancer. It's important to realize that patients lose blood not only with the feces but also through their nose and mouth. These patients will more likely notice a change in stools and expel bright

red blood (hematochezia) conditioned by the reduction of light in the colon. The tumor's growth can occlude the intestinal light, provoking intestinal obstruction with pain, abdominal distension, vomiting and intestinal closure.

Rectal cancer

- As feces concentrate after they pass through the transversal and descendent colon, localized tumors at this level tend to impede the way out, causing a colic-type abdominal pain sometimes with an obstruction (obstructive ileus) and even perforation of the bowel. In this location, rectal bleeding, rectal tenesmus and a decrease in the diameter of feces are frequent. However, anemia is rare.

Testimonial

Hilda Navarrete Yañez—Age: 68 years

I live in San Carlos, VIII Region (Chile). In July 2011, I was diagnosed with right-sided colon cancer. I had surgery but refused chemotherapy and radiotherapy.

On September 6th, 2011, I contacted Ms. Angelica Costa Correa in MMS Chile, and she recommended Protocol 2000 plus MMS enemas, combined with MMS₂. It wasn't easy. I went through healing crises, but I never gave up. I always had faith that this substance would heal me.

Whenever I had a healing crisis, I would reduce the dose and try to increase it again later. After four months on MMS, I did some tests, and I couldn't believe the results. It was a great joy. The tests were very good, but something was still not quite right. That's when I incorporated the MMS₂ capsules. I only managed to take two capsules a day with my meals, only a 100-capsule jar.

I let some time pass. Blood tests in April 2012 indicated that my carcinogenic-embryonic antigen levels kept dropping. It was in August 2012 when I had the best news: I was within normal levels, which simply means that my cancer was gone.

I want to thank MMS-Chile and Angelica, who always took good care of me. I have attached my blood tests.

Source: <https://mmslinaresmaule.wordpress.com/2012/09/04/testimonio-desanacion-de-cancer-de-colon/>

Author's note: Please note that MMS₂ can cause acute side effects, and the author distances himself from its use without medical supervision.

Treatment

Appropriate treatment for this case would be Protocol C, or Protocol B as an alternative, and increasing the dose to 3 ml CDS diluted in 100 ml for 3–6 months. Apply Protocol E (enema) at night, alternating the next day with Protocol L (bath).

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Common Cold

The common cold is a mild viral infection of the upper respiratory tract, which, in most cases, provokes abundant mucus in the nose, nasal congestion, and sneezing.

Symptoms

Nasal congestion, rhinorrhea (abundant mucous in the nose), sneezing, hoarseness. Colds can also cause a cough, a decrease in appetite, headache and muscle aches, sore throat, and inflammation.

Testimonial

Rikorg

Since the first time I took MMS, I have never had a cold again. When I notice I am coming down with a cold or I have been next to someone who is sneezing, coughing or fevered, I take 5–15 drops per day, dissolved in water, over several hours, with one hour between intakes. I usually take five drops per day, because the mix lasts about three days in the refrigerator [..].

Source: <http://joseppamies.wordpress.com/2012/11/15/yo-tambien-uso-mms-dio-xido-de-cloro-y-divulgo-sus-propiedades-medicinales/>

Treatment

Appropriate treatment, in this case, would be Protocol F (frequent). In severe cases, we can follow with Protocol C (CDS) alternating, if necessary, to Protocol O (eye, ear, and nose drops). Protocol Z (Zapper) has excellent results when combined with these protocols.

Congestive Heart Failure

Congestive heart failure (CHF) occurs when the heart is unable to pump sufficiently to maintain blood flow to meet the body's needs. It can develop after a heart attack, high blood pressure that goes untreated for a long time, or a damaged heart valve.

Symptoms

Shortness of breath, especially when lying down, a lack of energy, excessive fatigue, difficulty sleeping at night due to respiratory problems, swollen or soft abdomen, loss of appetite, a cough with phlegm or foamy mucous, weight gain due to retention, and confusion or lack of mental clarity.

Testimonial

Neb Radojkovic—29/06/2012

I just have to tell the world... I have suffered from coronary artery disease since 1996 after having several heart attacks within 2–6 months. Doctors offered me partial bypass surgery, but that didn't convince me, so I went looking for alternative procedures and treatments. Nothing made me feel better, and I was still using my daily Nitro patch.

Some time ago, I found your MMS solution. I was repairing a computer for an older man, and he mentioned MMS. We got to talking, and he gave me a bottle of Chlorite and a bottle of citric acid. I promised I would give it a chance. I am so happy that I did. I have to say that it's still early, but I couldn't keep quiet about how I feel any longer.

To be honest, I was scared, so I started very cautiously, just one drop every hour, no more than eight times a day. Then I went on to take two drops every 2 hours until I took eight a day. I was about to increase the dosage one more (after two weeks) when I started to feel exceptionally better.

Note that I was living with daily angina and pain for many years. At night, I had to wait for my heart to calm down long enough to stop echoing in my ears and to slow down so I could fall asleep. I couldn't walk more than a block and a half before having to wait for the pain to pass.

But now, after just two weeks, I started to feel completely different. I don't have any pain. I couldn't believe it at first, but then I began to test myself. I tried to walk faster and faster... no pain. I attempted to go upstairs... no pain. Then run upstairs and NOTHING! No pain at all.

I knew I had to get in shape because I was getting tired, but there was no pain. There was just this great feeling of happiness. It felt like being young again.

I know MMS did this. There's nothing else that could have caused this change in my health. I want to scream to the whole world! I want to tell people to believe me because I am not trying to sell anything.

Anyhow, I thank the man whose computer I repaired and who gave me the miracle solution. And I thank Jim for finding this brilliant solution and for sharing it altruistically with everybody.

Treatment

Appropriate treatment for this case would be Protocol A (amateur) or S (sensitive), depending on the severity. If there are not adverse effects, we can change to Protocol C and combine it with Protocol K (DMSO) on the chest for as long as necessary.

Conjunctivitis

Conjunctivitis is the inflammation or infection of the membrane (conjunctiva) that lines the eyelid and covers the eyeball.

Symptoms

Redness and lacrimation, blurred vision, eye pain, sensitivity to light (photophobia), and itchiness in eyes. Depending on the cause of conjunctivitis, other symptoms include morning rheums (infectious), enlarged lymph node (viral), and itching (allergic).

Testimonial

My two and a half-year-old son got conjunctivitis at kindergarten. The infection disappeared after two days of treatment with MMS. I mixed two drops of activated MMS with about 30 ml of water. I tried them on myself first to make sure there was no burning. It wasn't too bad for me, just a little burning sensation. I added 15–20 ml of additional water, and once I did that, they felt similar to any other eye drops.

We ran a 4-day treatment with this solution: 1 drop in his eyes, morning, afternoon and evening. By the second day, his conjunctivitis had disappeared. We continued for two days to make sure that it was all gone.

After a month, my other son, ten years old, also had an eye infection that we didn't even go to check. They were both treated with the same MMS solution, and their eyes were back to normal in 24 hours. We have also used it to treat flu a couple of times and even herpes successfully.

I hope this helps. Thank you, Jim.

Source: <http://genesis2church.org/list-all-mms-testimonials>

Treatment

Appropriate treatment, in this case, would be Protocol O combined with Protocol C for 3–7 days, depending on the degree of the infection.

Crohn's Disease

Crohn's disease is an inflammatory intestinal ailment, for which conventional medicine has not provided an adequate pharmaceutical solution. It is chronic and of unknown causes. It might have an autoimmune component, where the individual's immune system supposedly attacks its intestine, provoking the inflammation. Quite often, the ileum is the affected area. The ileum is the final part of the small intestine and the beginning of the large bowel. The disease can appear in any part of the digestive tract, from the stomach to the rectum.

Symptoms

- Some Crohn's disease patients barely have any symptoms while others suffer from severe and continuous discomfort. Most patients fall between these extremes.

- Depending on the location of the disease, symptoms can vary. If the condition affects the small intestine (the most common), symptoms include diarrhea, abdominal pain and what are considered general symptoms: weakness, weight loss, and loss of appetite.
- If the inflammation is localized in the colon, it causes diarrhea, sometimes with blood.
- The type of disease also determines its symptoms. Patients with inflammation tend to have more pain and diarrhea, while those with stenosis tend to experience less pain, and may have intestinal obstruction.

Testimonial

Melanie Allison—MMS was our miracle! [Published: 18.10.2012]

“God, I can’t decide if my baby lives or dies, but if he’s supposed to live, show me the way.” That was my fervent prayer on a desperate night in April 2010. My 12-year old son was dying due to the havoc created by Crohn’s disease and the c-diff he acquired in 2009. Immunosuppressants, corticosteroids, IGIV, fecal transplants and double doses of vancomycin couldn’t stop the decline of my sweet boy. Specialists told me there was nothing else they could do for my son [...].

That put me on a 3-year learning path, and the research, the prayers, and drive to do certain things continue today. One discovery was MMS.

A quick summary: in 2010, when he was 17, my son got diagnosed with Crohn’s disease. In 2012, my husband was also diagnosed.

They started taking MMS, and in a few days, they had no symptoms. We carried on with the treatment for four weeks to make sure, and we repeated it after a few months. We think nutrition and vitamins are essential, but MMS took us where not a single prescription drug could.

My husband healed in a month. Even the doctors were flabbergasted. Their textual words: “Your guys are better than 95% of my patients who are taking prescription drugs!”

I do think that Crohn’s is from bacteria gone wild due to all the prescription drugs we put in our bodies, especially steroids. Bacteria are opportunistic and responsible for the suppression of the immune system.

My son was healthy when he was 12. He was a healthy and vibrant kid until he took a couple of rounds of steroids for poison ivy, and one month later, he got diagnosed with Crohn’s disease.

There is much more; I could write a book on the subject. I think MMS works because bacteria cause many of our ailments, but doctors, in complicity with the medical community, refuse to see this and ignore the evidence.

Source: <http://lei971.blogspot.com.es/p/casos-de-cura.html>

Treatment

Appropriate treatment, for this case, would be Protocol C, or Protocol B as an alternative, increasing the dose to 3 ml of CDS dissolved in 100 ml of water ten times a day. It can be combined with Protocol R (irrigator) after depositions, for three months. At night, apply Protocol E (enema) alternating the next day with Protocol L (bath).

Cutaneous Leishmaniasis

Cutaneous Leishmaniasis is an infectious disease caused by protozoan parasites of the species *Leishmania*. It affects the skin and mucous membranes, the liver, spleen and all blood-forming organs. Clinical manifestations of the disease go from skin ulcers that heal spontaneously to lethal forms with severe inflammation of the liver and spleen. The disease is a zoonosis that affects both dogs and humans.

Symptoms

There are five defined types of leishmaniasis:

1. **Classic cutaneous:** where a pustule initially forms and tends to grow. In two to four weeks, it turns into a painless nodule with a scab. If infected, it becomes purulent and painful. Often, lymph nodes are affected.
2. **Mucocutaneous (mucosal) or Espundia:** it appears months or years after the appearance of the classic cutaneous type, through the spread of parasites, via the lymph nodes and bloodstream, that invade the mucous membranes of the nose and oropharynx. It never heals spontaneously, and once the infection subsides, patients tend to require reconstructive surgery.

The other types are:

3. Cutaneous diffused
4. Visceral
5. Cutaneous atypical

Testimonial

Marcelo Lozada Barsanti

Blessings. My name is Marcelo Lozada Barsanti. I am from Argentina, but I reside in Peru. Here in the Amazonia and hot climate lands, there is an abundance of cases of Andean cutaneous leishmaniasis (Andean-CL, uta). The public health service provides the prescription drug Glucantime to treat this pathology, which is a poison for the whole system. That is why people are so terrified of this disease: patients who take this drug age terribly, as their system gets poisoned. There have been many reported deaths from taking that drug, which the Amazonian people called “the ager.”

I contracted leishmaniasis after working the land in Pillcopata, National Natural Park Manu. Because of what the local people told me about Glucantime, I decided not to go for the conventional treatment.



Fig. 38: 1) Patient's affected leg 2) Evolution of the disease 3) The same leg after 3 months of treatment with CDS and DMSO

I treated myself with MMS – CDS – DMSO, magnesium chloride: ingestion, skin protocol 3000 (Protocol K), and detox baths for the affected area, adding Maras salt (sea salt) and following an antioxidant and spice-free diet, appropriate for ClO_2 treatments. After an intense regime of hourly doses of MMS and doses of CDS every 15 minutes throughout the day, accompanied

by DMSO, I started to see slow improvement. Progress spiked when I took my diet seriously (I stopped eating fresh vegetables, tea, spices, and turmeric, which were interfering a little). After three and a half months of intense treatment, I WAS COMPLETELY HEALED. The parasite died. Andreas Kalcker was kind enough to accompany me through the whole experience since it was part of his incredible scientific research.

I now manufacture MMS, and I share this cure wherever I can, here in Peru, with my partner Coral. We use it for everything, and we have changed the lives of many people who have decided to take the same path to heal anything from the simple flu to complex diseases like cutaneous leishmaniasis.

We are grateful and happy. My illness became what every disease should be: a chance to learn to heal ourselves.

WE LOVE YOU ANDREAS. Thank you for bringing more awareness and love to this planet. Your research is a legacy for our planet.

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic), combined with Protocol D (dermatology) in the affected area for as long as necessary. Also, Protocol K (DMSO).

Cystic Fibrosis

Cystic fibrosis is an affliction for which conventional medicine has not provided a pharmaceutical solution. It is a chronic disease that represents a severe health problem, affecting mainly the lungs and digestive system.

To keep the disease under control, patients with cystic fibrosis need constant and regular care for the pulmonary and digestive complications, periodic check-ups at the hospital, and full-time dedication from their relatives or caretakers.

Symptoms

The symptoms characteristic of this disease are salty-tasting skin, frequent respiratory problems, weight loss and digestive issues.

Testimonial

Dr. Camino. G. (MD)

ACCREDITED CERTIFICATION OF HEALTH STATUS CERTIFIES

That Ms. MIRIAM F.G., age 20, was diagnosed with cystic fibrosis and bronchopulmonary aspergillosis in 2000 and has been treated with oral antibiotic therapy and 6 IVs, in repeated cycles, according to sputum cultures. She went through three embolizations (2010, 2011 and 2013) for recurrent hemoptysis. This practice severely limited respiratory treatments, even though she was sensitive to tobramycin and colistin.

In November 2012, the first resistance to antibiotics appeared “in vitro,” although “in vivo” she still responded to higher than usual doses, with TMP/SMX (Trimethoprim-Sulfamethoxazole).

In May 2013, once apparent the lack of effectiveness of *Stenotrophomona maltophilia*, we decide to intensify respiratory physiotherapy up to four daily sessions, to improve the patient’s quality of life (getting rest at night and aiding her university activities).

On the same date, we initiated treatment with *Aspergillus fumigatus* with Itraconazole and corticotherapy, continuing it until the end of July 2013, with no results. Sputum cultures show sensitivity to Voriconazole, but we did not prescribe it due to the visible side effects produced years ago.

The family decides to start treatment with MMS on August 17th, 2013. The treatment causes a significant reduction of bronchial secretions, allowing her to sleep at night and reduce to 1–2 the number of respiratory physiotherapy sessions.

The patient improved significantly and recovered the lifestyle typical of her age group. Until the date of this report, the patient has taken two cycles with three activated drops of MMS, eight times a day, until the sputum culture came out negative.

Currently, her only oral treatment is a daily glass of Seawater. Due to the near disappearance of bronchial excretions, she continues with a daily respiratory physiotherapy session, common in France.

Author’s note: We have observed the same mucus in many patients with gastrointestinal problems (autism, ulcerous colitis, fibromyalgia). It’s possible to use Protocol P for deworming, with professional supervision, since I don’t discard a strong parasitical presence as the leading cause of the disease.

Treatment

Appropriate treatment, for this case, would be Protocol C (CDS) or B (basic), combined with Protocols Z and P.

Cystitis or Urinary Infection

Cystitis, a disease of known or unknown causes for which conventional medicine hasn't provided an adequate pharmaceutical solution, involves the chronic or acute inflammation of the urinary bladder, with or without infection.

Symptoms

The most frequent symptoms are an increased desire to urinate, even at night, intense pain in the upper pubic regions (over the bladder), burning and difficulty, or even pain during or after urinating.

It can also present with darker urine accompanied or not by pyuria (increase in the leukocytes in the urine) or hematuria (presence of red blood cells in the urine). The urine usually has a foul smell. In children under five years old, symptoms are often more imprecise, like general weakness, irritability, and loss of appetite or vomiting. In older people, symptoms can also include weakness, confusion, fever and falls.

Testimonial

Good evening. It's such a blessing to know that MMS is now also in Colombia. Mine is a noteworthy testimonial. I have lived in Australia for the past six years (I am currently vacationing in Colombia). It was here where I found out about MMS. I started to research it because I wanted to help a few people close to me who suffered from diverse ailments. I voraciously read all the information I could find and started to research more closely other forms of alternative medicine.

I had suffered from cystitis, headaches and a lower backache for many years. That pain was always there. I started taking MMS, and I am not lying when I tell you that, in just a week, my cystitis disappeared. At first, I thought the cure was temporary, but it has been nearly eight months, and I have never had another symptom. The headaches went away, and I feel like my energy is back. It's incredible, and it's not dangerous, I can assure you of that. The thing is that this world is full of liars, and people would rather believe the pharmaceutical

industries than someone who, even though he is not a doctor, has a very kind heart and the desire to help humankind.

I am in Colombia at the moment, where I have administered the medicine to three people. All of them have seen positive results. In the future, I will tell you how they are doing. Lots of blessings to all of you.

Treatment

Appropriate treatment, for this case, would be Protocol C, or Protocol B, as an alternative, increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol V (vaginal) for female patients or R with an irrigator for men. In severe cases, apply Protocol E (enema) alternating the next day with Protocol L (bath).

Cysts

A cyst is a cavity or sac of membranous tissue that can grow abnormally anywhere in the body. It can contain air, fluid, fat, pus or other substances. Most cysts in the lungs are filled with air, while those in the lymphatic system contain fluid. Cysts are usually benign but can be malignant when caused by viruses or bacteria that produce abnormal cells, affecting an organ.

Author's note: Many parasites, among them some types of nematodes which allopathic medicine considers innocuous, as well as cestodes, can cause cysts in muscles, liver, brain, lungs, eyes, uterus and other parts of the body.

Symptoms

The main symptom is the presence of a noticeable lump that can vary in size. If the cyst is in contact with a nerve, it may produce a tingling or burning sensation, and pain if it puts pressure on a tendon or joint.

Testimonial

Donna—The United States 20/03/14

Doctors discovered a cyst in my liver when they performed an ultrasound on my heart. The doctor told me not to worry since “the mortality rate of liver cysts doesn’t exist.” That was about 40 years ago, and every time I had an ultrasound, the cyst had grown.

A year ago, the cyst had a 12.7 cm (5 inch) diameter, and it showed up on the image as a big black hole. This cyst would cause acute pain, as if someone was stabbing me, once a week.

I have been taking MMS for a year. At first, I took MMS_1 every day for a week, then an MMS_2 capsule once or twice a week. Later, I only followed a maintenance protocol. I noticed the cyst didn’t cause pain anymore, so I was anxious to get the ultrasound that I have twice a year.

The nurse told me the cyst was disappearing and that it now looked like a cloud, not that black hole they observed before. It was less than half the size it was when I was first diagnosed, and she said: “at this pace, it will be gone by next year.”

I have no words to describe how grateful I am.

Source: <http://mmstestimonials.is/other>

Author’s note: Remember that MMS_2 can have acute side effects, and the author prefers not to recommend its use.

Treatment

Appropriate treatment, for this case, would be Protocol C (CDS) or Protocol B (basic), combined with Protocol K (with DMSO) in the affected area for as long as necessary.

Dandruff

Dandruff (Pityriasis Simplex or Furfuracea) is a reaction of the scalp that causes itching, dryness, and redness. The irritation speeds up the renovation of skin cells and provokes the accumulation of immature cells on the surface of the scalp, which manifests as visible dandruff flakes. Dandruff appears when three factors coincide: a microbe, a greasy scalp, and skin sensitivity.

Symptoms

The presence of white flakes on the scalp, itching, dryness and redness.

Testimonial

I have had a dry scalp or dandruff (I don't really know which) since I tried my parents' anti-dandruff shampoo as a child.

Well, I got a 4 oz spray bottle and introduced 40 drops of MMS + 40 drops of citric acid solution at 50% and then filled it with water.

I started spraying my hair for a good ten minutes, massaging my scalp, and that very same day, I noticed a considerable improvement. Now, four days later, my scalp is not dry at all.

Before, all I needed was to touch my hair, and "snow" would start to fall on my clothes, right? Well, that problem is now gone. There is no "snow" even if I scratch a lot! My dry scalp is gone!

It's gone for good. Amazing!

Thanks to the YouTube polemicists who argued valid points about MMS, because I was skeptical at first. I am glad that I gave it a chance, and I feel terrible for all the people I talked out of using MMS as if I knew something about it. I didn't. I just trusted what "mainstream" science and the media fed me, and they got away with it because I blindly trusted what they had to say. Now I am ashamed. I will never do that again. I am sorry about all the people I influenced, and I hope they realize that MMS works.

Mick

Source: http://genesis2church.org/list-all-mms-testimonials-html?amp;start=200&jsn_setmobile=no&start=320

Treatment

Appropriate treatment, in this case, would be Protocol D, 2–3 times a day. It can be combined with Protocol C for three weeks.

Dementia

Dementia involves the loss of brain performance due to certain illnesses. It affects memory, thought, language, judgment, and behavior and impairs the patient's ability to perform daily activities. As the disease evolves, loss of orientation in time-space and progressive loss of identity may appear. Dementia can be reversible or irreversible, depending on the etiology of the disorder.

Symptoms

At first, dementia manifests as “forgetfulness,” and is different from mild cognitive impairment (MCI) because it interferes with daily activities. Symptoms can include difficulty in performing tasks that require thinking, but that used to be easy, such as balancing a checkbook, participation in games, and learning new information or routines. Dementia patients may also experience the following: getting lost on familiar routes, linguistic problems such as having difficulty remembering the names of everyday objects, losing interest in things that used to be enjoyable, indifference, misplacing objects, personality changes, and loss of social skills, leading to inappropriate behavior.

Testimonial

My father had major back surgery and was under anesthesia for approximately 5 hours. In post-op, he was confused. As his stay in the hospital progressed, he regressed. He was experiencing significant dementia. The doctors claimed that the surgery simply uncovered an underlying problem that was already there. My dad was 78 at the time and very healthy. He ran a ranch before his surgery.

One day I remembered MMS₁ and decided to give it a try on my dad. By that time, he was in assisted care. I did Clare's combination on him, and by the time I left that day, he was much clearer. I came back the next day and did the same with even more noticeable improvement. By the third day, after the treatment, he was himself again and able to go home.

If not for the MMS, I don't think he would have ever been able to leave assisted living. He was getting worse and worse, not knowing where he was or who we were. I was so excited! The MMS really works! Thank you for your commitment to help others!

Dianne G

Source: http://genesis2church.org/list-all-mms-testimonials-html?amp;start=200&jsn_setmobile=no&start=340

Treatment

Appropriate treatment, in this case, would be Protocol C, or B as an alternative, continuously and combined with Protocol K (with DMSO) applied to the back of the neck and the spine for three weeks, followed by one week of rest. You can also combine it with Protocol L when the patient takes a bath. Repeat the protocol each month.

Dengue Fever

Dengue fever is a sickness for which conventional medicine has not provided an adequate pharmaceutical solution. It is an infectious disease caused by the dengue virus of the Flavivirus or Ontinuam calopus species. It is mosquito-transmitted, mainly by the *Aedes aegypti* mosquito.

Symptoms

Symptoms appear 3–14 days (average of 4–7 days) after the infectious bite and include a high fever (40°C or 107°F), accompanied by an intense headache behind the eyes, pain in muscles and joints, nausea, vomiting, enlargement of lymph nodes and rash. Severe dengue fever is a life-threatening condition because it can progress to plasma extravasation, accumulation of fluids, respiratory difficulties, severe hemorrhages and organ failure.

Testimonial

Rafael Rosa Ontin

Date: June 24th 2015, 21:57—Villa La Angostura Neuquen

Subject: DENGUE FEVER HEALING

Dear Andreas,

I have been your follower since I learned of your work when I got sick in the Bolivian Jungle with dengue fever. I suffered a lot, but the worst was yet to come. After the 4-day stage of high fevers, I went back home to Argentina, and my joints were severely damaged. I have always worked in electro-medicine. I manufacture ozone reactors to sterilize operation theaters, therapy rooms, neonatal care, etc. On this trip, I went to install seven machines in several

hospitals, and I got dengue fever. I felt dreadful. They told me about MMS and gave me some information.

When I got back to Argentina, I was getting sicker and sicker every day. I couldn't hold my knife and fork. I couldn't get out of bed due to the pain in my ankles. I contacted several drugstores and got hold of the sodium chlorite salts and the citric acid.

Your video tutorials helped me prepare the solution, and I started trying two drops every hour. After two days of three drops, I was shocked because on the fourth day, I didn't feel the pain in my ankles and wrists, and my fingers loosened up.

I want to tell you that right now I am in perfect health and I am only taking two drops in the morning and two drops at night. I want to thank you for your work. Thanks to all those who work with their hearts, not thinking of their pockets. I am at your service if you need me.

You can mention me in your statistics. A big hug, and thank you once again. Everything done with love works.

It was at one of the hospitals where I installed the machines where the director did tests that came out positive for dengue fever. I don't have them any longer, but I can tell you that the "before" was terrible and "after" it was as if I never had the illness. I can also tell you that dengue fever turned me overnight into someone with rheumatoid arthritis, which went away for good after a few days using MMS. I continued taking it for some time.

Treatment

Classic dengue (non hemorrhagic)

Appropriate treatment, in this case, would be Protocol F (frequent) followed by Protocol C or B as an alternative. Combine it with Protocol K (DMSO) for joint pain, and Protocol E (enema) for the fever and headache. In case of itching, apply Protocol L (Lavatory bath) as well.

Depression

Depression, a disorder for which conventional medicine hasn't provided an effective pharmaceutical solution, occurs when a person's mental state is affected by severe and prolonged feelings of sadness or related symptoms, which impede their ability to relate to others, work and cope.

Symptoms

- Depressive states include sadness, hopelessness, despondency, guilt, defeatism, chronic pessimism, the perception of a dark tunnel with no way out, and a very dark vision of reality that one can't get rid of that prevents seeing the bright side of a situation.
- In children and teenagers, irritability, a marked loss of interest or ability for pleasure in all or nearly all activities.
- Significant weight loss or gain.
- Insomnia or hypersomnia.
- Psychomotor restlessness or slowing down.
- Feelings of uselessness or guilt that are excessive or inappropriate.
- Loss of the ability to think or focus, and indecision.
- Recurring thoughts of death and suicide, with or without specific intent.

Testimonial

Art Flores 20/03/2015

Andreas,

Good afternoon. I watched your videos on YouTube, and they are very inspiring. I would like to know where you got the zapper device. I am worried that I may have parasites. I haven't done any tests, but just in case.

I took MMS, and during the second week, I vomited something white, like a white mass diluted with water. What could that be? I didn't have diarrhea. That incident took place when I increased the dose to 24 drops. Then I reduced it to 12, and I have been increasing it again by one drop per day.

I started using MMS on March 9th, 2015. So far, I have no symptoms. I suffered from severe depression, but I don't feel that anymore, and I don't suddenly start crying like I used to before taking MMS.

Thanks a lot in advance for your answer. And thank you for existing in this life. Everything you do is impressive!

Author's note: Many cases of depression have been directly tied to intestinal parasitosis, whether from roundworms, fasciola hepatica (liver flukes), pinworms or others. Usually, chlorine dioxide eliminates the toxins released by these parasites' metabolism, causing, in many occasions, an almost immediate improvement. However, at other times, it doesn't seem to work. In such cases, we have to apply Protocol P (for parasites, or deworming).

Treatment

Appropriate treatment, in this case, would be using Protocol C, or B as an alternative, in severe cases, combined with Protocol E for three weeks. If the condition persists, perform Protocol P (parasites).

Diabetes

Diabetes mellitus is a sickness of unknown causes for which conventional medicine has not provided an adequate pharmaceutical solution. It is a chronic disease that occurs when the body can't regulate blood sugar levels. That can happen when the pancreas doesn't produce enough insulin (the hormone that controls blood sugar levels) or when the body has a resistance to insulin or both. Individuals with diabetes are not able to move sugar from the blood to the adipocytes and muscle cells to burn it or store it in energy form.

Symptoms

The main symptoms of diabetes mellitus include excessive urination (polyuria), an abnormal increase of hunger (polyphagia), increased thirst (polydipsia), blurred vision, fatigue, and weight loss for no apparent reason. These three symptoms (polyuria, polyphagia y polydipsia) are the most frequent and are sometimes the reference for diagnosing the onset of type 2 diabetes.

The World Health Organization recognizes three forms of diabetes mellitus: type 1, type 2, and gestational diabetes (during pregnancy), each one with different etiology and impact.

Author's note: There are many other types and subtypes of diabetes. It is a complex disease with multiple causes that vary in each case. Some favorable results have been documented, but we should mention that the treatment has not always been successful, and the exact reasons are unknown. Still, it was worth trying for many people.

Testimonial

Type I diabetes

Hanieh Suleiman Hassan Diaz

I am 36 years old and from Panama. Since I was 16, I have had health issues from high blood sugar. When I was 20, during my first pregnancy, I was diagnosed with gestational diabetes, which was treated with insulin. When I gave birth, my blood sugar levels went out of control, and I was diagnosed with type 1 diabetes (the doctors told me that I had had diabetes since my teens). At 24, I lost sensitivity in my feet (diabetic neuropathy), and my blood sugar levels remained elevated. At 26, I had my second child, with numerous complications. I was hospitalized on four occasions. They administered a great deal of insulin, and my baby weighed 11 pounds at birth.

After I gave birth, my doctors prescribed Metformin 850 and Glibenclamide. At 28, they added insulin 70/30.

In December 2011, they amputated the third toe in my right foot due to gangrene and osteomyelitis. They then changed my treatment from insulin 70/30 and Metformin to Metformin 850 in the morning, 20 quick-acting insulin units at noon, and ten quick-acting + 4 slow-acting insulin units at night.

Six weeks ago, I started my treatment with MMS and citric acid. After three days of the regime, I began to feel a lot of energy and strength. After a week, I noticed a tingling sensation in my feet and calves. After 15 days, I started recovering the sensitivity in my fingers and my feet. I feel so strong! My blood sugar went back to normal (on an empty stomach, from 78 to 96). Seven days ago, I burned my finger with hot oil, and the wound healed in two days when that used to take much longer. When I started taking MMS, I had an infection on my foot (diabetic foot); the wound is now dry. It's healed. Also, I was taking diuretics to urinate, and my urine was foamy due to an abundance of proteins. It has been a month since I stopped taking diuretics, and I urinate normally. My insulin dose is also lower. I only inject four units of slow-acting insulin at night and take Metformin in the morning.

MMS is an excellent product that significantly improves health.

Type 2 diabetes

From: Santiago Vargas – Sent: 06/04/2015 10:10

Hello. I would like to share with you my experience with “Natural Health” and “Dulce Revolución” (Sweet Revolution):

Three months after alarming blood test results (high levels of liver enzymes, diabetes, and blood in stools), I just picked up the results of my latest test. It was

amazing to see how shocked my doctor was with the new results. All values are within the normal range, and what's more important to me, the type 2 diabetes diagnosed is gone. All this happened after a 21-day treatment with MMS, daily ingestion of a couple of kalanchoe leaves, and drinking approximately one liter of stevia infusions per day. I have also done my best to follow an alkaline diet as strictly as possible and exercise daily.

My doctor couldn't believe both tests were from the same person, but they are. It's the same old me after learning a more natural and effective approach to medicine that doesn't contribute to the business of turning some diseases chronic, like diabetes, which is becoming more and more common.

Treatment

The treatment for diabetes is Protocol C, or Protocol B, as an alternative. We have to stress that this is a long process that involves monthly deworming for at least six months, as well as maintaining a healthy diet (no meat, no refined flours, no dairy) before obtaining results. It's possible to come off insulin dependence in approximately 2–3 months, while complete remission can come about after five months if the patient strictly and regularly follows the treatment.

For type 1 diabetes, we can apply Protocol P (deworming) since it has had good results in some cases. In Protocols C and B, add a teaspoonful of natural stevia, and up to 15 grams of Kalanchoe spread throughout the day.

Diarrhea

Diarrhea is a drastic increase in the frequency of stools, usually more than three times a day, accompanied by a decrease in their consistency. Diarrhea may contain blood, mucus, pus or undigested foods. It must be carefully monitored when children and babies are affected, as it can develop into more severe conditions.

Symptoms

Symptoms include abdominal pain, fever, nausea, vomiting, weakness, and loss of appetite.

Testimonial

Maria del Pilar

Very special greetings to you. I want to thank you for putting this fantastic product within my reach. SODIUM CHLORITE. Not just me, but several of my friends and relatives have been taking it as a preventive measure, and we find that our bodies assimilate it very well. I am a devoted advocate, especially among my loved ones and close friends, and I want to give you two testimonials:

[...] My daughter had diarrhea for 15 days and stomach pain every time she ate. After visiting the doctor and running the appropriate tests, I decided to give her CHLORITE. What was my surprise when after giving her just one drop from each bottle and with only one dose, the next time she ate, she had no pain, and her diarrhea disappeared. Of course, for the next few hours, I kept giving her a dose every hour, to fight the ailment.

It feels wonderful to be able to share this experience with you and tell anyone who might be interested but fearful about taking CHLORITE that they can simply try it and see for themselves what a magical product it is, so we can help everyone who needs it. May God always be with you and give you the wisdom to reach all those people who urgently need this great product. One million blessings, and thanks.

Treatment

Appropriate treatment, in this case, would be Protocol U (urgent) for adults. For children, apply Protocol N (children). The length of treatment varies, depending on how long the diarrhea persists. In severe cases, we can add Protocol E (enema) combined with Protocol K (with DMSO) applied to the abdomen.

Diverticulitis

Diverticulitis, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is an inflammation of the small pouches that can form on the lining of the intestine (often in the large intestine, or colon).

Symptoms

Patients may have a distended lower abdomen and pain in that area, sensitivity on the lower left side of the abdomen, distension or gas, fever and chills, nausea, vomiting, and loss of appetite.

Testimonial

Richard Chesher

From 2005 to 2007, I suffered from a series of recurring internal infections [...]. Problems continued and went from bad to worse. When I took the antibiotics my doctors prescribed, I felt better, but once I stopped, the issues came back two weeks later, weakening me and making me feel miserable.

Finally, I ended up in the hospital ER one day after fainting. At Internal Medicine, one specialist diagnosed my problem as a blocked colon caused by diverticulitis and prescribed another course of antibiotics as a preparation for surgery to remove the blocked colon section.

During my pre-surgery tests, I happened upon a woman's comment online, claiming she had healed from diverticulitis with MMS. So I ordered some online. Two weeks before the MMS arrived, I had finished my course of antibiotics, and I was feeling miserable again. On the same day it came, I started the recommended MMS protocol. In 20 minutes, I was feeling better. The next day, I was feeling wonderful, better than I had in many years.

Thus, I postponed my colectomy surgery and continued taking MMS. Two months later, they ran a new CAT scan, and I went to see the hospital's chief of surgery. He told me he saw no reason to go ahead with the operation. I kept taking six drops of MMS every night for the next five years, and I have enjoyed excellent health and general wellbeing. I have no doubt whatsoever that MMS saved me from surgery and that it returned my health.

In 2007, I thought I wouldn't live to see 2008. I am now 72 years old, and I feel fine.

Thank you, Jim Humble, for continuing the crusade for the good health of our planet.

Source: <http://genesis2church.org/all-mms-testimonials>

Treatment

Appropriate treatment, in this case, would be Protocol C, or Protocol B as an alternative, and increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol R (irrigator) after depositions for three weeks. In the evening, apply the Protocol E (enema), alternating the next day with Protocol L (bath).

Ebola

Ebola is a disease caused by the Ebola virus. This virus “supposedly” introduces itself in the human population through close contact with animals. An American company holds the Ebola virus patent. The patent number is “No. CA2741523A1”, issued in 2010.

Human ebola virus species and compositions and methods thereof CA 2741523 A1

RESUMEN

Compositions and methods including and related to the Ebola Bundibugyo virus (EboBun) are provided. Compositions are provided that are operable as immunogens to elicit and immune response or protection from EboBun challenge in a subject such as a primate. Inventive methods are directed to detection and treatment of EboBun infection.

DESCRIPCIÓN (El texto procesado por OCR puede contener errores)

HUMAN EBOLA VIRUS SPECIES AND COMPOSITIONS AND METHODS THEREOF

DEPOSIT STATEMENT

[0001] The invention provides the isolated human Ebola (hEbola) viruses denoted as Bundibugyo (EboBun) deposited with the Centers for Disease Control and Prevention (“CDC”), Atlanta, Georgia, United States of America) on November 26, 2007 and accorded an accession number 200706291. This deposit was not made to an International Depository Authority (IDA) as established under the Budapest Treaty on the International Recognition of the Deposit of Microorganisms for the Purposes of Patent Procedure, and is a non-Budapest treaty deposit. The deposited organism is not acceptable by American Type Culture Collection (ATCC), Manassas, Virginia, an International Depository Authority (IDA) as established under the Budapest Treaty on the International Recognition of the Deposit of Microorganisms for the Purposes of Patent Procedure. Samples of the stated Deposit Accession No. 200706291 will be made available to approved facilities for thirty years from the date of deposit, and for the lifetime of the patent issuing from, or claiming priority to this application.

Número de publicación CA2741523 A1
Tipo de publicación Solicitud
Número de solicitud CA 2741523
Número de PCT PCT/US2009/062079
Fecha de publicación 29 Abr 2010
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También publicado como EP2350270A2, 5 más »

Inventores Jonathan S. Towner, 4 más »

Solicitante Jonathan S. Towner, 5 más »

Exportar cita BiTeX, EndNote, RefMan

Clasificaciones (29), Eventos legales (1)

Enlaces externos: Oficina de propiedad intelectual de Canadá, Espacenet

RECLAMACIONES (30)

1. An isolated hEbola virus comprising a nucleic acid molecule comprising a nucleotide sequence of:
 - a) a nucleotide sequence set forth in SEQ ID NOS: 1 or 10;
 - b) a nucleotide sequence hybridizing under stringent conditions to SEQ ID NOS: 1 or 10; or c) a nucleotide sequence of at least 70%-99% identity to the SEQ ID NOS: 1 or 10.
2. An isolated hEbola virus having Centers for Disease Control Deposit Accession No. 200706291.
3. The hEbola virus of any one of claims 1 or 2 which is killed.
4. The hEbola virus of claim 1 which is an attenuated hEbola virus.
5. The virus of claim 4 wherein at least one property of the attenuated hEbola virus is reduced from among infectivity, replication ability, protein synthesis ability, assembling ability or cytopathic effect.
6. An isolated nucleic acid molecule comprising the nucleotide sequence of SEQ

Fig. 39: Patent n.º CA 2741523 A1 referring to Ebola virus

Symptoms

Typically, symptoms start to manifest between two days and three weeks after contracting the virus. The infected individuals are not contagious until they start showing symptoms such as fever, sore throat, muscle pain, headaches, vomiting, diarrhea, skin rash, renal and hepatic failure, and in some cases, internal and external hemorrhages.

Testimonial

There is an extensive website that publishes successful treatment results. Mutsuro Ishii

Fuente: <http://mmsjapan.sharepoint.com/Pages/ebola.aspx>

Author's note: I want to acknowledge and thank Mutsuro Ishii for his courageous work in Ebola pandemic areas, where he traveled without concern for his own life and of his own initiative, with excellent results.

Treatment

Appropriate treatment, for this case, would be using Protocol F (frequent) followed by Protocol B (basic) or Protocol C (CDS) as an alternative. In clinical cases, Protocol Y (injection) should be used when there is no improvement with the others.

Epstein-Barr's Virus (Cytomegalovirus)

Epstein-Barr's virus (EBV) is part of the herpes virus family (which includes the herpes simplex virus and the cytomegalovirus). It's the leading cause of acute infectious mononucleosis.

Symptoms

When children are symptomatic, they have sore throats, with or without tonsillitis. However, in adults, 75% of cases show infectious mononucleosis, which means that it takes 4 to 6 weeks after infection for symptoms to appear. These symptoms are fatigue, discomfort and muscle pain, and later on, mild fever and a sore throat.

Testimonial

M^a Cristina Villalba /San Luis (Argentina)

Dr. Kalcker:

It is an honor to write to you today to share my testimonial about the experience my son had last year.

His name is Ciro Alejandro Pandiani. Last February, he had a very high fever that wouldn't go away and severe tonsillitis. And so starts the journey through the outpatient clinic in Villa Mercedes (San Luis province, Argentina) [...] There was no improvement; he was getting weaker day by day [...]. At 25, he even got mononucleosis. Blood cultures didn't look good, and it was shocking that he would produce so many abnormal white blood cells [...] when he got sick,

being a large man (193 cm and over 100 kg). By mid-March, he had lost 27 kg, and he couldn't even walk [...].

On March 17th, they repeated the tests (they were doing them weekly), and then they told me: “Your son has a virus in his spine called “cytomegalovirus,” which is a bug that doesn’t go away. If it keeps going at this pace, his life expectancy is three months at most.”

When I got home, a friend called me and said: “With CDS, he will be healthy in a week.” The next day, he brought a little bottle with enough for 3–4 days [...]. From then on, my son did nothing but improve, and by the time he had his next test, he walked there by himself (10 blocks).

On March 26th, 2015, he was asymptomatic, and markers were non-reactive. Doctors could not believe it, and they told me: “Ciro’s mom, find some way to give thanks because we have never seen anything like this.”

Ciro didn’t go back to the outpatient clinic again; he didn’t want to. He’s back to weighing around 100 kg. I am attaching pictures of the tests. I would give anything to thank you personally with a bit hug of encouragement so you never, ever give up.

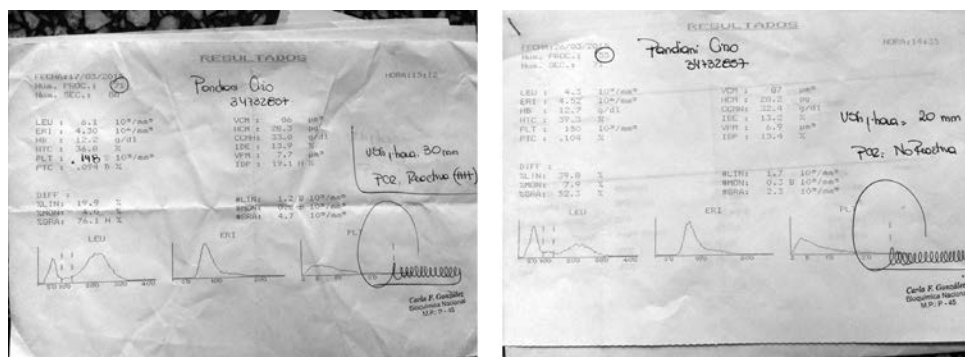


Fig. 40: Patient’s lab results

Treatment

Appropriate treatment for this case would be Protocol C (CDS) or Protocol B (basic) for one or two months, depending on the severity of the condition. Optionally, we can also use Protocol Z (zapper), which has produced excellent results in hard-to-cure cases.

Erectile Dysfunction

Erectile dysfunction is the persistent inability to achieve or maintain an erection firm enough for satisfactory intercourse. Any man might have problems maintaining an erection at some point, especially when tired, stressed, seriously ill, or under the effects of alcohol or drugs.

Symptoms

Symptoms include changes in both the firmness of erections and the ability to keep one. One indicator of a physical cause is the inability to have an erection when waking up in the morning. If the cause is psychological, the dysfunction can last for a time or as long as the stressful situation continues. If the condition persists for more than three months, the patient should see a urologist.

Testimonial

Due to stress, fatigue, exhaustion, poor nutrition, alcohol, and many years without proper rest, I had hormonal disorders and reduced libido and showed symptoms of prostatic cancer (prostatitis), fungi/herpes. Doctors wanted to prescribe Viagra and antibiotics, but I do not want to take any pharmaceutical drugs. I solved the problem with daily enemas (sometimes twice a day, since I noticed improvement), and I use CDS (Chlorine Dioxide Solution) to prevent diarrhea caused by citric acid. I recovered my energy and normal health in three months. I think the issue was due to an accumulation of toxins.

I also got relief from DHEA 50 mg, Melatonin 3–6 mg, magnesium chloride, borax, seawater, marine salt, an alkaline diet, sunshine, and gym. I also used autohemotherapy and urine.

I did everything within my reach because I knew it was due to chronic intoxication. I had nothing to lose.

Thank you, and thank you to MMS, the driving force behind my recovery! Thank you, Jim Humble!

Source: <http://lei971.blogspot.com.es/p/casos-de-cura.html>

Treatment

Appropriate treatment, in this case, would be Protocol C or B, as an alternative, combined with Protocol K and R (rectal) for one month.

Escherichia coli (E. coli)

Escherichia coli is the most widely studied prokaryotic organism. It lives in the intestine, and while most strands cause no problems, some can cause disease and diarrhea, such as Traveler's diarrhea. The worst strand of E. coli causes bloody diarrhea and sometimes renal failure and even death. In general, this can happen to children and adults with a weakened immune system.

Symptoms

Nausea or vomiting, intense abdominal cramps, liquid or bloody diarrhea, fatigue, fever, and in some cases, blood in the urine.

Author's note: Aspartame® sweetener is manufactured from this same bacteria. The bacteria's feces are used in its production, causing tissue inflammation over time, which in turn, provokes obesity and severe mental issues. I had personal confirmation of these facts through a Monsanto "ex-scientist" who used to work on the project. It is also used to fatten cattle. I strongly advise against the use of Aspartame®.

Testimonial

A friend of mine came back from a Pacific island showing blood and blood clots in her urine. The lab test and her doctor's diagnosis confirmed E. coli. They prescribed antibiotics. Before she started taking the antibiotics, I prepared 1.5 liters of ClO₂ (CDS) solution in alkaline water. I asked her to drink it over the next 12 hours before going back to the doctor for another blood test the next day. She complied, and to her doctor's surprise, her E. coli symptoms were gone.

R.K.

Source: http://genesis2church.org/all-mms-testimonials?amp;jsn_setwidth=wide&jsn_setcolor=grey&jsn_setwidth=wide&jsn_setmobile=yes&start=180

Treatment

Treatment, in this case, would be Protocol C (CDS) or B (basic) for about three days.

Esophageal Cancer

Esophageal cancer (cancer of the esophagus), a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is the growth of a cancerous tumor in the esophagus, the tube that transports food from the mouth to the stomach.

There are two main types: esophageal squamous cell carcinoma (associated with tobacco and alcohol consumption) and esophageal adenocarcinoma, which is the most common type of esophageal cancer. Small and localized tumors are typically removed with surgery, while advanced tumors “demand” to use chemotherapy, radiotherapy, or a combination of both. The prognosis depends, among other things, on the spread of the tumor and the associated medical complications.

Symptoms

Regurgitation of food back through the esophagus and possibly the mouth, thoracic pain unrelated to eating, difficulty swallowing solids or liquids, indigestion or heartburn, vomiting blood, and weight loss.

Testimonial

I lost my mother to cancer; I didn't know enough about MMS at the time. I am now trying to help my father overcome esophageal cancer. He was diagnosed 18 months ago. He's 82, and doctors were not at all hopeful, yet, 18 months later, we are still here.

In my opinion, the reason he's doing so well is that, two years ago, before the cancer diagnosis, he was taking MMS with the old protocol of 15-drop doses, mornings and evenings. I think he was in good condition. His tumor hasn't grown or spread since the diagnosis. Doctors are confused because they believe that the tumor is still there and still dangerous.

He is following the new Protocol 2000 without MMS₂ since he can't swallow the capsules.

I persevere. It's hard sometimes and tempting to give up when MMS makes him feel bad. So many protocols can be overwhelming for the caretaker (MMS₁/MMS₂/CDS/DMSO, swallowing, bathing, enemas, etc.).

Treatment

Appropriate treatment, for this case, would be Protocol C, or Protocol B as an alternative, and increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. Combine with Protocol K (DMSO) for 3–6 months. In the evening, apply Protocol J if possible.

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Fibromyalgia

Fibromyalgia is a disease of unknown cause for which conventional medicine has not provided a pharmaceutical solution. It is a chronic affliction characterized by generalized muscle pain and fatigue, with exaggerated sensitivity (allodynia and hyperalgesia) in multiple points all over the body, and no noticeable changes to organs.

Symptoms

Aside from pain and exhaustion, fibromyalgia can also produce one or more of the following symptoms: sleep disorder, ankylosis, morning stiffness, an increase of headaches or facial aches, abdominal pain, genitourinary problems, paresthesia, environmental sensitivity, skin problems, lack of balance, cognitive problems, “restless leg syndrome,” depression and anxiety.

Testimonial

My wife suffered from fibromyalgia or chronic fatigue. We both (but especially she) went through hell for a couple of years, both at home and at work. Her disease prevented her from functioning normally, and she nearly lost her job. This condition involves pain in the extremities and general, degenerative fatigue that leaves the individual in a near vegetative state.

During all the years it lasted, she didn't stop going to physical therapy. Whenever it was over, she would ask for readmission to start over again, since she never felt recovered. Aside from PT, she was on several prescription drugs,

like tranquilizers. Since there isn't a specific drug to treat fibromyalgia, they prescribed Lyrica, an antiepileptic, because it has a pain-killing side effect. And it killed her pain, at the price of being sedated. She only took it once.

MMS entered our lives because I was taking it for hepatitis C, but she wasn't. When I noticed the energy it gave me after just a few days, I convinced my wife to take it too so she could feel its energizing effect. She mistrusts anything beyond the traditional, but just to please me and shut me up, she agreed to take it.

Nine days later, her pain disappeared. It's been four years since that happened. I thank God for Jim Humble, for his discovery of the application of chlorine dioxide to the human body.

We keep taking it for health maintenance. My hepatitis isn't gone, but the tests I run every six months show stable levels, and I lead a normal life.

I recommend MMS to everyone.

Source: http://genesis2church.org/list-all-mms-testimonials-html?amp;start=140&jsn_setwidth=narrow&jsn_settextsize=big&jsn_setcolor=blue&st art=140

Treatment

- Appropriate treatment would be to start with Protocol C, or B as an alternative (A for severe cases). They can be combined "if possible" with Protocol Z and Protocol E (enema).
- Once the patient feels a steady improvement from the elimination of toxins, Protocol P (deworming) is recommended, as the presence of parasites has been observed in nearly all cases.
- After deworming, perform Protocol C again for three months to remove the toxic residues from the parasites.

Healing crises can sometimes occur, especially when there is a massive parasitical presence; in this case, we should apply Protocol E (enema).

Flu (Influenza)

The flu is a viral respiratory illness typical of the cold season. Although patients can recover in one or two weeks without medical treatment, children, and individuals with other severe infections can suffer complications.

Symptoms

A sore throat, headache and muscle aches, weakness and general discomfort. Nasal congestion, fever over 38 °C (100 °F), coughing. In children, it can also present with vomiting and diarrhea, irritability and drowsiness.

Testimonial

Dra. Yadia Elisabeth Gallardo

I want to share my story with you. My little niece, nine months old, had severe flu symptoms with nocturnal vomiting of food (milk), mucus, and an intense crystalline watery rhinorrhea on Sunday morning. I started with a drop of MMS and a drop of activator. I prepared the mix in a glass, added about 30 ml of water, and then put it in a glass drip bottle. I gave her one drop every eight hours and, indeed, by Sunday evening, she showed a significant improvement, and she's even better now.

Source: <http://www.centroser.com/paginas/mmstestimonios.html>

Treatment

Appropriate treatment, in this case, would be Protocol F (frequent) followed by Protocol C for as long as necessary.

As a complement, we can also use Protocol Z (professional zapper), which has excellent results in combination with chlorine dioxide.

Fracture

A fracture involves the breaking or bending of a bone due to excessive pressure. If the skin breaks as well, we call it an exposed fracture. The term encompasses both major and microscopic breaks.

Symptoms

The following are the most common signs and symptoms of a fracture: an extremity or joint noticeably out of place or deformed, swelling, bruises or bleeding, intense pain (even neurogenic shock), numbness and tingling, limited movement range or inability to move an extremity.

Testimonial

Alvaro Verdugo Echeverria, 32 years old.
Pitrufquen municipality /Chile

In December 2011, he was assaulted by a gang of sociopaths and broke his leg in three places. He was taken to the assisting facility where, after several exams and X-Rays, a kinesiologist doctor reset his bones and put a cast on his leg covering up to his knee. He was sent home with a prescription for painkillers and told to rest for six months. He had an appointment to return for a check-up 20 days later.

He started taking MMS, and surprisingly, his pain was gone after four days when he began to walk with the support of a cane. When he went in for his check-up 20 days later, doctors found the surprising result. His X-rays showed that his bones had completely mended, so they removed his cast and discharged him.

I want to testify that MMS helped this individual to overcome his pain in just four days and that 20 days were enough for his bones to mend instead of the six months his doctor predicted for total recovery. Currently, he is in great health.

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or B (basic) for 3–6 weeks, depending on the severity of the fracture.

For faster healing, we can also use two strong magnets (like from loud-speakers), one on each side of the fracture, connected by an iron. The magnetic field affects the blood, sensitive to magnetism thanks to its high content in iron oxide (what makes it red). The increased blood flow speeds up the healing process.

Fungi (Mycosis)

Mycosis refers to fungal infections caused by microscopic organisms (fungi), which can dwell on the skin, mucous membranes and in other parts of the body. Cutaneous mycosis can live in dead hair tissue, nails or the outermost skin layers. Only half of all fungi are harmful, but they can be challenging to destroy

Testimonial

This family testimonial comes from our 19-year old son. For the past 3–4 years, he had a “stained” dark area on his back, which my husband discovered was a “pityriasis Versicolor,” a common fungal infection among young people.

After taking MMS for about four weeks, the area has shrunk to 1/3 of its original size (20 cm x 15 cm, or 8” by 6”). Apparently, the outer area has disappeared, and what remains is the slightly raised interior. We suspect this will go away.

Our son is at college, so we are curious to see how he does when he comes back home in a week. I will keep you posted.

Treatment

Appropriate treatment, in this case, would be to follow a diet low in sugars and use Protocol C, or B as an alternative, combined with Protocol D (dermatological) for three weeks.

For severe cases, we can apply Protocol G (gas) at night and Protocol L (bath) for as long as necessary.

Optionally, it can be combined with Biomagnetic pair therapy and crushed Kalanchoe plasters.

Gastritis

Gastritis is inflammation or swelling of the stomach’s lining, causing redness and other signs of subepithelial irritation, or hemorrhages. An endoscopy can diagnose the condition and help determine how much of the stomach area is affected. There are several causes of gastritis, including poor nutrition, stress, abuse of analgesics (aspirin, piroxicam, indomethacin, etc.), self-immune disorders, and infection by *Helicobacter pylori*.

Symptoms

Abdominal pain, gas or flatulence, general stomach discomfort, stomach acidity. The burning feeling in the upper abdomen usually recedes soon after eating.

Author’s note: In many cases, *Helicobacter Pylori* is the cause.

Testimonial

Mario. G

[..] Doctors told me I had gastritis due to all the pills I had taken to treat my migraines. They told me that I would suffer from migraines my whole life since there is no cure, and the same goes for allergies. I had to take care of my stomach because I could end up with ulcers, not to mention all my visits to the ENT specialist and the pulmonologist. I never knew where to go first because every time I had the flu, I would have complications with bronchial spasms.

In December 2011, right before the holidays, my gastritis worsened for several weeks. I couldn't even eat soup. I was living on gelatin because my stomach would hurt terribly whenever I ate anything, no matter what.

I was resigned to spend the holidays in bed when my father, who lives in Chile, told me about MMS and sent the supplement to me in Peru. I didn't pay any attention. I had no intention of taking it because I had too many doubts. Besides, I had a doctor's appointment in a few days (here in Peru, they make you wait weeks or months for an appointment, weeks to have an examination, weeks for the tests, weeks for the results, and those of us on the public health care system can die waiting).

One evening, I just couldn't stand my stomach pain and headache any longer. My gastritis pills were not working, and I couldn't take my migraine pills because they would kill my stomach—hahaha. Then I remembered I had MMS somewhere in the house. I followed my father's indications and Protocol 1000 (Protocol B).

Day 1: 6 drops every hour, like the old school MMS said. Not being very consistent, I only did it four times that day. I felt slightly dizzy but nothing uncomfortable. By the end of the day, I could hardly feel any pain in my stomach. I had frozen apples and water crackers for lunch.

Day 2: 6 drops per hour, 3–4 times a day. I wasn't consistent at all, while at the same time, I realized I wasn't feeling any stomach pain. That is when I noticed something amazing was happening. I started to research more about MMS. On the third day, I decided to follow the book, every hour, 8 hours a day. From that moment, I decided to ditch the frozen apples and water biscuits I was going to have for lunch. Filled with apprehension, I dared to have soup again. I realized that I felt no discomfort whatsoever in my stomach. My stomach felt fine, and the next day I could eat anything I wanted, with no problems.

Greetings with health!!!. Mario G.

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) for 3–6 days. We can also use Protocol U (urgent) depending on the severity of the situation.

Gastroenteritis

Gastroenteritis is the inflammation of the gastrointestinal tract, which involves the stomach and the small intestine.

Bacteria, viruses, and parasites can be the cause. Transmission takes place by ingesting contaminated food or water and also through physical contact with infected people.

Symptoms

The main symptoms of gastroenteritis include loss of appetite, nausea, vomiting, mild or intense diarrhea, and abdominal discomfort.

Note: Differences between gastritis and gastroenteritis.

- Gastritis involves the inflammation of the stomach's mucous membrane (lining).
- Gastroenteritis is the inflammation of the stomach's mucous membrane AND the small intestine.

Testimonial

Jesus Moreno

My name is Jesus Moreno. I am 54 years old and live in Madrid. I have been suffering from CHRONIC GASTROENTERITIS for over 30 years. The doctors failed to offer a solution and could only prescribe antibiotics, stomach protectors, and antacid drugs as palliative treatments.

On these grounds, I decided over 20 years ago to stop going to the doctor. I had had enough of explorations, endoscopies, tests, etc. I vowed not to take prescribed drugs ever again. I opted for different diets, avoiding foods that harmed me. I searched for alternative therapies, and even back then, I suspected

that the body's alkalization was vital. I discovered that baking soda with lemon helped. I also tried seawater and had very positive results.

In September 2014, a friend called me and told me about a plasma engine with water from Andreas Kalcker, a name I had never heard before. He asked me if I had heard about chlorine dioxide and referred me to several Internet sources. That night I could hardly sleep watching videos and all sorts of information by Andreas. I was enthusiastic; after the first videos, I realized that I could solve my problem if I managed to eliminate all the bacteria and parasites from my intestines and stomach. I understood that chlorine dioxide was the solution.

I found the product, and two days later, I started treatment. In my eagerness, I took the maximum number of daily doses from the first day, ignoring all recommendations. The resulting diarrhea was significant, but I was happy knowing that I was removing thousands of parasites that had been the cause of so many years of illness. I reduced the dose, and in a few hours, everything returned to normal. From that point on, I followed Protocol 1000 (Protocol B) for 21 days. I was feeling great. I started to try certain foods that used to trouble me, with optimum results. I still couldn't believe it when, a month and a half into the treatment, I went to a birthday party. At the end of the party, my moment of truth arrived: a bottle of champagne! All those years, a single drop of bubbly would make me twist with pain. I took a sip with a bit of apprehension, but when I realized there was no discomfort, I finished my glass, again without any adverse reaction. I had never experienced anything like that before. My chronic gastroenteritis was history!

After my own experience with chlorine dioxide, I don't miss the opportunity to spread the news about the positive results that I, along with many other friends who followed my recommendation, have achieved with this therapy. Others have had great results treating diseases such as diabetes, allergies, cancers, sclerosis, etc. I feel happily "co-responsible," along with the thousands of other people who have decided to take it, for spreading the word of its amazing benefits.

My infinite gratitude to Andreas, my unconditional support, my acknowledgment and admiration for the spectacular results of his research and above all, for having the courage to spread the news.

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) for 3–6 days. We can also use Protocol U (urgent) depending on the severity of the illness.

Gingivitis (See Periodontitis)

Gingivitis is a disease that inflames and deteriorates the gums and is a long-term effect of plaque deposits. If plaque isn't removed, tartar forms. The bacteria caused by plaque and tartar cause infection and inflammation of the gums, which become sensitive.

Symptoms

Bleeding gums, bright red or burgundy red areas on the gums, sensitive gums, but painless to the touch, mouth ulcers, swollen and shiny gums, loose teeth and loss of the alveolar bone that supports the teeth, possible loss of teeth.

Testimonial

Graciela Y. S. Escalante—April 5th, 2013

My experience with MMS has been excellent. I healed from acute gingivitis in a week. I had a complete remission without the use of antibiotics or anti-inflammatory prescription drugs. I only did frequent mouthwashes with 15 drops.

Source: <https://testimoniosmms.com/2013/04/05/gingivitis-aguda-testimonio-mms/>

Treatment

Appropriate treatment, for this case, would be Protocol J (mouthwash) 3–5 times a day, depending on the severity, for a month. It can be combined with Protocol C or B as an alternative, or Protocol K (with DMSO) if required.

Gonorrhea

Gonorrhea is a sexually transmitted disease, caused by the bacteria *Neisseria gonorrhoeae* or gonococcus, which proliferates in the moist and warm areas of the body, even in the urethra (the tube that conducts urine outside the body), in women's reproductive systems, or the moist area of the eyes.

Symptoms

Pain and burning sensation while urinating, sore throat, painful sexual relationships, intense pain in the lower abdomen, and fever (the two latter symptoms manifest when the infection spreads to the fallopian tubes and the stomach area). By contrast, if it gets into the bloodstream, it manifests as fever, rash, arthritis-like symptoms and abnormal vaginal secretions

Testimonial

The African continent has a high incidence of gonorrhea, and Dr. Klaus Schustereder has been working there with MMS. He performed studies with AIDS and malaria, and he has observed the effectiveness of MMS with gonorrhea. As it is a disease caused by bacteria, the recovery rate is relatively high.

Treatment

Appropriate treatment, for this case, would be Protocol C, or B as an alternative. For female patients, it can be combined with Protocol V (vaginal). For male patients, it can be combined with Protocol R (rectal) for one week. In severe cases, the disease can take longer to cure, so treatment should be prolonged.

Gout

Gout, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is a metabolic disorder produced by the accumulation of uric acid in the blood, which causes joint inflammation and pain. Acute gout affects typically one or a few joints, while chronic gout refers to repetitive painful episodes in more than one joint in the body. It is considered a type of arthritis. The internal cause is the kidney's selective difficulty to remove uric acid from the blood.

Symptoms

Symptoms include joint pain that starts suddenly, often during the night, that is pulsating, oppressive or unbearable. The joint looks red and is warm to the touch, and highly sensitive. Patients may have a fever. Blood tests show

hyperuricemia (high concentrations of uric acid in the blood). The affected areas present swelling and are often the big toe, the ankle, or knee.

Testimonial

Lisandro Araya

I have been taking MMS for two and a half months, first according to Protocol 1000 (Protocol B), then three times a day until now (6 drops).

When we spoke the first time, I told you I suffered from GOUT. I was in terrible shape even though I am on a diet. I had a great deal of discomfort in my ankles, knees, big toes and fingers (I couldn't bend my pinkies). I would spend 3 or 4 days unable to walk normally and in much pain.

It has been two and a half months, and I can tell you how good I feel. All discomfort and pain are gone. I continue my diet without red meat, tomato, cold cuts, etc. I want to thank you for having been able to meet you and get hold of MMS; it really is a miracle remedy. THANK YOU VERY MUCH, a big hug, and you can count on me.

Treatment

Appropriate treatment, for this case, would be Protocol C (or Protocol B as an alternative) combined with Protocol K (with DMSO) for 1–3 months, depending on the severity of the condition.

Headache

Headaches, also known as cephalalgia, are the pain and discomfort that take place anywhere in the head area: in the different tissues of the cranial cavity, in the structures that link it to the base of the skull, the muscles and blood vessels surrounding the scalp, face, and neck. The most common type of headache is tensional cephalalgia, caused by muscle tension in the shoulders, neck, scalp, and jaw and possibly related to depression or anxiety, or bad head posture.

Symptoms

Migraine cephalalgia involves intense pain that is often accompanied by visual disorders, sensitivity to noise or light, and nausea. While headaches are generally a benign and transient disorder that, in most cases, resolves by itself or with the help of an analgesic, they can also come from a life-threatening disease.

Author's note: Headaches are not a disease but rather a symptom that can be caused by different clinical conditions. They can be caused by high toxicity levels in the bloodstream or by a neuromuscular blockage. On occasion, some people get headaches after ingesting chlorine dioxide from the toxins released by the dead pathogens. It's a temporary effect that doesn't persist when drinking the solution. In the case of structural or muscle problems, we recommend visiting an osteopath to reestablish proper alignment.

Testimonial

Rosa Rosario

“.... Good morning, my name is Rosa Rosario, and I live in Panama, I am the mother of Jonathan Vega Rosario, 14 years old. Like any other mother, I worry about my children's health. My son visited more than four different doctors about his chronic headaches that wouldn't stop with any prescription drug (at least, none of the analgesics prescribed worked). I was distraught because the pain was stronger and stronger every day, and he couldn't attend school for three weeks. I prayed for something to heal him. At that time, Dr. Isaias Madrid, whom I hadn't heard from in a long time, called me to ask about Christopher, Jonathan's brother, who had been ill with chronic stomach pain. I told him about Jonathan's ailment, and he told me about the benefits of MMS. I was somewhat skeptical because it all seemed to be too good to be true.

We started treatment, and from the second day, we began to see results. I thought it was too soon to be real. I am thrilled to be one of the few people who can enjoy this miracle in Panama. I say few since I saw what happened in Africa in that video, how it cured those people of malaria. We should be spreading the news to all the people who need it to alleviate the pain of so many poor people who have no means to be healed. I am grateful from the bottom of my heart to have found you. **A million thanks!**

Treatment

Appropriate treatment, in this case, would be Protocol F (frequent), or B as an alternative. In recurring cases, adding Protocol E (enema) may be beneficial, since headaches are often caused by intestinal poisoning.

Heavy Metals

Sources of heavy metals include old dental fillings of amalgam, agricultural insecticides (which typically contain one or two heavy metals), anti-fungal products containing thimerosal, prescription drugs (notably high blood pressure medicine), vaccines such as the MMR, polyvalent and tetanus, and industrial air pollution.

Mother's milk may be a source of contamination for babies. When breast-feeding, the mother can transfer a high percentage of heavy metals to the baby. Mercury is one of the metals most responsible for poisonings. Mercurial compounds can enter the body through the skin, respiratory and digestive tracts, and the placenta. Mercury fumes easily pass through cell membranes, quickly reaching the bloodstream and nervous system where they attract the axons GTP (Guanoxin Trphophate), demyelinating them (like a peeled isolation wire).

Contrary to what most people think, metallic mercury is practically unabsorbed via the digestive system, while other mercurial compounds are, indeed, absorbed orally. Of particular concern are the mercurial compounds that pass through the placental barrier. Similar mercury concentrations have been found in mother's milk and umbilical cords. At the same time, there are reports of mercury absorption through parenteral routes, even causing death by pulmonary embolism. Mercury mainly accumulates in the liver, kidneys, and nerve structures because it's a powerful cation. Even in minimal amounts of 0,00000001%, it can affect the brain and nervous system. It also affects joints, bones, blood, and especially, the intestinal tract.

Symptoms

Diseases provoked by heavy metal poisoning: Acute gastroenteritis

Stomatitis, (affecting mucous membranes in the mouth and gums); ulcerative hemorrhagic colitis (infection of the large intestine); anuria (kidney stones formed from an excess of minerals may block the kidney so that it can't filter and produce urine); neurological and brain disorders: ataxia (lack of coordination when walking), paresis (numbness in hands); psychological disorders such as anxiety, instability, increased aggression, even symptoms of dementia; eyesight afflictions: narrowing of the field of vision, Atkinson's reflex, brown coloration of the lens; mucous membrane, digestive, and renal disorders;

In severe cases, encephalopathy leading to death, acute neurological symptoms: shaking, neurological and psychological disorders like autism, etc.

Author's note: Most metals are sensitive to oxidation. We accumulate many metals in a pure state in our bodies, so they are nearly impossible to remove. Chlorine dioxide can oxidize metals. Once they turn into oxides, the body can eliminate them. The length of the MMS treatment varies, depending on the kind of poisoning or metal involved. Some metals oxidize quickly, while others, such as mercury, often require prolonged administration, repeating two daily doses for 2-3 months (if necessary) after completing the indicated treatment.

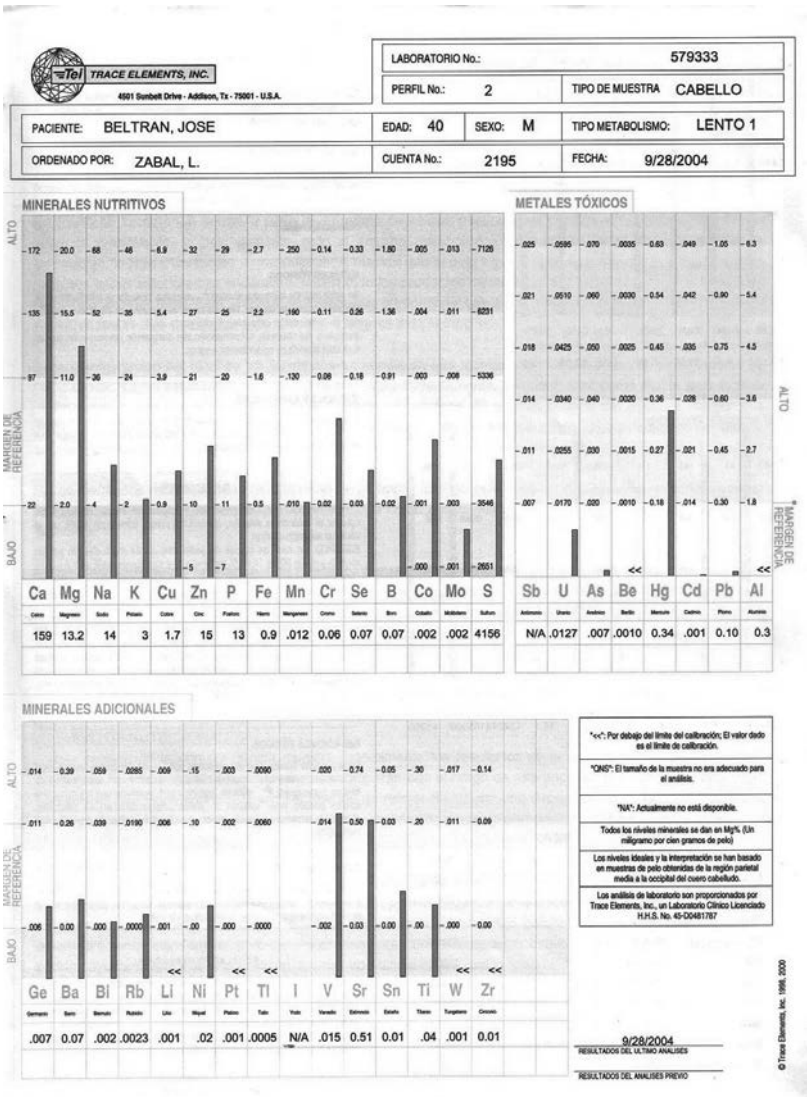


Fig. 41: Lab results of the minerals and toxic metals in a human hair sample

Testimonial

José Beltran

The patient complained of severe problems concentrating and a lack of sensitivity in his extremities.

The initial levels of the test performed on his hair in 2004 were 0.34 mcg/l (micrograms/liter), while maximum values reach 15 mcg/l for people exposed to a toxic environment. Three years later, in December 2007, these levels had not decreased at all.

With the third test, by May 2009 and after a two-month treatment with MMS, they had decreased to 0.07 mcg/l. Currently, they are 0.03 mcg/l.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing to 3 ml of CDS dissolved in 100 ml of water, ten times a day for three months. For severe cases, combine with Protocol L (bath) or E (enema).

Hepatic Cirrhosis (Liver Cirrhosis)

Liver cirrhosis is an ailment for which conventional medicine has not provided an adequate pharmaceutical solution. It is the last stage of chronic hepatic disease, where the liver deteriorates slowly and irreversibly due to scarring. The healthy tissue in the liver is replaced by scar tissue, partially blocking blood circulation through the liver. This blockage degrades the body's ability to control infections, eliminate bacteria and toxins from the blood, process nutrients, hormones, and drugs, manufacture the proteins that regulate blood coagulation, and produce bile to absorb fats, including cholesterol and vitamins.

Symptoms

Weakness, loss of appetite, nausea, vomiting, weight loss, abdominal pain, and swelling when liquid accumulates in the abdomen, itching, and spider-shaped blood vessels close to the skin surface.

Testimonial

Carlos Duracara—Date: July 4th, 2013, 08:13

Andreas, I am sending you the lab tests showing the complete healing of my cirrhosis, to give thanks for the great work that Jim Humble and you are doing.



Figs. 42 and 43: Lab results (files cH_1 and cH_2) Luis Arnaldo Zavala Donath

File cH_1 shows when the disease was detected. File cH_2 , the patient is treated by an allopathic doctor who only managed to irritate the colon and slightly reduce the renal IVU. The patient is declared a lost cause due to the advance of the hepatic cirrhosis and given 5– 8 months to live.

I meet the patient in Veracruz (Mexico) on February 9th, and he is treated with the following protocols:

- Protocol 1000 (= Protocol B) and Enemas
- Health restoration: 2 months and 14 days.

The patient is sent for a hepatic and biliary tract USG (ultrasound). The surprising result can be seen in file cH_3 .

The allopath was shocked, as he couldn't believe the patient had healed. A big hug to you!!!!

Treatment

Appropriate treatment, in this case, would be Protocol B (basic) or C (CDS), as an alternative, combined with Protocol E (enema), every two days until remission.



Fig. 44: La Results (file cH₃) Luis Arnaldo Zavala Donath

Hepatitis

Hepatitis is an inflammation of the liver. The cause can be infectious (viral, bacterial, etc.), immunological (antibodies, autoimmune hepatitis), or toxic (such as alcohol, poisons or prescription drugs). Depending on its etiology, it may also be classified as a sexually transmitted disease. Hepatitis provokes a reduction in the production of bile, a deficit in protein production, hypoglycemia, metabolic deficiencies caused by substances such as prescription drugs, alcohol and toxins, and a reduction of the body's ability to defend itself from bacteria and viruses.

Symptoms

The signs and symptoms of hepatitis are pain or distension in the abdominal area, jaundice, cloudy urine, clear or pale-colored stools, fatigue, loss of appetite, nausea and vomiting, weight loss, general discomfort, shivering, exhaustion, rash, and headaches.

Testimonial

Freddy Alexis Ponce Beroiza—October 1st, 2012

Hi Mrs. Angelica, I would like to tell you that MMS has been very beneficial for me and that I recommend it. I have seen dramatic changes in my health from hepatitis B that you know I had. It's not there anymore. My liver improved tremendously; my CD4 doubled, I sleep very well and have no depression at all. That is wonderful. Thank you so much. I am eternally grateful, a big, long-distance hug. May God keep you. I hope one day to meet you so you can see how healthy I am.

[.] Mrs. Angelica, it's a pleasure to greet you. Let me say that I have in my hands my test results. Since I started taking MMS, my results have improved remarkably. Before taking MMS, my CD4 was 439. Now I have at least 879, proving that MMS is very effective. My viral charge is minus 20, or negative. I am sending you this as a testimonial of my recovery. I will send you my tests by mail. I started MMS treatment on December 9th, and after six months, I feel great.

Author's note: Occasionally, at the beginning of the treatment, there can be unfavorable alterations of the viral charge values and CD4. However, the patient feels better. When treatment continues, levels tend to get back to healthy numbers, and the patient's well-being improves.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml of CDS dissolved in 100 ml of water, ten times a day. It is combined with Protocol E (enema) once a day, alternating with Protocol L (bath). The usual treatment lasts three months.

Hernia

A hernia occurs when an organ or tissue pushes through a weak point in the surrounding muscle or connective tissue called fascia. This process is called protrusion and indicates that the organ protrudes from its normal position or moves beyond its limits. Types of hernias include cervical, umbilical, cranial, inguinal, testicular, femoral, hiatal, incisional, and herniated discs.

Symptoms

Hernia symptoms can appear suddenly, but they can also develop gradually. Pain sensations can vary considerably, reaching severe pain. Patients feel discomfort when standing up, exerting or lifting heavy objects. The affected individuals may, at some time, complain about a painful, enlarging protuberance. Nausea and vomiting are common, as is the inability to eliminate gas or have bowel movements.

Testimonials

Herniated disc—Sta. Marta— Edison, USA

Ten years with slipped disc hernia. Very acute pain, unable to do anything. Daily treatment every hour, 8 doses a day. Thanks to this treatment, he is already back to work.

Source: <https://youtu.be/R3ZdzO_oFC_ok>

Testicular hernia—Israel Zamora.

Testicles were painful and so swollen that the patient couldn't walk. The doctors had scheduled surgery, but he tried MMS before. After one week of treatment, the pain and swelling decreased until testicles returned to normal size.

Source: <https://www.youtube.com/watch?v=pShOeY5fM6k>

Treatment

Appropriate treatment, in this case, would be Protocol C (as in CDS) or Protocol B (basic), combined with Protocol K (with DMSO) on the affected area for as long as necessary.

Herpes

Herpes is an infection produced by the herpes simplex virus (HSV). Herpes simplex is a skin sore or inflammation that usually appears on the lips as small blisters. It is caused by the virus herpes hominis type I—labial herpes and type II—genital herpes. There are two other types of herpes: Zoster herpes, named for the reactivation of the chickenpox virus and characterized by small painful blisters (cold sores) shaped like a ring, grouped alongside a dermatome; and herpesvirus, all the viruses of the species Herpesviridae.

Testimonial

Herpes Zoster
March 2012—Anonymous

I hope my testimonial about the cure for my illness can be useful to you. I started feeling shooting pains on the right side of my head. I felt they were coming from my brain, from the inside out.

I got concerned that it was something serious since every time I had that shooting pain, I'd lose my balance for a moment. I went to the doctor, and he said it was "atopic dermatitis." The next day, my skin was irritated, and I had blisters on my chest, neck, right ear, and the top and back of my head.

A doctor diagnosed me with herpes zoster. She said there was no cure for it. We could just manage it with antiviral drugs, and she was worried that I could have encephalitis (brain inflammation).

The pain was so bad that night that I couldn't sleep. I started taking MMS, six drops every two hours, 4–5 times a day, and spraying CDS on my skin, also 4–5 times a day. The next day, my pain was so excruciating from the inside out with such an intense burning sensation that I prayed to Jesus to relieve me from my pain. That same afternoon, I felt relief, and my blisters started to dry up.

Source: http://www.abisv.com/index_archivos/testimonios.htm

Treatment

Appropriate treatment, in this case, would be Protocol C (as in CDS) or Protocol B (basic) with Z (zapper), combining them with Protocol D (dermatology) on the affected area for as long as necessary. In case of relapse, we recommend using Protocol P (parasites).

High Cholesterol

Is high cholesterol a myth? Although nearly half the population over 20 has cholesterol values that are considered too high, it is not a disease, and myth has been built around it.

Cholesterol is a chemical product generated by the liver. It is necessary for the correct functioning of certain hormones, digestive acids and to build cells. There are two kinds of cholesterol or lipoproteins: good cholesterol (HDL) and bad cholesterol (LDL). The allegedly bad cholesterol accumulates in the arteries while good cholesterol eliminates it.

The obstruction of veins and arteries produced by bad cholesterol restricts adequate blood circulation to the heart and the rest of the organism. That can lead to a variety of diseases such as arteriosclerosis, stroke, angina pectoris and coronary heart diseases.

Cholesterol levels have normalized in individuals who take chlorine dioxide. Dioxide doesn't affect cholesterol, but it removes the inflammation through the oxidation of histamine and the alkalization of the environment. Once the cause is removed, both body and cholesterol levels self-regulate.

Symptoms

So far, there aren't any decisive symptoms to identify this condition without performing a blood test. However, "experts" have related the recurrence of some symptoms with high cholesterol levels.

Author's note: We have noticed that chlorine dioxide seems to have a modulating effect on cholesterol levels, that is, it regulates them. Many testimonials have commented that lower levels were a secondary effect of many treatments targeting other diseases. Triglycerides are the problem, not high cholesterol, and there is controversy, even within the conventional medical establishment, about possible treatment.

Treatment

Appropriate treatment would be Protocol C or Protocol B, as an alternative, for three weeks.

HIV/AIDS

The human immunodeficiency virus (HIV) is supposedly the virus that causes AIDS. When an individual gets infected with HIV, the virus attacks and weakens the immune system. As the immune system weakens, the individual is at risk of contracting infections and developing life-threatening cancers. When this happens, the disease is called AIDS. Once someone contracts the virus, it remains in the body for life.

In cases of advanced AIDS, causes of death include the collapse of the immune system and Kaposi's sarcoma, which oddly enough tends to be accompanied by parasitical infections.

Symptoms

Depending on the stage of the disease, symptoms can vary. The first symptoms of HIV include the swelling of the glands in the throat, armpits or groin. Other symptoms include fever, headaches, fatigue, and muscle pain, which can last only a few weeks. After that, there may be no observable symptoms for many years.

AIDS symptoms appear during a more advanced stage of this illness "supposedly" caused by HIV. The immune system is compromised, and the individual might present mouth ulcers, vaginal infections, chronic inflammatory pelvic disease, periods of extreme fatigue or without apparent cause, weight loss, a tendency to bruise, periods of a dry cough, frequent or unusual skin rashes, confusion, personality changes or diminishing mental capacity.

Testimonial 1

Dra. Tara Blasco - Global Resource Alliance director (NGO)
William, a teenager living with HIV +

I met William about a year ago in the streets of Musoma, a little town on the shores of Lake Victoria, in Tanzania. He was begging for food [...], and we

learned he was HIV positive. We invited him to come to the city to visit the Global Resource Alliance, the office we run.

We had introduced a support program for orphans in the area eight years before. William was invited to join Tumaini Kwa Watoto (Hope for the Children), a program that provides food, clothes, education expenses, and healthcare. The program also has a community of more than fifty children who meet at the GRA compound every Saturday to play soccer, dance, play drums, draw and do other fun things together.

One day in February, William came to me and told me he was feeling very sick. After a week of not feeling well, he went to the lab for a checkup and found out he had typhoid fever. He had a high fever, headaches, and pain everywhere, so he hadn't been able to sleep for many nights—he needed help. I offered it to him and showed him how to use it. I asked him to come back the next day to reassess his condition.

The next day, his temperature had returned to normal levels. He had slept all night long, and the body ache was almost gone. His headaches had decreased, although they hadn't disappeared. He felt very grateful for the MMS and was happy to continue using it. After this astonishing outcome, and considering his willingness to continue using MMS, I introduced him to Protocol 1000 (= Protocol B), the one Jim Humble was talking about on the web. I told him that Jim had been treating HIV+ individuals in Africa and that after 3–4 weeks of continued use, they were recovering their health.

[...] Since he was young, we started with one drop every hour, activated with citric acid. To my delight, he took the treatment seriously and carefully followed the program on his own. He came back to the office every few days, and his health continued to improve significantly.

I had to leave the country for a week or two, but he promised me he would go to the hospital to check his HIV+ status. I will see him again when I return to Tanzania next August when I get his test results.

Recently, our local social worker reported that William is doing very well, and is very grateful for the health improvement from MMS.

Testimonial 2:

Fredy, Chillan, Chile—April 5th, 2013

I am Fredy from Chillan city, Chile. They found out I was HIV positive in 2004, when I was in poor health with very low defenses, starting tri-therapy. I later suffered from chronic terminal renal failure, so the doctors began peritoneal dialysis. I also developed hepatitis B and severe polyneuritis besides other less severe ailments. In addition to all the therapies, I searched for alternative

medicine (gargles, biomagnetism, etc.), which helped a lot and opened my mind to other possibilities.

It was on that path that I found someone who told me about MMS, and I wanted to try it immediately. It was magical. I started on December 9th, 2011, with Protocol 2000 (Protocol B, in 10 intakes). After just one week, my mood changed. I was feeling much better and had a very positive outlook. Every six months, they run routine tests for D4 and viral charge.

What was my surprise when the results arrived. They showed an 80% improvement over earlier ones. I have attached the tests both from before and after taking MMS.

Important author's note: AIDS is the subject of much debate, and I have often had to face different opinions, such as that this virus doesn't exist, that AIDS research is a fraud and many other contradictions. In his book, Jim claimed that chlorine dioxide could cure AIDS. Unfortunately, it is not that simple.

First of all, some people get sick and later seem to improve so much with Protocol B (basic), formerly Protocol 1000, that they can go back to work and live a normal life. However, Swiss physician Dr. Schustereder, working with chlorine dioxide in the Central African Republic, where they run tests at the Pasteur Institute, showed how the CD4 levels of those patients treated decreased while the viral charge increased, with acute spikes.

To his surprise, when he visited these same patients a week later, they had all improved spectacularly! This inconsistency caused much confusion at first, but it has a logical explanation. CD4 cells infected with HIV probably have a more acidic pH. When the dioxide acts inside the blood plasma, it finds acidic cells, and therefore, it eliminates the infected leukocytes "selectively," leaving the healthy ones with a suitable pH untouched.

As a result, CD4 cells burst, releasing a tremendous viral charge into the bloodstream, but these viruses are not complete and fertile, very likely because the dioxide has affected the capsids through oxidation. Therefore, they can't infect other CD4 again, and the body removes them from the bloodstream in time (between four and six months).

In subsequent blood tests, we've been able to confirm the normalization of both counts after a few months. To a lesser extent, the same thing can happen with Hepatitis C.

Treatment

Appropriate treatment, in this case, would be Protocol C (as CDS) or Protocol B (basic), combined with Protocol H (home) at night. We can also apply Protocol K (topical with DMSO). Some individuals in advanced stages have had favorable results using Protocol Y (injection).

Human Papillomavirus (HPV)

The Human papillomavirus (HPV) is a common virus that tends to cause genital warts. There are over 100 known types of HPV, and while most seem harmless, approximately 30% are associated with a higher risk of developing cancer.

The types of HPV that are supposedly sexually transmitted fall into two categories:

1. Low-risk HPV doesn't cause cancer but can cause warts on different areas of the skin
2. High-risk HPV can cause cancer.

Symptoms

Although asymptomatic, it sometimes produces constant irritation of the vulva and a burning sensation during sexual relations (vulvodynia). Also, small warts in the genital-anus area: cervix, vagina, vulva, and ureter (in women) and penis, urethra and scrotum (in men).

Warts can vary in appearance (flat and invisible or visible and puffy), number and size, so for diagnosis, it's best to seek the advice of a specialist.

Testimonial:

Suzanne—30/04/14

A few years ago, my girlfriend started to take MMS. She had several health issues. She started with the protocol for one or two weeks. Every time she had

intercourse, it was excruciating. That happened after a few years without having sexual relations. She had a hysterectomy ten years before this. So she went to the gynecologist and had a Pap smear. It came back showing advanced vaginal cancer. They also did a biopsy, and the result was the HPV virus! Her doctor wanted her to get a vaginectomy (total removal of the vagina! I had never heard of that—they were going to cut and sew her vagina up!). Naturally, she didn't want that; she was terrified. They said that the cancer was already spreading through the walls of the vagina and that she would die if she didn't have the surgery immediately.

So she started with MMS vaginal irrigations and also taking it orally. After a couple of weeks, during which she also used herbs and other things, she asked for another HPV test. The doctor refused and said she still needed further treatment.

My friend searched all over the city to find another doctor who would perform another virus test.

She finally found a doctor who agreed to run the test and said it was a mild case. She came back to her doctor and asked for another biopsy, and of course, he refused! After a lot of convincing, he agreed to do the biopsy again. So my friend received a phone call from the receptionist at the doctor's office saying that the biopsy was negative and she didn't have cancer anymore!!! The doctor didn't have the guts to make that call himself.

I suspect that when she started the MMS treatment, the virus was in remission and that after one or two weeks doing the drops, it came back in full force when she did the Pap smear. So I hope this information is helpful to your journey to health.

Many blessings,

Source: <http://mmstestimonials.is/component/jetestimonial/>

Treatment

Appropriate treatment, in this case, would be Protocol C (as CDS) or B as an alternative and Protocol V (vaginal) combined with G (gas) in the affected areas (if there are warts) for 1– 2 months, depending on the severity of the case.

Hyperthyroidism

Above the trachea is the thyroid gland, which produces thyroxine, the hormone in charge of regulating metabolism. Hyperthyroidism is the excessive production of this hormone, which then gets into the bloodstream. Hyperthyroidism accelerates the body's metabolism.

Symptoms

Restlessness, sleeping problems, overwhelming fatigue, tremors, exaggerated appetite with weight loss and gastrointestinal problems (diarrhea). In women, menstruation disorders, goiters that impede swallowing, hoarseness and throat issues, bulging eyes, fine and brittle hair, and frequent hair loss.

Testimonial

In just two months, I cured my hyperthyroidism, and I didn't need surgery. I didn't take any prescription drugs. My doctors got very angry when I told them I hadn't taken any drugs to get well. At that moment, they were congratulating me on my perfect tests that they thought were due to medication. It was thanks to MMS and my change of attitude about life.

Source: <https://testimoniosmms.com/?s=hipertiroidismo>

Author's note: We should warn that some hyperthyroidism cases can be caused by *Enterobius vermicularis* (pinworms). Although they are usually in the gastrointestinal system, they tend to migrate to the hormonal zones having a direct impact on hormone levels.

In patients with parasites, treatment with chlorine dioxide can cause restlessness and anxiety. In this case, use first a robust application of Protocol P (parasites), in conjunction with Protocol Z (zapper).

Treatment

Appropriate treatment, in this case, would be to initiate Protocol A (amateur) or S (sensitive), depending on the severity. Combine it with Protocol Z, if possible. Later on, apply Protocol C for three weeks.

Protocol P (parasites) would be appropriate in case of an adverse reaction, including anxiety and restlessness.

Infections

An infection is an invasion of body tissue by disease-causing pathogens. Bacteria are one type of pathogen. Less than 1% of bacteria cause diseases, but infectious bacteria can reproduce quickly inside the body and release chemical substances called toxins, which can harm tissues. Some examples of infection-causing bacteria are streptococcus, staphylococcus, and E. coli.

Testimonial

María (Guatemala)

Hi. I have used MMS as an oral treatment, 1–8 drops every hour for nine hours. Additionally, I have used CDI in injection form with a saline water bag. Since the drops didn't eliminate an infection I had on the right side of my face around my eye, I decided to get an injection of CDI.

To my surprise, one was enough, and it healed my infection completely. When I injected the CDI, I could feel the liquid flowing painlessly through my face like a spider web. I didn't suffer from vomiting or diarrhea, but I was fatigued for a little while.

I had used MMS₁ for a fungal infection in my lung called Aspergillus. We all have that fungus in the intestine, but I have no clue how it got to my lungs. I went to the hospital five times, and no one could diagnose what I had. Thank God, I started taking MMS every hour following the old protocol. I started with one drop a day, then five, until I was taking 63 drops a day (7 every hour) when I got the desired reaction of feeling like vomiting (thank God, I didn't), and fatigue that put me in bed. After that, I went through a sort of detox with symptoms similar to an asthma attack, but lighter. [...]

Regards. María from Guatemala

Treatment

The appropriate treatment for all kinds of infections is Protocol C (CDS), or Protocol B, as an alternative, for as long as the infection lasts.

Keep in mind the size and site of the infection to combine treatment with Protocol K (DMSO) or other localized protocols.

If the infection is very severe and can cause sepsis, Protocol Y (CDI injection) may be indicated. If Protocol Y is not possible, Protocol U (urgent) can also be used.

Kidney Cancer

Kidney cancer, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is also known as renal cancer or renal adenocarcinoma. It occurs when malignant cells form in the lining of the tiny tubes (tubules) of the kidney. These tubules are in charge of cleaning and filtering the blood. They store waste products that become urine, which passes from the kidneys to the bladder through a long tube called the ureter.

Symptoms

Most renal tumors are asymptomatic and are accidentally detected after imaging tests for unrelated conditions.

Symptoms can include abdominal swelling and pain, back pain, blood in the urine, swelling of the veins around a testicle (varicocele), pain on one side of the body, weight loss. Another possible symptom is an abnormal urine color (brown, reddish or copper), due to the presence of blood.

Testimonial

Kidney cancer with metastasis on the lungs. Level IV (terminal).

The treatment started on July 2nd, 2013, and four months later, the patient no longer had the metastasis. A year later, tests showed that the formerly 16.8 cm tumor had shrunk to just 2 cm. His doctor recommended that he continue with MMS. Today he is healthy.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol R with Rectal irrigator for 3–6 months. In the evening, apply the Protocol E (enema), alternating the next day with Protocol L (bath).

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars, and other substances that acidify the body. Adapt the protocol to each case.

Leukemia

Leukemia is a disease of unknown causes for which conventional medicine has not provided a pharmaceutical solution. The term leukemia means “white blood.” In leukemia, the blood produces abnormal white cells, which divide to reproduce. That generates a proliferation of abnormal cells that don’t die or degrade when they age, thus accumulating and displacing normal healthy cells. The reduction of healthy cells creates difficulties transporting oxygen to the tissues to heal infections or control hemorrhages.

Symptoms

There are several types of Leukemia:

1. Acute myeloid leukemia: fatigue, appetite and weight loss, fever and night sweats.
2. Acute lymphocytic leukemia: dizziness or numbness, weakness and fatigue, respiratory difficulties, recurrent infections, excessive bruising, fever and frequent or severe nose and gum bleeding. This type of leukemia also causes the swelling of lymph glands and pain or swelling in the stomach area.

Other symptoms:

Aching bones, anemia, pale skin and little tolerance to exercise. The reduction of platelet counts can cause more or less severe consequences such as sporadic nose, mouth and rectum hemorrhages, as well as brain bleeds.

Testimonial

The first case in Chile— December 2011.

They detected the disease at stage four (terminal). I started this treatment around April 2012, in the middle of chemotherapy. I began with MMS, and my cancer started to disappear.

I followed Protocol 2000 (=Protocol B in ten intakes), which involves ten intakes per day. I managed to take a whole bottle of MMS and the activator. I was cancer-free in July 2012.

I just did my tests in March 2013, “AND I DON’T HAVE CANCER ANYMORE!”

Source: <http://mmschile.ning.com>

Treatment

Appropriate treatment would be Protocol C (CDS), or Protocol T (terminal) in very severe cases. For children, the dosage must be smaller and adapted to their age.

Lichen Sclerosus

Lichen sclerosus et atrophicus is a disease of unknown cause for which conventional medicine has not provided a pharmaceutical solution. It is a chronic inflammation of the skin (dermatitis) characterized by the presence of wrinkled, soft patches, and mainly affects postmenopausal women. Most spots or patches tend to appear in the genital area, although they may also affect the skin on other parts of the body.

Symptoms

At the onset of the disease, small white patches appear on the skin. They can be smooth and shiny. The affected skin then wrinkles and gets thinner, cracking easily. Red or purple bruises are common. Sometimes, scars appear on the skin. Other symptoms include itching, discomfort or pain, bleeding, and blisters.

Testimonial

Amparo Trujillo (Calarca, Quindio, Colombia)—June 6th, 2015, 17:12

Andreas: Good morning.

As I mentioned in an earlier email, I was waiting for my doctor, a gynecologist oncologist, to confirm my recovery from Lichen sclerosus, and he told me yesterday. I have had this illness for 15 years. It was “incurable” to the five gynecologists and three dermatologists who treated me. I was doing neural therapy every 15 days for two years with no success.

I was feeling desperate because the symptoms are very unpleasant. I had so much itching in the genital area that I couldn't wear underpants at night. I then researched online and found the same prognosis of “incurable” until I happened upon Andreas Kalcker and MMS, and I decided to give it a go. I told my doctor about it, and he got upset, but I went ahead, following all the recommendations for MMS and deworming. It was difficult because of its strong flavor. Still,

I healed with MMS, including the deworming treatments (pyrantel pamoate, mebendazole, and castor oil, plus three enemas), repeating the treatment one month later and again two months later, during the full moon.

I started using MMS in June 2014, taking three drops three times a day for the first month. I repeated the cycle after three months and again after five months. From the first day, I also used a spray (5 drops in 20 cl of water, plus a sprinkle of baking soda) every day after bathing. I continue to use it in a spray all over my body, especially around my navel. It is also my mouthwash after brushing my teeth. Now and then I use another mouthwash because, as I said, I find the flavor unpleasant.

To Andreas, Jim, and everybody at Genesis II Church, a million thanks. I hope you carry on despite all the persecution.

Author's note: Although baking soda increases the pH in CD/MMS, it decreases the effectiveness; it's preferable to use CDS directly.

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic) and combine it with Protocol D (dermatology) in the affected area for as long as necessary. Then apply Protocol P (parasites).

Liver Cancer

Liver cancer is a disease for which conventional medicine has not provided an adequate pharmaceutical solution. The liver is the largest internal organ. It helps the body digest food, stores energy, and eliminates toxins.

Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer, accounting for 80–90% of malignant hepatic tumors. In around 90% of these cases, the tumors are caused by a liver disease such as cirrhosis and are found in 3–4% of postmortem studies of cirrhotic patients.

Symptoms

Liver cancer does not typically present symptoms. Since most cases develop from liver cirrhosis, patients may present symptoms typical of that disease.

A decline in liver function in patients with cirrhosis may signal the onset of hepatocellular carcinoma, among other causes. The small percentage of patients

who develop liver cancer from a healthy liver can present non-specific symptoms such as pain, weight loss, or a palpable mass.

The most frequent symptoms include:

- Pain, especially in the upper right side of the abdominal area, close to the right shoulder blade or in the back
- Weight loss without apparent cause
- A hard nodule under the right ribcage area that could be caused by the tumor or be a sign that the liver has increased in size
- Weakness or fatigue.

Testimonial

Coin Nutton, UK. May 30th, 2013

I was diagnosed with liver cancer in 2010. They gave me six months to live and sent me home to die. I am now 77 years old, I feel great, and I am healthy, mainly thanks to MMS₁. The diagnosis was in 2010!

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol R, with an irrigator, for 3–6 months. In the evening, Protocol E (enema) is essential, alternating the next day with Protocol L (bath).

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Lou Gehrig's Disease (see Amyotrophic Lateral Sclerosis- ALS)

Lung Cancer

Lung cancer is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. Lung cancer occurs when there is excessive growth of malignant cells in this organ. It's the number one cause of cancer deaths in both men and women.

Symptoms

The most frequent symptoms are respiratory difficulties, a dry cough with phlegm or blood, upper abdominal pain, hoarseness, swelling in the neck and the face, fatigue, loss of appetite and consequent weight loss.

Testimonial

Dr. Conchi G.E (doctor)

On December 14th, 2015, the doctors found a 5-cm mass on my right lung. Before starting with the tests for an exact diagnosis, I started taking MMS following advice from a co-worker. I am a doctor and very skeptical of any alternative treatments. I studied the compound and saw it could help me. So, I tried it for a month before the surgery, which was delicate because the mass looked malignant, and there was a possibility that they would have to remove half a lung.

I have always been optimistic, thinking that everything will be all right, and if not, I would accept it (I am religious). I discovered people around me who have helped me a lot (husband and children) and whom I neglected, dedicated as I was to my stressful job.

Also, I will always be grateful to Loli, who, in just 15 minutes of conversation, helped me immensely. She told me: "you have LIFE ahead of you."

The surgery was a complete success. No lymph nodes were affected, and instead of removing half a lung, they just removed the tumor. The result of the intra-operative biopsy came out negative twice. The surgeon was pleasantly surprised when she realized there was no need to remove the affected area. Everyone was happy!

Since the tumor was large and I am too young for cancer, we decided, with my approval, to start coadjutant chemotherapy for four sessions. During the first two sessions, I was still taking MMS, but I was feeling ill, and my body

was rejecting it. I have stopped taking it temporarily until I finish the chemo sessions.

I should add that I am not suffering any “chemo effects.” I know MMS is doing its “job,” and the doctors are surprised that I feel so well. I hope my experience can help other people.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 30 ml/day. CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol K with DMSO applied to the chest for 3–6 months. In the evening, apply Protocol L.

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Lupus

Lupus is supposedly an “autoimmune disease” of unknown cause, according to conventional medicine, where the immune system attacks the cells in healthy tissues. It can damage different parts of the body, such as joints, skin, kidneys, lungs, blood vessels or brain.

Symptoms

Lupus can present a variety of symptoms depending on the organ affected: Joint pain and inflammation, muscle pain, unexplainable fever, red rash (often in the face), chest pain when breathing deeply, hair loss, pale or purple fingers and toes, sun sensitivity, swelling in the legs or around the eyes, mouth ulcers, swollen glands, fatigue. It can also provoke anemia, confusion or convulsions.

Testimonial

Gerardo Villar Rodríguez— Alicante, Abril 10th, 2016

Date of birth: 14/02/1959

Architect, with an MA in building rehabilitation and pathology. I was diagnosed at the age of twelve with chronic Lupus and treated since diagnosis by the medical team (Rheumatology, Nephrology and Hematology Services) at the Hospital Universitario 12 de Octubre in Madrid.

In 1988, my treatment was transferred to the respective departments at the Hospital General Universitario in Alicante. According to my medical history, I inherited the disease from my mother. My three sisters also have it. My brother is the only one who didn't develop it.

In my case, there have been many episodes of autoimmune hemolytic anemia, producing kidney failure or damage.

At first, I was treated with corticoids (every year and in different doses until 2006), complemented by diuretics (isodur 5), blood pressure medicine (aprovel 150), immunosuppressants (Cell Cept 500), calcium with vitamin D (Ideos), stomach protectors (omeprazole) and antimalarial drugs (Dolquine 200).

Over the last years, I started showing symptoms of small epileptic attacks, apparently produced by the antiphospholipid antibodies from my disease. These were treated with blood thinners (Sintrom) and antiepileptic drugs (Keppra 1000). So I also had to go for check-ups with Hematology and Neurology. I seemed to be "well maintained."

Since the beginning of 2014, I started to search for a different solution that didn't cause so many side effects and interferences in my daily life.

I learned about MMS and its derivative CDS. It's chlorine dioxide in different doses. After a few months of "pondering," when it was time for my six-month check-up with RHEUMATOLOGY (beginning of December 2014), I decided to decrease my prescription drug doses and start my first cycle of CDS (Protocol 101). I followed the treatment for three weeks, followed by one week of rest and then three more weeks of treatment. I continued having "normal" lab test results. I stopped monitoring the blood clotting, and I decided not to continue with CDS, thinking of the possible "rebound effects" consecutive treatments could have.

In June 2015, I had my six-month lab work at rheumatology without being on any prescription drugs and with similar test results. The same thing happened at the December 2015 check-up. My test results were similar to previous years. Someone detected that I wasn't using my health card to get my prescription drugs. At this time, I have been drug-free for 16 months, although I am using alternative treatments that I think have replaced the drugs. The hardest thing to keep under control is my blood pressure, although I am doing quite a good job with phytotherapy and careful diet.

Treatment

Appropriate treatment, in this case, would be Protocol A (amateur) for a week, followed by Protocol C (CDS) for three weeks or Protocol B (basic), combined with Protocol E (enema) every three days. Use Protocol D (dermatology) in case of skin afflictions and Protocol J (mouthwash) in case of mouth issues.

Lyme Disease

Lyme disease, also known as Lyme's borreliosis, is an infectious disease caused by the spirochete *Borrelia Burgdorferi*. It's the disease most commonly transmitted by ticks in Europe and the USA. Wild rodents (not common mice and rats) and deer are the primary carriers of these ticks (*Ixodes Ricinus* species).

Symptoms

Early and localized Lyme disease symptoms (stage 1) start days or even weeks after the infection. They are flu-like symptoms and include shivering, fever, general discomfort, headache and joint ache, muscle pain and neck stiffness. There is often a rash with a bulls-eye appearance, a flat or slightly raised redness at the site of the tick bite, usually with a lighter area in the middle. This rash can be quite large and spread in size, and is called erythema migrans.

Symptoms can come and go. Lyme's disease can extend to the brain, the heart, and the joints.

Early dissemination Lyme disease symptoms (stage 2) can take place weeks or months after the tick bite and include numbness or pain in the nerve area, paralysis or weakness in the facial muscles, heart problems, respiratory difficulties. Late dissemination Lyme's disease symptoms (stage 3) can take place months or even years after the infection. The most common ones include abnormal muscle movement, joint swelling, muscle weakness, facial paralysis and tingling, speech and cognitive impairments.

Testimonial

"Dear Jim,

I was diagnosed with Parkinson's and Lyme disease, for which I received standard treatment with dopamine and antibiotics. I noticed a significant improvement, but now my health has slowly worsened again.

For the past two weeks, I have been using MMS. I felt nauseated, taking three drops, eight times a day, so I reduced it to seven times, and then increased to three drops, 15 times a day. Last week I continued at a pace of 1 drop, 15 times a day.

It's funny; I feel so much better. It works! I am thrilled, and I plan to use it during the whole year or for as long as necessary and then change to a maintenance dose just to be on the safe side. I will also take paradophillus and Indiagrass.

Thank you for saving my quality of life.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml of CDS dissolved in 100 ml of water, ten times a day. It can be combined with Protocol R (rectal irrigator) after depositions for three weeks. At night, apply Protocol E (enema) alternating the next day with Protocol L (bath).

There are also testimonials from people for whom treatment did not work and who went on to do Dr. Daniel's treatment. She's been working with turpentine for over 20 years (e. g., from Soria Natural®). She puts minimal quantities of turpentine on sugar cubes. Doses are very small, from 2.5 ml to 5 ml at most, and uses a natural distillation of turpentine from trees. This is not the turpentine we buy at DIY stores..

Lymphoma

Lymphoma is cancer that originates in the lymphatic tissue, with the proliferation of lymphocytes (the defensive cells of the immune system). It occurs mainly in the lymph nodes, although it can affect other tissues such as the spleen and thymus. The disease weakens the patient's immune system.

Symptoms

Lymphoma often manifests as swollen lymph nodes that are palpable when they appear in visible areas such as the neck, armpits or groin. The lumps can

be painless and can go undetected if they are in less accessible areas such as the abdomen, mediastinum, etc. Other symptoms include fever, profuse nocturnal sweating, and unexplained weight loss. If the bone marrow is affected, it can produce anemia.

Testimonial

Rob Avery (Sr. Australia)–Non-Hodgkin Follicular Lymphoma

Hello, my name is Rob. I was diagnosed with non-Hodgkin follicular lymphoma four years ago. I just found out about MMS, and I am giving it a chance. I don't have results yet, but I am feeling very confident.

On the other hand, I have had chronic shoulder and back problems for the past 30 years (I am 49, by the way). I have been taking MMS for a week, and the pain in my shoulder and back area has significantly diminished. I am not sure if this is a placebo effect, but God is kind, and I have no more pain.

Treatment

The adequate treatment would be Protocol C (CDS) or Protocol T (terminal) for very severe cases, combined with Protocol K (DMSO) in the affected area and Protocol E (enema) for as long as necessary until recovery.

Malaria

Malaria is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. It is produced by the unicellular parasite Plasmodium and is transmitted by the bite of the female mosquito of the species Anopheles. The pathogen multiplies in the liver and infects the individual's red blood cells. When untreated, it endangers the patient's life since it disturbs the blood flow to vital organs.

It is the most wide-spread debilitating disease. Between 700,000 and 2.7 million people die every year from malaria, of which 75% are children in endemic areas in Africa. Likewise, it causes about 400-900 million cases of acute fever per year among children (under five years of age) in the mentioned areas, and it's one of the oldest known diseases.

Symptoms:

Fever, shivering, sweats, and headache. It can also present with vomiting, nausea, flu-like symptoms, cough, bloody stools, muscle aches, jaundice, blood clotting failure, shock, kidney or liver failure, central nervous system disorders and coma.

Testimonial

Dr. Jan Beute

I am a medical doctor who decided to go to the Gambia to help poor people with their malaria problem since it is killing one child every minute. I have found a very simple remedy to help, and it's nothing but salt with lemon juice. The salt has an extra oxygen radical called NaClO_2 .

The Gambian government allowed me to help the poor heal from malaria because they knew it worked. I worked with an Irish doctor who treats malaria for one pound per treatment. He sends patients without fevers home to spend the night. He claims the treatment is 100% effective.

Video transcription:

Klaas Proesmans (Director at Water Reference
Center, Red Cross International)

"We came across a number of very interesting technologies, always in the fields of water, health, and energy. We came across one of those purifying systems that already existed, probably for over 100 years, based on sodium chlorite.

The first records of use of sodium chlorite were actually from Flanders (maybe 20 km from my hometown, Ostend), where we have a spa. And in that spa, before World War I (1914-1918), they were able to help people with skin diseases and minor infections, all with the use of sodium chlorite. It has been said and written that the use of sodium chlorite cleans the body, within one hour to four hours, of the malaria parasite. That was too good not to go further, into further investigation.

Through our network, since we are affiliated with the International Red Cross, we contacted a number of national societies where malaria is present. One of them was in Uganda. We contacted the national society Secretary-General; we explained what the intentions were. And we came over here just to look at the field and the different steps we needed to make to do this kind of test, pilot case.

We have visited the national drugs agency, the minister of health, and everyone involved in public health and water purification. We identified a village. Well, the national society identified a village—we had nothing to do with—it

and they chose Iganga. Iganga was chosen by the Red Cross for two reasons: one because the national authorities use sodium chlorite to purify water, which is exactly the same the WRC purifies water; and second, because they have ongoing water and sanitation programs in that area, which is very convenient for the WRC. We want to do, in this month of December, is look at the effect that sodium chlorite has on the human body after being offered a glass of water.

We started with mobilizing the local population; we had the cooperation of the national society. Lots of volunteers went on their bicycles, motorbikes or cars, whatever they had, all around the streets. The first day of operation, we gathered 162 patients from all the villages around, and we identified only five malaria-positive people.

We do a little blood test, just a little prick, and a quick-strip malaria test. The positive ones are being sent to the lab for a thorough test under the microscope. And those are being offered one glass of purified water, the same way as national authorities make it. Then we ask them to come back the next day for another checkup.

The next day, early in the morning, I think that when we arrived at the hospital, there must have been about 200 fresh new patients already, together with the five from the previous day. Out of these five, four were identified malaria-negative. One of them still had malaria parasites, and that was probably a personal matter because that guy, his name was Isaac, was in such bad shape that I said, "just give him a half dose." Isaac was given a full dosage, and he came back the next day, being December 17th, and was also cleared of malaria.

Every day we had around 150–200 people. In total, we identified 154 malaria-positive patients, together with the local health authorities and doctors. All of them were treated, and all of them were, 24–48 hours later, malaria-negative, without any side effects!

We have closed the operation well enough. We will go back in January to secure contingency. We closed the operation to report back to the General Secretary of Ugandese Red Cross Society and also to report to the WRC about the results of this field test.

All in all, 100% cured people, in less than five days, all within 24–48 hours. That asks for further investigation."

Video: <https://youtu.be/liexMTG59nI>

Treatment

A) Malaria quick Protocol

If the adult patient is not too weak:

- Take two doses of 15 drops, three hours apart from each other.
- That should be enough. If not, take one more dose of 15 drops the next day.

B) Malaria soft Protocol:

If the adult patient is too weak:

- 8 drops of CD in the first intake
- 5 drops of CD 2 hours after the first intake
- 5 drops of CD 4 hours after the first intake
- 6 drops of CD 6 hours after the first intake
- 8 drops of CD 8 hours after the first intake
- 8 drops of CD before bed

Total: 40 drops in one day

Malaria should disappear. For stubborn cases, take one more dose of 10 drops.

For babies:

Four daily intakes of 1 drop every 3 hours, increasing to 2 drops if necessary.

For children:

Five daily intakes of 1 drop every 2 hours for every 11 kg of weight. Administer for two days.

(Retrieved from Alfredo's report)

Author's note: There are claims that CDS doesn't work on malaria; this is not true. Muturou Ishii (Japan) has been able to confirm its effectiveness in Africa, using a protocol of **20 ml of CDS in 300 ml of water every hour for three hours (3 doses, one per hour)**. The treatment can be repeated the next day.

The advantage of CDS is that higher doses can be ingested without side effects or diarrhea. The drawback is that CDS is sensitive to sunlight and heat once the bottle is opened.

Meningitis

Meningitis can be viral or bacterial.

Viral Meningitis is an infection of the central nervous system, characterized by the inflammation of the membranes (meninges) that cover the brain and spinal cord.

While 80% of meningitis is viral, 15–20% is caused by bacteria, and the rest is due to chemical reactions, fungi, prescription drugs and other diseases. Meningitis is rare but potentially fatal. Its complications can affect the brain, causing unconsciousness, brain damage, and damage to other organs. Since it progresses rapidly, early diagnosis and treatment are crucial to prevent severe after-effects and death. Conventional medicine hasn't provided successful treatment for this disease.

Bacterial meningitis is acute and requires urgent hospitalization. Symptoms include fever and tremors, confusion, mood swings, nausea and vomiting, sensitivity to light, intense headaches and a stiff neck. There can be episodes of restlessness, a bulge in the fontanel (soft spot on the head) of babies, rapid breathing and irritability in children, and unusual posture with the head and neck bent backward.

Viral meningitis presents milder clinical symptoms. It usually manifests with headaches, but these are processes without complications, and the treatment is geared to alleviate symptoms. However, meningitis caused by the herpes simplex virus requires special attention. If it complicates with encephalitis, it can provoke irreversible neurological disorders.

Testimonial

Andre Rogers

Hello Mr. Humble

I started with MMS five days ago after contracting viral meningitis, which can't be cured by conventional medicine. I had a bout of nausea and a bit of diarrhea on the first day. By the third day, all my symptoms had disappeared, and they haven't returned. There don't seem to be any additional side effects. I have suffered from psoriasis in my knees and elbows for thirty years. Although there is still some redness, all the scabs are now gone.

Thank you,

Source: http://genesis2church.org/list-all-mms-testimonials-html?amp;start=200&jsn_setmobile=no&start=360

Treatment

Appropriate treatment for this disease would be Protocol U (urgent), followed by Protocol B (basic) or C (CDS) as an alternative, in conjunction with Protocol K (with DMSO) on the back of the neck. In very severe cases, Protocol Y (intravenous injection) can be considered, always performed by a medical professional.

Migraine (See Headache)

A migraine is an intense headache that usually affects one side or part of the head, and is often accompanied by nausea and vomiting.

Testimonial

Mario G.—Lima (Peru)

I have been suffering from migraines since I was 14 and told I would have to take pills for the rest of my life.

In December 2011, I took MMS, and I had rapid changes in just a week. The migraines I used to have every two days disappeared.

Source: <https://www.youtube.com/watch?v=ZePuN₂dOTqU&nohtml5=False>

Author's note: In chronic migraines accompanied by allergies such as to dust mites, a parasitical infestation is highly probable, whether of pinworms, *Toxocara Canis* or others.

Treatment

In severe and recurrent cases, we recommend Protocol P (parasites). At first, patients may suffer more headaches and migraines that later disappear. The cause might be the toxins released into the blood by the dead parasites; it is a temporary effect of a healing crisis.

Mononucleosis (Epstein-Barr Virus)

Mononucleosis is an infectious disease (also known as the hard fever, gland fever, Pfeiffer's disease, and more commonly as the "kissing disease") caused by the Epstein-Barr virus (EBV) of the same family as the herpes virus. In rare cases, the illness is caused by the cytomegalovirus and in 1% cases by *Toxoplasma gondii*.

Symptoms

Characteristic symptoms are fever, pharyngitis, or a sore throat, and swollen lymph nodes, usually in the neck.

Testimonial

See Epstein-Barr Virus

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) for three weeks. We recommend the two Zapper programs for viral pathogens (Epstein Barr, Cytomegalovirus), which have been very successful.

MRSA (See Staphylococcus)

Multiple Sclerosis

Multiple sclerosis (MS) is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. It involves the onset of demyelinating, neurodegenerative and chronic damage to the central nervous system. Myelin is the fatty substance that surrounds and protects the nerve cells, like the cover of an electrical wire, allowing the nerves to transmit their impulses faster. At this time, the cause of MS is unknown.

Author's note: I am aware of several cases of misdiagnosis of Multiple Sclerosis that were later confirmed to be borreliosis (Lyme's disease) instead, after a live blood test under a microscope in a dark field.

Symptoms

Patients may show behavioral changes (apathy, lack of motivation, quasi-depression, or on the other extreme, loss of inhibition, impulsiveness, aggressiveness and irascibility, infantilism, etc.), and changes in cognitive functions (the ability to plan, mental flexibility, reasoning).

Since multiple sclerosis affects the brain and the spinal cord, and is degenerative and potentially disabling, it's understandable that patients suffer emotionally as well. Depression, anxiety, anger, fear and other extreme emotions are common in MS patients or patients of closely related diseases.

Testimonial

I have multiple sclerosis and I think it is due to pathogens. They ran lab tests and found: Lyme disease (Borreliosis), pneumonia, Chlamydia, Epstein Barr, mycoplasmas, Candida yeast, Blackberry mold and many others.

I have done chelation therapy to remove heavy metals from my body: mercury, lead, arsenic, cadmium, etc. I have responded to many treatments and improved my health.

I have been taking MMS for over a month. I started slowly due to the severity of my disease. I have gradually increased my dosage from one drop, once a day to five drops, five times a day. I continued with low doses for safety and to allow my platelet count to recover. I experienced nausea and excreted foamy water from my intestine (I think it was dead yeast). I notice many improvements such as reduction of edema in hands, feet, legs, arms, face, stomach and the swelling of the lymph nodes under my arms is decreasing. My breathing pattern is also deeper.

The age spots on the back of my hands are disappearing. My cuticles are losing their hardened ridges around my nails. The vertical and horizontal ridges

on my nails are disappearing. My skin and nails are bright instead of pale and dull.

I spoke to Jim, and he recommended that I continued with the current dose for two weeks and then continue with a maintenance dose of six drops a day. I think I am going to try that but, depending on my recovery, I will continue with five drops, five times a day, as long as I notice improvements.

Multiple Sclerosis is a challenging disease, and the treatment can take longer. I have also lost 8 pounds and 6 inches from my waist even though I am not on a diet.

Source: <http://mmstestimonials.is/various-problems?start=20>

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative) and Protocol Z. It can also be combined with Protocol K (with DMSO) for 3–6 months. At night, we can apply Protocol E every 2–3 days.

Some doctors use Protocol Y (intravenous injection), but there aren't any conclusive results to date. Dr. Julian R. recommends combining it with high doses of melatonin.

Nephritis

(See Acute Proliferative Glomerulonephritis)

Nephritis is an inflammation of the kidney tissue that can involve the glomeruli, the tubules, or the interstitial tissue that surrounds them. It's often caused by infection or toxins and is considered an autoimmune disease by conventional medicine since no cause has been determined.

Symptoms

Symptoms include blood in the urine (hematuria), protein in the urine (proteinuria), renal failure, excessive urination (polyuria), nausea and vomiting, dark urine, fever, skin rash, itching, fatigue, respiratory problems, loss of appetite, pain when urinating and high arterial pressure. Additionally, patients retain fluids since the kidneys can't properly perform their function

of eliminating urine. This retention can lead to swelling in the feet, ankles, legs and hands.

Testimonials

Andy Zuopko—05/01/2015 United States

I suffered from nephritis and my feet were swollen for over two years. I followed Protocol 1000 (= Protocol B) and in 10 days, the swelling receded and both feet are back to normal now. Thank you Jim.

Linda Davies—21/07/2013 Australia

Since I had a kidney infection last year, I recognized the symptoms of two painful spots in my back, one slightly higher than the other. It was a Sunday, and I couldn't find a doctor, so I thought about starting with MMS before visiting my doctor on Monday.

I took 3 drops about five times on Sunday. The pain was gone when I woke up the next day. I stopped taking MMS, and the pain returned, so I took 3 drops, three times a day, until Wednesday when I realized I was cured.

Whenever we are exposed to germs, and I have a cough, I take MMS. I haven't been sick again in five years. I always carry a little bottle with me. I also used it to eliminate parasites I picked up in China, something for which my doctor could not help me.

Wonderful!!!

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic), combined with Protocol K (with DMSO) in the affected area for as long as necessary.

Osteoarthritis (Arthrosis)

Osteoarthritis (OA) is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. It is a degenerative, chronic ailment that produces damage to cartilages in joints. Also known as "rheumatism from wear," its origin is supposedly mechanical stress and not inflammation like arthritis

In its advanced stages, osteoarthritis provokes deformities. The joints most affected are the cervical and lumbar vertebrae, hips, hands, knees, and ankles. Typically, OA flares after a sustained effort and disappears when at rest.

Symptoms

Pain due to cartilage degeneration and bone-to-bone grating. At the onset, the condition appears when moving a joint and disappears at rest, but when the disease is advanced, it remains at rest as well. Besides pain, patients may notice a creaking or grating noise due to lack of lubrication and widening of the joint; bone spurs from the lateral growth of bones; inflammation and subsequent edemas, fluid retention and stiffness after periods of inactivity.

Testimonial

María Alicia Saez Vidal

Hi Angelica, I want to tell you that I have been taking MMS for 45 days, and the results have been very favorable. I feel very grateful and happy to have found out about MMS.

I was suffering very severe osteoarthritis in my hands. I couldn't do housework since everything I grabbed would fall out of my hands, and I had terrible pain. My hands would go numb, and I had painful cramps. Doctors would only prescribe paracetamol and diclofenac, which didn't do much to eliminate my pain. They did tests and detected the same disease, but now in my hips and knees as well. Besides, I suffer from diabetes, and all the anti-inflammatory drugs were damaging my left kidney. I was so swollen that my hands and feet seemed to be about to burst.

Out of the blue, I had the opportunity to meet someone who told me about MMS. She gave me her number, and I called her. I started taking it, and on the fourth day, I already noticed a positive change.

It is wonderful being able to use my hands again. The pain and the swelling disappeared! Besides, my blood sugar remains at almost normal levels. I feel great! My life has changed completely. I am so happy I took MMS!

Thanks a lot to the person who told me about this wonderful, miraculous product, and thank you, Angelica, GOD BLESS YOU.

Warm regards,

Treatment

Appropriate treatment, in this case, would be Protocol C, or B as an alternative, after Protocol K (DMSO) on the affected areas, for three months.

Osteomyelitis (Staphylococcus/SARM)

Osteomyelitis is a sudden infection of the bone and bone marrow, usually caused by pyogenic bacteria, mycobacteria, fungi, or other organisms that get transferred from the skin, muscles, or infected tendons close to a bone. The infection can also start somewhere else and spread through the bloodstream to the bones, or it can originate after bone surgery. Risk factors include recent trauma, diabetes, hemodialysis, and intravenous drug addiction.

Symptoms

Bone pain, excessive sweating, fever and shivering, general discomfort, restlessness, swelling of ankles, feet and legs, and pain at the location of the infection.

Testimonial

See: Staphylococcus

Treatment

Appropriate treatment, in this case, would be Protocol C (as CDS) or Protocol B (basic), combined with Protocol D (dermatology) on the affected area for as long as necessary.

Osteoporosis

Osteoporosis is a disease for which conventional medicine has not provided a pharmaceutical solution. It is a pathology provoked by the reduction of bone mass, both the proteins that form its matrix or structure and the mineral calcium salts it contains.

Author's note: The real origin of osteoporosis lies in the process of compensation of interstitial metabolic acidosis. The body needs calcium to compensate for the acidic pH, producing oxalates as a result. It uses as much calcium as it can for compensation. If it doesn't get it from nutrition, the body absorbs calcium from the bones as an alternative to balance the acid in the blood and tissues.

It's essential to modify your diet and avoid a sedentary lifestyle to alkalize the body as much as possible.

Symptoms

Osteoporosis has been known as the silent epidemic for years since it doesn't produce any symptoms. In these cases, we lose the opportunity to stop the loss of bone mass and reduce the risk of new fractures.

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic) for three months.

If possible, drink between 150–250 ml of seawater every day for remineralization.

Modify your diet, taking care, most of all, to avoid the acidification of the body that occurs from ingesting carbohydrates and sugars. One or two teaspoons of diatomaceous earth can be added to the daily diet.

Otitis

Otitis is a typical ear infection, an inflammation of the middle ear (behind the eardrum) that fills up with fluid, due to the presence of bacteria or viruses that enter the body through the mouth or the nose.

Symptoms

Babies and young children pull on or scratch their ears. They may have hearing problems, fever, ear drainage, and very often vomiting.

Author's note: There are three ways to treat an external ear infection:

1. **With gas**
2. **With CDS drops**
3. **With activated drops of CD (MMS)**

1. **Protocol G (gas/glass):**

- Activate 6-8 drops in a drinking glass, without adding water. Immediately place the rim of the glass over the affected area, trapping the gas inside and making sure that the liquid doesn't touch the ear.
- The treatment usually lasts between one and three minutes and never more than five minutes to avoid irritation. It can be repeated as many times as necessary, leaving one-hour intervals between applications.
- The evaporating gas is the disinfectant; there is no need to wet the ear.

This protocol can be beneficial for treating internal ear problems. The glass covers the ear allowing the gas to penetrate further into the ear canal where, if swollen, water can't reach.

2. **Protocol O (Ophthalmology) – CDS drops**

- Use 2-4 ml of CDS at 0.3% (3000 ppm) in 30 ml (one ounce) of warm water or CDS.
- Fill a dropper and put the drops into the ear while lying on one side, leaving the solution for 1–2 minutes.
- Remove excess liquid with a tissue when standing up again.

3. **Protocol O (Ophthalmology) – CD drops**

- Use 2-4 drops of CD activated on a 1:1 ratio, and then add 30 ml (one ounce) of warm water.
- Fill a dropper and put the drops into the ear while lying on one side, leaving the solution for 1–2 minutes.

- Remove excess liquid with a tissue when standing up again.

Recommended: Protocol C (CDS) or B (Basic)

Testimonial

I have been suffering from otitis and tonsillitis since I was a toddler. I have taken so many antibiotics in my life (all prescription) that they don't have any effect on me anymore.

The most potent painkillers could help. Then, a year ago, I watched Andreas Kalcker's conference, read Jim Humble's book, and decided to try MMS.

It was wonderful to get rid of these infections for good and never suffer from throat and ear pain again. The moment the infection starts, I take MMS, and it disappears in hours.

People have the right to know about MMS, and I think doctors have the duty to research it and prescribe it to patients if they consider it necessary.

Source: <https://testimoniosmms.com/?s=otitis>

Treatment

Appropriate treatment for external ear infections would be Protocol G (gas), Protocol C (CDS) or B (basic), combined with Protocol J (joyful mouthwash). We recommend adding a few drops of DMSO to the mouthwash.

Ovarian Cancer

Ovarian cancer is a disease for which conventional medicine has not provided an adequate pharmaceutical solution. Ovaries have a lining made of epithelial cells. Most ovarian cancers stem from the malignant transformation of these cells. The disease mostly affects women between the ages of 50–70. It's the most common cancer of the female reproductive system.

Symptoms

Symptoms can appear when the disease is already in its advanced stages, but there are warning signs that allow for early detection:

- Pain in the pelvic area or the lower part of the abdomen, similar to indigestion.
- Difficulty swallowing food
- Feeling full without eating much
- Urinary symptoms, such as a constant urge to urinate.

There may be abdominal swelling due to liquid retention or an increase in the size of the ovaries. At this stage, patients may become anemic or have weight loss.

These symptoms could also be caused by benign diseases or cancer in different organs. When the cause is ovarian cancer, the symptoms tend to persist and mark a change from the usual.

Testimonial

My name is Lidia Iwaniuk. I am Polish and a professional kinesiologist. I have been living in Chile for the past ten years. In September 2015, I felt discomfort (pain in my ovaries), and I went to do some tests. They gave me the results: I had five cysts in my ovaries. In December, I was diagnosed with ovarian cancer with tumors 4-5 cm. The medical option was to open me up and remove everything. Since I didn't want them to mutilate me, I started looking for information online until I found Angelica Costa's website in Chile. We talked, we met, and we set up the steps to follow with MMS, CDS, and DMSO. These are products I had heard about, but Angelica taught me how to use them most effectively. As a kinesiologist, I also used the light lamp called Biotron®.

I started taking MMS continually for a month, ten times a day. I wanted to increase the dose quickly, and I was soon taking three drops ten times a day. I just had to urinate often, and I went on to take six drops when I had a healing crisis.

In a short time, my body was clean. I kept taking six drops of activated MMS ten times a day. I would increase and decrease the dose according to my tolerance. One month later, I reran some tests (find all my tests attached), and they showed my tumors were only 3 cm instead of 5 cm long and much smaller in size, without a cancerous appearance. I kept taking MMS in lower doses because it was getting harder to take six drops, but I was applying DMSO through the skin three times a day in conjunction with MMS that I kept taking ten times a day.

Then I incorporated vaginal washes with MMS and DMSO three times a day. I did it differently from the protocol: 250 ml water with seven drops and up to 15 drops of MMS with 1.5 ml DMSO at first, then with 5 ml DMSO.

In the third exam that I ran three months ago, my ovaries were completely clean. Now I just take a maintenance dose of 6 activated drops of MMS with DMSO, three times a day.

Angelica asked me about any discomfort with the vaginal washes, and I must say there was none whatsoever. I didn't even feel any vaginal dryness.

Regarding the emotional support Angelica provides with her team of therapists, I must say that I think emotional issues were at the root of my cancer. Thank you for helping me to relax, to bring my emotions to the light, and think positively. And thank you for giving me time for it along with the therapies you provided. It all indeed helped a lot because the body doesn't exist without a soul.

As a kinesiologist, I have incorporated light therapy into my work for 20 years with a medical device (Biotron®). As a way to show my gratitude, today I offer complementary therapy with it, that I have also used for my self-healing. The technology radiates visible light to bio-stimulate the body. It restores energy to the energetic centers in the body for their regeneration.

Finally, I must also say that I changed my diet to a healthier one. I must recommend MMS because it has no side effects. Quite the opposite, since I was taking such high doses, I had a lot of energy and felt really strong to win this battle.

I recommend following the set protocol and taking MMS according to your tolerance.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol R with an irrigator for 3–6 months. In the evening, apply Protocol V (vaginal irrigation) that can also be combined with Protocol L (bath).

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Pancreatic Cancer

Pancreatic cancer is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. Pancreatic cancer is a malignant tumor that originates in the pancreatic gland.

Symptoms

The most common symptoms are pain in the superior or central abdominal region that intensifies after meals or when the patient lies down. Yellow skin or jaundice (due to bile retention) and increase in bilirubin, which happens in some cases where the tumor is at the head of the pancreas, unexplained weight loss, nausea, vomiting, and spasms.

Testimonial

Monica Moya—Surgery nurse.

In 2011, I was diagnosed with pancreatic cancer. In December 2012, I was in phase IV with less than a month to live. I went through 16 chemo sessions with no success, and the outcome was weight loss to under 40 kilos, loss of hair, dull eyes, steely and sick skin complexion, all so that conventional medicine could declare me “incurable.” They sent me home to die.

Someone told me about MMS, and I started treatment. I was taking it ten times a day and using as many protocols as possible.

I had the confirmation of total remission in the last analysis, and now I am healthy.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol K with DMSO in the affected area for 3 to 6 months. In the evening, apply Protocol L. It can also be combined with Protocol E to eliminate hepatic toxicity.

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Papillomavirus

(See HPV)

Peptic Ulcer (Helicobacter)

A peptic ulcer is a sore on the mucous membrane lining the stomach and duodenum, the upper portion of the small intestine. The cause of the ulcer is an imbalance between the aggressive and defensive factors the gastroduodenal mucus. In some cases, it is caused by an infection from the *Helicobacter Pylori* bacteria.

Symptoms

Abdominal pain (burning, excruciating pain or painful hunger pangs).
Nocturnal pain between midnight and 3 AM.

Testimonial

Frans

Hi Andreas,

Let me tell you my story. The doctor who ran the tests is a friend of mine, and he informed us about the antibiotic-based treatments available. Funny enough, he also has *Helicobacter*, and he has undergone two different antibiotic treatments. In both cases, he said that we should wait at least 7–12 months to know the results and that there were no guarantees. Even after following two treatments in over two years, he is still testing positive.

We were wondering what to do, and both my brother and I decided to follow, at our own risk, Protocol 1000 (= Protocol B) with MMS.

We started treatment right when we got the test results (June 14th, 2012). We went back to run more tests when we knew you were coming to speak in a seminar, and the result was the best: “negative” after just four months!

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative) for 3–6 months.

Periodontitis

Periodontitis, commonly known as pyorrhea, is an inflammation and infection of the ligaments and bones that support the teeth. It occurs when gingivitis is left to advance untreated.

Symptoms

Symptoms are bad breath, loose teeth, swollen and reddish gums that bleed easily.

Testimonial

Hello. My name is Ignasi Goma. I have been an MMS user for four years. I use it to cleanse my digestive system in general, and it works. It cured a very severe pyorrhea where I lost 40% of my teeth and lost 30% of the upper maxillary bone in just a week. Flu and colds are cured in 5 days. I started with MMS because I had Athlete's foot since I was 15, and there was nothing that cured it. Once I started, it just took a week to forget about that pesky fungus. The only problem is the unpleasant chlorine-like taste. I would like to know if someone has found a solution. Thanks.

Author's note: The taste of activated CD with hydrochloric acid at 4% is not as unpleasant as MMS with citric acid. If you pour a little Coke into the mix, it disguises the taste without diminishing the effectiveness of the treatment. Juices are never recommended, not even fresh ones.

Treatment

Appropriate treatment, in this case, would be Protocol J (mouthwash). You can use undiluted CDS to brush your teeth for as long as necessary. For severe cases, use Protocol C (or B as an alternative) for three weeks.

Pneumonia

Pneumonia is an infection of the lungs caused by bacteria, fungi or viruses. The most common pneumonia is produced by the bacteria called pneumococcus (*Streptococcus pneumoniae*).

Symptoms

Pneumonia is usually preceded by an illness such as the flu or a common cold. Typical pneumonia symptoms start with a cough, which may contain phlegm or pus and sometimes blood, chest pain and fever with shivering.

Atypical pneumonia has more gradual symptoms, including low-grade fevers, general discomfort, muscle and joint pain, fatigue and headache, a dry cough without expectoration, and less intense chest pain.

Testimonial

Last winter, I was diagnosed with bronchitis and the onset of pneumonia. It wasn't the first time. As usual, they prescribed antibiotics and cortisone (the typical). Both drugs have serious side effects, but this time, I knew about MMS. I followed Protocol 1000 (= Protocol B), and I had an amazing improvement in a week. It would have taken a month to get those results with the meds, and two more months to get rid of the toxins produced by the drugs. [...]

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic), combined with Protocol K (with DMSO) on the affected area for as long as necessary. At night we should add Protocol H (home) to speed up the process.

Prostate Cancer

Prostate cancer is a disease for which conventional medicine has not provided an adequate pharmaceutical solution. It is cancer that develops in the prostate, one of the glands of the male reproductive system. The prostate is in charge of producing seminal liquid. Cancer occurs when prostatic cells mutate and start to multiply without control. It's the most common cause of cancer among men.

Symptoms

Prostate cancer can be asymptomatic in its initial stages or present as urinary incontinence, difficulty commencing and maintaining urination, and a burning sensation when urinating. In advanced stages, urination is obstructed, with the possibility of frequent lumbar pain and difficulties during sexual relations.

Testimonial

H. Verdugo Jara - Age: 63 – Chilean – Married with three children, Customs Guard Pensioner Resident in Santiago.

On December 10th, 2010, I had a PSA test with a result of 37.76 Ng. ML, so my family doctor ordered a biopsy which confirmed prostatic adenocarcinoma 6 (3+3), or a 6 cm malignant tumor in the prostate. Then they performed a radical prostatectomy for extended lymphadenectomy. The outcome was a success; they removed the entire prostate gland, plus lymph nodes, and seminal glands.

Successful was the word used by the doctor who arranged the procedure, but the results of the PSA tests after the operation still showed 0.656. He said we should use radiation because the results indicated that there were still traces of cancer in the area.

I was then sent to the Radiomedicine Institute (IRAM), where they confirmed that this was a high-risk prostatic cancer after the operation. The antigen was high, and this indicated the existence of cancer. They recommended I start immediately with the LH – RA and then RT, with a 30-day rest.

I began with MMS, and after four days, I realized that something was happening to my body. I could get out of bed.

I followed Protocol 2000 as I was told, plus the enemas. Thirteen days later, I had a prostatic exam with a FANTASTIC result (according to the doctor) since it denoted an antigen level of 0.9 Ng/ML.

I am scheduled for radiation in October, but I am still taking MMS, and I know I won't have any cancer left by October.

Treatment

Appropriate treatment, in this case, would be Protocol C or Protocol B as an alternative and increase the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol R with a rectal irrigator after defecation for 3 to 6 months. In the evening, apply the Protocol E (enema), alternating the next day with Protocol L (bath).

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Prostatitis

Prostatitis, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is an inflammation of the prostatic tissue that can be caused by a bacterial infection. Any bacteria that can cause a urinary tract infection can produce bacterial prostatitis that can be:

- Acute: starts suddenly.
- Chronic: expands its onset over three months, with less severe symptoms.

Symptoms

Shivering, fever, skin redness, blood in the urine, burning or pain when urinating, difficulty to start urination or empty the bladder, weak urine stream.

Testimonial

Alfonso

I hope my story is useful to someone else. Hello, Luis. I have been taking MMS for two days as you ordered [...]. After three years visiting urologists, I was doing worse and worse, so when I was told that my prostatitis was chronic, my whole world shattered because I didn't know what to do anymore. Well, that's what friends are for, isn't it?

My friend Rafa dragged me to your office. He could see that my normally cheerful mood was changing because of this illness. I thought that if doctors couldn't help me, naturopaths couldn't either. God bless the day that I went to see you. Thank you, Luis. I asked if you would heal me, and your words were: "Alfonso, when I became a naturopath, I had to sign a paper that said I couldn't tell sick people that I could heal them, that we would see how it went." That was on Monday. By Friday, all the prostatic pain in my legs, kidneys, and anus had almost disappeared. After two 45-day treatments, I was almost in top shape, although I had a strange painless discomfort in my anus [...]

I have been taking MMS for two days, and I don't have that discomfort anymore. This is going great, and there are still 42 days to go. Ah! The two treatments were colon cleansing, liver and kidney cleansing, and I followed them to a T.

I know now that the money used to cure my ailments was the best investment of my life. I have been paying medical insurance for three years, and they didn't sort anything out. The only thing it was good for was to run tests. Alas, the irony.

Luis, I have taken MMS as you told me but increasing the dose and I didn't feel sick at any time. Perhaps some discomfort in my legs and the pain I told you about in my back.

I hope this testimonial is useful to someone in the same situation. At least, so they look at life with hope, because I know from my experience that after three years with pain in my calves, anus, and kidneys, I couldn't see the end to this nightmare. I want to thank you here, and I also want to mention this friend I have, a wonderful person who dragged me to the naturopath even though I didn't believe in that kind of medicine.

Best regards to everyone.

Treatment

Appropriate treatment, in this case, would be Protocol C (as CDS) or Protocol B (basic), combined with Protocol E (enema) for 1–3 months. Also, Protocol R (rectal irrigator) after each deposition. Minimum two times a day (morning and night).

Psoriasis

Psoriasis is an inflammatory, chronic skin disease for which conventional medicine has It causes redness, scaling, pain, and swelling in the affected area. It's not contagious.

Symptoms

Skin sores in patches of variable size, reddish and covered with whitish scales, usually around the elbows and knees.

Testimonial

Elizabeth Winkler Schmidt—Date: July 13th, 2012.

My mother, Sylvia Schmidt, started to get psoriasis in 1999. At first, it was just a small sore on a leg that she could manage with ointments, but it never completely healed. In a few months, it was showing up on other parts of her body. She underwent different treatments, both traditional and alternative. While some provided temporary relief, the subsequent flares were even more intense.

Last year, a friend of mine told me about MMS and recommended that I watch Andreas Kalcker's videos. She also gifted me with a bit of product so my mother could try it and see how it worked. After a few days, she already felt better, even though her body was covered by psoriasis (except on her face, hands, and feet).

I contacted Angelica, and she started treatment in September 2011 with Protocol 1000 (= Protocol B) and spraying the product all over her body. In just a few days, we could see an improvement. Sometimes, there were flare-ups, but they would disappear in 2–3 days, and she continued with decreased doses.

The first real proof was the disappearance of the sores behind her ears from her glasses. Her skin went back to normal. Then the sores on her scalp disappeared: it was her hairdresser who noticed it and asked her what she was doing since there no more sores on her head. Between November and December, she added baths, keeping the other treatment the whole time. She used an alarm clock to avoid forgetting a single dose. At the beginning of 2012, all her skin was swollen, warm, and very red, as if she had a sunburn. But this lasted only 2 or 3 days, and then all the sores began to recede. Several bottles of MMS were necessary during this time, but it was worth it. Currently, on April 17th, 2012, her skin is completely healthy, and she is going to start a maintenance protocol as outlined by Angelica.

Psoriasis has completely healed!

Treatment

Appropriate treatment, in this case, would be Protocol C (as CDS) or Protocol B (basic) and combine it with Protocol D (dermatology) in the affected area for as long as necessary. In very severe and recurrent cases, Protocol P (parasites) is recommended.

Reflux (Acid Reflux)

This condition causes the stomach contents to flow back from the stomach to the esophagus (the food pipe between the mouth and the stomach), due to the incomplete closure of a muscle at the end of the esophagus.

In the stomach, food mixes with the gastric juices, which contain hydrochloric acid (needed to digest proteins). This acid doesn't harm the stomach because this organ is lined with a protective mucous membrane. However, the esophagus, larynx, and mouth don't have that kind of lining. So, if food and stomach acids return to the esophagus, they provoke irritation and burning.

Symptoms

Reflux can be asymptomatic. "Heartburn" is the most frequent symptom, a burning sensation behind the breastbone. It worsens after a big meal and when the patient lies down.

Other symptoms include a sour-tasting regurgitation, non-cardiac thoracic pain, belching and discomfort in the larynx, such as hoarseness or the sensation of something being stuck in the throat. Respiratory disorders such as a nocturnal cough, pneumonia, bronchitis, bronchoconstriction and chronic asthma can manifest.

Testimonial

An Australian case.

First, congratulations and thank you, thank you, thank you! Keep taking MMS so you can stay alive to enjoy your successful journey in life. I have been using MMS for seven weeks, and I would like to tell you about the improvements I have observed in my health. It seems that my lifelong battle with GERD /Acid reflux is finally over.

It disappeared after four days, and it hasn't returned. My system succumbed to beer and chips and other junk food, but a daily dose of MMS alleviated it in a few minutes.

My lifelong weakness was excessive mucus in my nose and throat. Most times, it has been reduced to a "no problem" level. I can now sleep all night long, and my wife tells me that I snore much less. [...]

Treatment

Appropriate treatment, in this case, would be Protocol C (as CDS) that can be combined with the ingestion of 150–200 ml of seawater per day, in several doses or directly adding it to CDS.

Renal Calculus (Kidney Stone)

The terms renal calculus, nephrolithiasis, and kidney stone refer to the formation of solid matter in the kidney made of substances found in urine. The stone can stay in the kidney or can break away and travel down the urinary tract. The intensity of symptoms (pain) is usually related to the size of the stone. Stones may get expelled without causing any symptoms.

Symptoms

Kidney stones may not cause symptoms until they pass through the tubes (ureters) that carry urine to the bladder, blocking the flow of urine. The main symptom is acute pain that starts and disappears suddenly and can take place in the abdominal area or on one side of the back and irradiate towards the groin or testicular area. Other symptoms are abnormal urine color, blood in the urine, shivering, fever, nausea, and vomiting.

Testimonial

MY EXPERIENCE: I would like to tell you that I have mixed MMS with DMSO, and this allowed me to eliminate two kidney stones the size of grains of rice. It was very painful, but they came out, and I have kept them as a souvenir. Today, I am starting with the skin treatment.

Source: <http://oxi.i-o.com.ar/experiencias-de-usuarios/>

Treatment

Drink three infusions a day of fresh leaves of the stonebreaker plant (*Lepidium latifolium*). As an alternative, magnesium oxide can also work.

Appropriate treatment, in this case, would be Protocol K combined with Protocol C or B, as an alternative, for three weeks.

Renal Failure

(see Nephritis / Acute Proliferative Glomerulonephritis)

Renal failure, a disease for which conventional medicine has not provided a pharmaceutical solution, occurs when the kidneys are unable to filter toxins and other waste from the blood.

When the glomerular filtration rate (GFR—the blood filtering in the kidney) falls below 25–35%, urea, and creatinine levels start to increase. When GFR falls below 15%, signs of uremic syndrome start to appear.

Symptoms

High blood pressure, loss of appetite, nausea and vomiting, an ammonia scent produced by the nitrogenated metabolites in saliva, anemia due to an erythropoietin deficit, cognitive alterations such as difficulty to focus, bone pain, darkening of the skin or skin rash. In men, it causes impotence and oligospermia (reduction in the production of spermatozooids). Women may have menstrual alterations with frequent amenorrhea.

Testimonial

Gabriel Huarte

He had been on dialysis for many years; he had lost all hope of recovery. After five months of treatment, he quit dialysis and was discharged.

Treatment

Appropriate treatment, in this case, would be Protocol A (amateur). If there are no side effects, change to Protocol C (as CDS) or Protocol B (basic) and combine it with Protocol K (DMSO) in the affected area and Protocol E (enema) for as long as necessary until recovery.

Renal Ischemia-Reperfusion

Renal ischemia-reperfusion causes acute kidney failure. It is a kidney disease that quickly reduces the kidneys' ability to eliminate waste and help keep a balance of liquids and electrolytes in the body. Multiple pathologies can develop when the renal artery bloodstream is compromised. Currently, conventional medical treatments have practically zero results.

Symptoms

Blood in feces, bad breath, tendency to bruise, changes in mental state or mood, loss of appetite, loss of sensation (especially in hands or feet), fatigue, side pain (between ribs and hips), shaking hands, high blood pressure, metallic flavor in the mouth, nausea or vomiting that can last for days, nasal hemorrhage, persistent hiccups.

Testimonial

Dr. C. (Mexico)

“Patient with Renal ischemia-reperfusion pathology, with carcinoma, intense hematuria, constant and intense pain, as well as persistent cephalalgia.”

Treatment as follows:

- Protocol 1000 (=Protocol B)
- Protocol 3000 in the kidneys (Protocol K)
- 5 enemas with 30 drops of activated MMS in each enema.

Pathology remission in two and a half weeks. The patient managed to avoid dialysis and surgery. Observe kidney dimensions at the beginning and the end. It gives clear evidence of the effectiveness of ClO_2 relative to kidney functions.”

Treatment

Appropriate treatment, in this case, would be Protocol A (amateur). If there are no side effects, change to Protocol C (as CDS) or Protocol B (basic) and combine it with Protocol K (DMSO) in the affected area and Protocol E (enema) for as long as necessary until recovery.

Rheumatoid Arthritis

Rheumatoid arthritis is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. It is a systemic, inflammatory disorder (caused because the immune system attacks the organism's cells) that provokes a persistent swelling of the synovial membranes (synovitis) in the joints. It usually strikes small joints, producing progressive damage and degrees of deformity and disability.

Symptoms

Pain in the joints caused by inflammation, morning joint stiffness. When the disease is chronic, the deformity of the fingers is characteristic.

Other nonjoint-related symptoms:

- Muscle weakness
- Weight loss
- Intense and persistent neck pain
- Dryness of mouth and eyes
- Lumps on the skin
- Tingling in hands and feet

Testimonial

My name is Javier Enrique Calderon. I am 37 years old, and I suffer from chronic rheumatoid arthritis. My doctors informed me, after five years treating it as ankylosing spondylitis, that it was rheumatoid arthritis. The new diagnosis didn't change my poor physical condition at all.

Six months ago, I was also diagnosed with fibromyalgia, and due to the side effects of all the cortisol I have been taking, I developed Cushing's Syndrome.

Looking for treatment for "whatever I have," I tried traditional medicine, naturopathy, homeopathy, acupuncture and anything I was told to do, to gain quality of life.

My ailments started when I was 27 and felt pain in the soles of my feet after a day of intense exercise. I didn't pay much attention at first, but in no time the pain moved on to my legs, hips, spine, jaws, hands and all over my body. I spent six months absolutely dependent on my wife even to turn around in bed. I couldn't chew any food, or get out of bed, let alone think about carrying out my physiological needs without help.

A year after the onset of the disease, I met the rheumatologists who prescribed tons of cortisol and other drugs that, for the time being, achieved their mission of getting me out of bed and walking again. Hope resurfaced inside of me. I came back to my life, conscious of my limitations, and I made adjustments on both physical and emotional levels to start my life again.

It has been a really tough ten years. There have been times of unbearable pain, and most of the time, I have to thank God and my family for giving me the strength to go on. My body has been adapting to the drugs, but I kept having to increase the dosage. I lost my right arm due to so many infiltrations. It went rigid at about 75 degrees and with a constant pain that didn't go away, no matter what I took.

Since last summer, the disease has given me no truce. It became aggressive, and I had to lie in bed again. I need help to do even basic movements again, and drugs don't seem to work anymore. The rheumatologist defines the situation as an outbreak, and tells me that according to the diagnostic tests they have carried out, I have to start using a wheelchair, something I categorically refused. This is what led me to research on the web everything I could find about my disease, and its different treatments.

I started with an alkaline diet that, according to studies, helps improve my condition, among many others. The thing is that results only come after a very long time. I also complement my diet with natural products such as magnesium, calcium, zinc and other minerals and vitamins that my body requires. One day during my research, I found information about what back then was called Miracle Mineral Supplement. This name only made me think of charlatans, as anything with the "miraculous" label only made me suspicious.

However, after reviewing all the positive testimonials from different sources that can be found on the web about the benefits of MMS, I decided to take my research further. Then I saw Andreas Ludwig Kalcker's videos where he provides a scientific base for how MMS works in the body and this convinced me to give it a try.

I got to go back to work. At present, I walk without a stick, my right arm has recovered significantly, and the pain has decreased by 70%. Although I am still far from being a fully healthy person, I can bear witness that I can now do things myself thanks to MMS. I am back to being a productive person again, and I can lift my 13-month old baby girl. Above all, I hold onto hope that I will be fully healthy again.

Andreas Ludwig Kalcker's note:

I had the chance to experience this on myself. Some time ago, I suffered from rheumatoid arthritis in my hands. The condition impeded me from performing my work and daily activities. At one point, the pain was so excruciating that I couldn't even hold a pan! I went on a pilgrimage from doctor to doctor, from clinic to clinic, and all they could do was prescribe drugs that helped with the pain but didn't heal the disease, and that also had nefarious side effects.

It was at that time when a friend suggested that I use a remedy known as "miracle mineral." I didn't like that name one bit, just the sound of it put me off.

When the package finally arrived, our little dog served as a guinea pig. The unfortunate thing was very old and sick, and hardly ever moved from her bed. Sometimes, she would wag her tail, but that was all. She would spend all day lying down without moving. I prepared the mix and had her drink it from a syringe. As expected, she didn't like it at all, since MMS (chlorine dioxide) smells like bleach, even though it is not. Against all the odds, the next day, our little dog was feeling better than ever, running around in the garden, full of energy again. I gave her the potion once again. She still didn't like it, but she spent half the afternoon munching more grass than a cow. In a nutshell, she improved so much that she was healed from all her ailments. Now I definitely had to try it myself.

At the time, the protocol still involved a progressive dose increase until reaching 15 activated drops (15 drops of chlorite and 15 of the activator). I started drinking it little by little, covering my nose.

And what seemed impossible came true: MMS worked, and now I can play the piano again!

Treatment

Appropriate treatment, in this case, would be Protocol C or B as an alternative, combined with Protocol K on the affected areas for three months.

Sarcoidosis

Sarcoidosis is an inflammatory disease that can affect the lymph nodes, lungs, liver, eyes, skin, and other tissues. It is caused by a collection of cells of the immune system which form masses of abnormal tissue called granulomas in different body organs. When the immune system defends our body from foreign substances, it sends specialized cells that secrete biochemicals, provoking an inflammation in the body. This secondary effect disappears in healthy individuals, but remains in those affected by sarcoidosis.

Symptoms

Most patients show symptoms in the lungs or thorax which cause fatigue, fever, lack of energy, weight loss, joint pain, dry eyes, chest pain, a dry cough, shortness of breath, cough with blood, blurred vision, wheezing or skin sores which vary from reddish bumps to erythema nodosum and lupus.

Testimonial

Ana de Coruña (Spain)

Clinical diagnosis: Sarcoidosis. She started treatment with MMS on December 27th, 2010.

On October 12th, 2011, she reported that after passing the control tests for her disease, her doctor told her: "If we didn't know you had sarcoidosis, we'd say that you don't, because you are completely clean."

Ana managed to take 10 activated drops of MMS daily (three times a day). She was consuming MMS at 28% for three months. Due to tolerance issues, she changed to MMS at 25% for the remaining period. Every 16 days, she would stop treatment for three days and would just take 1000 mg of Vitamin C and untraceable minerals (salts at 1 ppm, obtained by grinding, mainly calcium). She was taking them during the MMS treatment as well. Her diet was the usual, mainly avoiding meat. She follows a maintenance and prevention protocol of 6 activated drops of MMS at 25% twice per week (Tuesdays and Thursdays).

I hope this is useful for whoever may need it. Thank you, Mr. Humble and thanks to all who have made this possible.

Treatment

Appropriate treatment, in this case, would be Protocol C (as CDS) or Protocol B (basic), combined with Protocol D (dermatology) on the affected areas for as long as necessary.

Scabies

Scabies is a skin disease caused by the mite 'Sarcoptes scabiei.' It's transmitted by direct contact with animals and infected individuals. It's not a dangerous infection and is very common all over the world, across all age groups.

Symptoms

Severe itching, and a skin rash with red bumps, blisters, or little burrows with scabs on the skin.

Testimonial

Jennifer McKay

After three and half months going crazy due to the intense itching provoked by scabies and trying a variety of treatments, I finally tried the bath protocol with MMS (= Protocol L), and after just two baths [...] I felt relief. After five baths, I was a new woman!

I also continued to follow the suggestions I found on different websites to avoid further infestation (the most important is to wash and dry all bed clothes after each use).

Dear friends, I was going insane and was starting to feel really desperate. I had scabies all over my body. From my experience, I'd say not to bother with anything else. MMS is the answer! God bless you, Jim Humble!

Source: <http://mmstestimonials.is/scabies>

Treatment

Appropriate treatment, in this case, would be Protocol L (bath) or as an alternative Protocol G (gas in a large bag). We can also apply grapevine ash mixed with oil on the most affected areas.

Schizophrenia

Schizophrenia is a mental disorder caused that impairs the individual's ability in several psychological areas such as thought, perception, emotions, and will. The term "schizophrenia" means "divided mind" and refers to the impaired cognition and behavior of patients.

Symptoms:

Delusions, hallucinations, thought disorder, social withdrawal, and emotional impairment.

Author's note: I have noticed in several cases of schizophrenia a direct link to parasites. In these cases, deworming treatments caused patients to eliminate a great deal of intestinal mucus, the same way that autistic children do. Once they finished the three-month protocol, there had been a definite improvement in people affected by this disease. We search for the cause of all mental disorders in the head. However, I have realized that in most cases, they derive from toxins in the intestines, whether ingested (via alcohol, for instance) or caused by parasites and other pathogens that release high levels of ammonia, blocking the intestinal lumen and the absorption of nutrients at the same time.

Testimonial

David O.U. Two episodes of acute "schizophrenia" with hospitalization and many lesser episodes of psychotic outbursts for months.

Allopathic treatment for at least a year (according to the doctor). After a month of allopathic treatment, he started Protocol 1000 (Protocol B) and Protocol P for deworming. After a week, he stopped taking all prescribed drugs. He hasn't had an episode or relapse yet, 18 months later.

Treatment

Treatment for this case would be Protocol C (CDS), or B as an alternative, for three weeks followed by Protocol P (parasites).

Sciatica

Sciatica refers to the pain, weakness, numbness or tingling sensation caused by damage to or compression on the sciatic nerve, which starts in the lumbar region and descends through the back of each leg.

Symptoms

A slight tingling, burning sensation or sharp pain that radiates from the lumbar region to the buttocks, or in several parts of the leg and the foot. Often, the pain takes place on one side of the body, on one part of the leg or hip, in the back of the calves or the soles of the feet. The affected leg may feel weak, and the foot can be “trapped” when walking.

Testimonial

Jadith—November 16th, 2012

Hi. I want to tell you how much MMS helped me. I think it is wonderful, I believe in it and have been taking it since February 2012.

At first, I wasn't too sure like most people, but when I researched further and watched the videos and seminars about this mineral supplement, I was fascinated by the testimonials of people who have improved and even healed from diseases that doctors considered incurable or chronic. I had my doubts because I had tried many alternatives that didn't work. Anyway, I decided to try one more and see what happened.

I never had the best eating habits, and I think I am paying the price now. I had problems with gastritis, my liver, cholesterol, triglycerides, and above all, the worst and what wouldn't wish on anyone was my problem with my spine, infamous sciatica.

After visiting countless doctors, most of the problems I have mentioned did get better, but the most frustrating and challenging for me was sciatica, as I had been suffering from it for six months.

I couldn't lie or sit down or stand up for long. The doctors ran tests on my spine in several clinics. At first, they said I had a fissure in one of my vertebrae. They did X-rays and MRIs and discarded the fissure diagnosis, but they didn't do anything to alleviate my discomfort. They just prescribed painkillers and plenty of rest. I quit my job but even being home was a problem since I couldn't move.

With great apprehension and fearing that it would be like all the other treatments I tried, I took MMS because I wanted to get rid of my sciatica. So, I followed the Shock Protocol at night, three drops in the first intake, then six drops. I started to feel nauseous and dizzy. In half an hour, the dizziness was

gone, and I went to bed. When I woke up, I realized that my back and spine weren't hurting anymore. I couldn't believe it, so I kept taking MMS for several more days, and the pain didn't return. And without realizing it, my other problems, chronic gastritis, the liver, cholesterol, and triglycerides moved to the background. Why do I say that cholesterol and triglycerides went away? Because my symptoms disappeared (nausea and dizziness when eating foods with high-fat content).

From that moment, I also give it to my mother for her blood pressure and other age-related problems. Thank you for having this website. I always recommend it. Many blessings and success for the great job you are doing.

Regards.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol K (DMSO) applied in the area. In the evening, apply Protocol L.

Sinusitis

Sinusitis is an inflammation of the nasal mucous membrane and sinuses, a reaction to a bacterial, viral or fungal infection. In healthy people, the sinuses, located behind the forehead, nose, cheekbones, and eyes, allow air to circulate and mucus drain into the nose. With sinusitis, the sinus linings are swollen, blocking the channels.

Symptoms

Loss of sense of smell, bad breath, a cough that generally gets worse at night, fatigue and a general feeling of discomfort, fever, headache, nasal congestion and secretion, a sore throat, postnasal drip, painful pressure behind the eyes, toothaches and facial sensitivity.

Testimonial

My name is Antonio Ochoa, and I am 68 years old. I have experienced respiratory problems with my sinuses since I was very young, sometimes mild and others intense.

When I was 11, I suffered from acute bronchitis that nearly cost me my life. The discovery of penicillin a few decades earlier, and a traditional doctor (he advanced the cash to pay for medicine that was too expensive for my parents) saved my life. Perhaps there lies the origin of my problems, or not.

I remember my first eardrum perforation when I was 13 years old, which transpired without medical intervention. When it happened, I felt a sharp pang.

I have experienced five eardrum perforations in my life. The last time, six years ago, it was my otolaryngologist who provoked it, when he was using a syringe to extract mucus from my ear and placed a tiny diabolo that was supposed to fall off later and close the eardrum.

But it would be five years until I found the definitive remedy when I watched a YouTube video from a user called “maevariposa” about how to clean the sinuses. With help from a naturist method, my eardrum finally healed.

Thanks to “maevariposa”, the video author, for her support.

This is the treatment I followed:

Chronic sinusitis treatment: Sinus wash.

Preparation:

- 38 ml of warm (about 95–100°F) water without chlorine (inverse osmosis, mineral, distilled, etc.).
- A bit of salt. If we have seawater, 6 ml of seawater and 30 ml of water without chlorine.
- 2 ml of CDS.
- 1 drop of DMSO 70% (if available).
- A 20 ml syringe.

Proceed to wash, following the indications in the video:

<https://www.youtube.com/watch?v=orpf63wsLyo>

Treatment

Appropriate treatment, in this case, would be Protocol O (otolaryngology) and Protocol C (CDS) or Protocol B (basic) as an alternative.

Sjögren's Syndrome

Sjögren's syndrome is a disease of unknown causes for which conventional medicine has not provided an adequate pharmaceutical solution. It is a disorder that destroys the exocrine glands. These are the glands in charge of the production of body fluids such as saliva, tears, mucous secretions in the larynx and the trachea, and vaginal secretions, those that soften the body tissues in contact with the exterior or with mucous membranes. It's also a rheumatic disease that provokes joint pain and swelling. The disease gets its name from the Swedish scientific Henrik Sjögren. This syndrome only occurs when there is another autoimmune disorder present such as rheumatoid arthritis, erythematous or systemic lupus, scleroderma or polymyositis.

Symptoms

Dryness and burning in the eyes, the sensation of having something in the eye, difficulty swallowing or eating dry food, loss of taste, speech difficulties, thick or threaded saliva, mouth pain or ulcers, tooth decay, gum swelling, hoarseness, fatigue, fever, change of color in hands or feet, joint pain and swelled lymph nodes.

Testimonial

My father-in-law's naturopath recommended this product. My father-in-law was diagnosed with Sjögren's disease about a year ago, and he had all the weakening symptoms: dry eyes (he needed eye drops every few hours), dry mouth (he had to drink water with his food), and a much lower than usual energy level. Since he started taking MMS these last six weeks, he has experienced an amazing recovery. He doesn't need eye drops anymore, he sleeps like a baby at night, and his mouth is not dry either. Besides, he has resumed his passion: tennis (he's 71 years old!).

He is taking approximately 20 drops per day, but he started slowly with only 2–4 drops a day. At first, he experienced some nausea, but as toxins were leaving his system, these symptoms also disappeared, and he now feels better than he has in many years.

My husband and I have been taking it as well during the past few weeks. Again, there have been some significant changes: my husband's chronic eye problems (redness, itching) are practically gone, and he is also sleeping much better. He did experience mild nausea and diarrhea at the beginning.

Treatment

Appropriate treatment, in this case, would be Protocol O (ophthalmology) in conjunction with Protocol C (CDS) or, as an alternative, Protocol B (basic). It can be combined with Protocol L.

Skin Rash

Skin rash is an inflammation of the skin that involves a change in color or texture. Simple skin rash is called dermatitis; when it is provoked by the skin touching something, it's called contact skin rash.

There are many kinds of skin diseases, and in many cases, they can't be diagnosed precisely, or at all.

Testimonial

Miguel Fuentes Urquiza—November 15th, 2013, 1:46

Hi. Let me tell you my story. I have been taking MMS and DMSO because I had been desperate for nearly twenty years. Both of my hands were itchy, stinging, burning, and I would continually get wounds and cracks. The stinging was excruciating. I would get blisters full of a clear liquid that turned pus-like with time. Besides, I was getting many small blisters, covering my hands and part of my arms.

My doctor prescribed an ointment called Adventan 1 milligram. That alleviated the itching sometimes, but the problem didn't take long to return, and I had to put my hands in frozen water or in front of a fan to cool them down. When I was driving, I would put my hand outside the window for relief. Nights were desperate times because, with just a little heat, I had to stay up all night with my hands in frozen water.

I had already read about this product. My doctor would tell me that this ointment was all she could prescribe, and I have no doubt she was sincere, but I was the one with the problem, so I decided to use it at the beginning of the summer. Well, I can tell you that at the moment there is practically nothing left of my hand problem. So, I decided to use it for some intense pain in my back, shoulders, arms, wrists, and hands that didn't let me do my work.

In five days, I started getting better. Right now, I don't know what discomfort is, because I am not hurting anywhere. That was life-changing because I could see myself in a wheelchair, an idea that tormented me and that I refused to

consider. I am thrilled today, and I wish I had known before having to live the way I did.

The method I followed goes like this: I activated 12 drops of MMS and a teaspoon of DMSO, and I applied it on my hands and arms. I renewed my skin a few times, and my hands turned red when I applied it, and the whole affected area hurt, but it was getting better and better until there were just a few little dots left. It's been days since I've applied any product because I don't even think about my hands anymore. I can now work with them, and they are not itchy or stinging or burning, and there are no wounds, so I decided to apply it for internal use: for backaches, arms, wrists, hands, and all those problems are now gone. I feel fine.

So, this was my story. I am ready to talk about it, in case someone has this kind of problem, I can tell them how it went for me so ***Thaaaaaaaaaank you very much for changing my life!!!***

Treatment

Appropriate treatment, in this case, would be Protocol D, 2–3 times a day combined with Protocol C for three weeks.

Staphylococcus (staph infection)

Staphylococcus is a species of staphylococci bacteria of the Cocci family. These bacteria can live without causing any harm on many skin surfaces, especially close to the nose, mouth, genitals, and anus. When skin is damaged or punctured, staphylococcus bacteria can enter the wound provoking an infection. There are over 30 species in the staphylococci family that cause different diseases, e.g., urinary tract infection, but most staph infections are from the species *Staphylococcus aureus*.

Symptoms

Skin infections such as folliculitis, furuncles, impetigo, and cellulitis. These bacteria can also cause disorders like food poisoning or toxic shock syndrome.

Testimonial

Joe contracted a staphylococcus disease five years ago. He suffered intense outbursts that would eat his flesh. He took MMS three years ago.

He followed a treatment for two months, 15 drops three times a day (very intense). Now he is using CDS, which is milder, without any side effects.

Source: <https://www.youtube.com/watch?v=6NXw1l3mROc>

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic). In severe recurrent cases, Protocol Z (Zapper) has been effective as well as Protocol G (gas) if external.

Stomach Cancer or Gastric Cancer

Gastric cancer is a disease for which conventional medicine has not provided an adequate pharmaceutical solution. Different kinds of malignant tumors can grow in the stomach. The most common one is called adenocarcinoma. This cancer starts from cells in the stomach's lining.

Symptoms

Stomach cancer can be hard to detect in its initial stages since there aren't usually any symptoms. In many cases, cancer has already spread before it's found. When symptoms show, they are often so subtle that the individual doesn't worry about them. These can include the following:

- Abdominal discomfort or pain after a small meal.
- Nausea and vomiting
- Diarrhea or constipation
- Loss of appetite
- Weakness and fatigue
- Unusual bleeding
- Changes in urination or bowel movements
- Wounds that take a long time to heal
- Difficulty eating
- Sudden changes in the appearance of skin moles

- A persistent cough or hoarseness
- Weight loss
- Bad breath

Testimonial

Enrique Aigner Herrera (video)—Age: 68 – Santiago, Chile

In September 2012, they diagnosed me with GIST gastric cancer, and they intervened removing my whole stomach. They detected a metastasis to the liver, so they gave me an ambulatory treatment with Gleevec. A few months into the treatment, I was suffering from a treatment-related anemia and was feeling really low.

My doctors wanted to operate and remove the tumor from my liver, since the drugs were harming me. It was at that time that I found out about CDS. I spoke to Angelica, and I initiated the treatment. A month into the treatment, I did a gastric echotomography, and the tumor could not be found anymore. After the second month, I had an MRI, and they only detected a 6-mm lesion, a tumor residue. One month more into the treatment, it had disappeared completely, and there is no more cancer left.

Source: <https://youtu.be/MoXNopbihPM>
<https://www.youtube.com/watch?v=r5yWwOh3yiE>

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol K (DMSO) between 3 and 6 months. In the evening, apply Protocol L if possible.

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Thyroid Cancer

Thyroid cancer, is a disease for which conventional medicine has not provided an adequate pharmaceutical solution. It occurs when a cluster of abnormal cells appear in the thyroid gland, located at the front of the base of the neck. It can happen at any age.

Symptoms

Symptoms include coughing, difficulty digesting food, an enlarged thyroid gland, hoarseness or voice changes, swelling in the neck and presence of a thyroid tumor or lump.

Testimonial

Gustavo Fabian Lopez Goyeneche - Mar del Plata, Argentina

I had a CVA (cerebrovascular accident) on November 20th, 2013. The doctors ran several tests for possible aftereffects. One of them (Eco-Doppler in the neck vessels) found a 2 cm-diameter lump in my thyroid gland.

I started with CDS oral treatment, seawater, Super Ravo Zapper (Biothron—micro-electrical current device) sessions and daily walks. I also eliminated flour from my diet, and all dairy and sugars. The lump started to shrink, and one year and three months later it had shrunk to 0.2 cm in diameter.

I started having blood in my urine. The doctors did an ultrasound and detected bladder cancer. I had surgery, and after six months I had more carcinomas than before. That's when I met Dr. Angel Gracia and started drinking seawater. I also found out about MMS and Hira Ratan Manek, and started his solar protocol and drinking CDS. I also found out about raw veganism, and I learned about it through Marc Ams' book on digestive leukocytosis. This, in a nutshell, is the treatment I am following.

Note: From July 1st, 2014 until July 18th, 2014, I drank 120 ml CDS daily, spread over 12 intakes, without any side effects worth mentioning. A little fever on the 12th, vomiting on days 5, 7, 14 and 15 and polyuria.

Today, the lump is gone, and my thyroid is within normal parameters.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol K with DMSO applied to the area for 3 to 6 months. In the evening, apply Protocol L.

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Tongue Cancer

Tongue cancer, a disease for which conventional medicine has not provided an adequate pharmaceutical solution, is a rare malignant tumor mainly localized on the front portion of the tongue. Experts believe possible causes for this type of cancer are alcohol and tobacco consumption. Tongue tumors tend to extend to adjacent structures such as the larynx. Tumors that develop in the front portion of the tongue are the ones that can create the most severe lesions in tissues.

Symptoms

The most common symptom is a wound in the mouth or lip that doesn't heal. A red or white stain on the gums, the tongue, the tonsils or the mouth lining. A lump in the mouth, the neck or throat and a thickening sensation in the cheek. A persistent sore throat or the feeling of having something stuck in the throat, hoarseness or voice change, mouth pain or bleeding, difficulty chewing, swallowing, or moving the tongue or the jaw, ear and/or jaw pain, chronic bad breath, changes in speech, teeth loss or toothaches, weight loss without apparent reason, fatigue, loss of appetite, especially when it lasts long. That can happen in the advanced stages of the disease.

Testimonial

Hi, my name is Enrique Ojeda, and I live in Santiago de Chile. I would like to offer my testimonial about what happened to me during 2015. On June 23rd, I had surgery to remove a tumor from my tongue (squamous cell carcinoma) of nearly 2 cm, located on the left side edge of my tongue.

The origin of this tumor dates back to September or October 2014. It appeared as a small red mark, with pain and a burning sensation (similar to herpes). I guessed it was just an accidental bite and that it would heal soon, as usually happens with these incidents. But after a few months, it was still there and had changed shape and color turning into a whitish hue.

In February 2015, I feared it could be something more serious. I went to a dermatologist who didn't give me a diagnosis but referred me to do a biopsy. I didn't pay attention to her and decided to do some online research about my condition to find a remedy and heal it.

I found evidence that fit the symptoms and appearance, and I concluded that it was Candidiasis (provoked by the *Candida Albicans* fungi). I also found a remedy for it. That's when I bought Itraconazole, which would eliminate the *Candida* with a 10-day treatment.

The ten days went by, and I didn't see any improvement. I finished the treatment, and the wound still looked the same I panicked. I went to a dentist who also suggested a biopsy. But I was still skeptical; I didn't want to accept that it could be something serious. Finally, I decided to visit a maxillofacial surgeon specialist who, after checking the affected area, diagnosed me with cancer. The news shattered my world. I thought about the horrible repercussions operating on my tongue could have, from losing my ability to speak to not being able to swallow food.

The doctor took a sample to send it for a biopsy (the one I had been avoiding for months), and this finally confirmed his diagnosis on May 4th. I was then referred to the National Cancer Institute where I was put on the waiting list for surgery until the end of June.

From the day I was diagnosed, I focused on finding a treatment to fight cancer, and stopping it from spreading. I found plenty of information on many natural remedies such as soursop (*Annona muricata*), aloe vera, honey, baking soda and others that I started using immediately. By mid-May, I found a video online where they introduced a compound that fights cancer effectively, called MMS.

I found out there was plenty of information about it and many more testimonials bearing witness to its effectiveness. And that's how, by the end of May, I arrived at Angelica Costa's office, who I met as MMS adviser and distributor. I started the protocol immediately, hoping to finish in a month and with absolute

faith in my healing during the remaining time until my surgery appointment at the Cancer Institute (for partial glossectomy and cervical node dissection).

Only 20 days into the treatment, they moved the date for my surgery appointment. I thought: “Maybe I didn’t finish the treatment, but it was beneficial to me.” I was feeling optimistic even though I hadn’t finished the MMS therapy. I had the surgery and stayed in the hospital for 16 days, waiting for the results of the biopsies of the tumor and the 45 nodes dissected from my neck.

Although I had a good feeling, the wait for the results was distressing. And the day of the news arrived: The samples were clean, with no evidence of the propagation of the carcinoma! The tumor was “stationary” and hadn’t spread. I couldn’t fully grasp the blessing of this information at first until I left the hospital and couldn’t hold back the emotions and the tears.

Today, I am nearly fully recovered, with almost no modulation problems. I barely feel any insensitivity in my neck or the dissected area of my tongue, and I have slight limitation of movement in my left arm due to the nerves and muscles they cut, but I think this is nothing if we consider how excruciating it could have been.

It’s true. Taking MMS for 22 days made all the malignant cells in the tongue’s adjacent areas disappear since the pain was moving into the jaw and the ear.

I thank God and the minute I found out about this Miracle Mineral.

Treatment

Appropriate treatment, in this case, would be Protocol C (or Protocol B as an alternative), increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol R with a rectal irrigator for 3 to 6 months. Indeed, apply Protocol J of mouthwash. In the evening, it’s essential to apply the Protocol E (enema), alternating the next day with Protocol L (bath).

As with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Tonsillitis

Tonsillitis is the swelling of one or both palatal tonsils (large oval, fleshy, tissue masses in the lateral wall of the oropharynx, on both sides of the throat). The ailment is quite frequent and is caused by a bacterial or viral infection. If the infection extends beyond the tonsils, then it becomes pharyngitis.

Symptoms

Acute tonsillitis manifests as local pain (odynophagia) that can be intense, fever and general discomfort, nasal twang, painful cervical lymphadenopathies and difficulties to swallow (dysphagia).

When tonsillitis is viral, it can also cause coughing, rhinitis, runny nose, hoarseness and conjunctivitis.

Testimonial

Hi everybody. Throughout my childhood, youth and adult years, I had suffered from frequent tonsillitis. The doctors invariably treated it with antibiotics (penprociline, benzetacil, amoxicillin, ciprofloxacin, etc.).

Then one day I ended up in the hospital due to drug-induced gastritis. I am a kindergarten teacher, which is why my disease got worse until my tonsils were hypertrophied, really huge.

From the moment I learned about and started taking MMS, already four years ago, I haven't taken any more allopathic drugs!!!

My tonsils recovered their normal color and size.

My kids and my grandkids are taking it too, and **nobody has ever had any side effects**. On the contrary, we all have improved our health significantly. My husband got rid of his high blood pressure, my brother-in-law cured his cancer, my mother her diabetes, besides colds, wounds, and what have you. I am infinitely grateful to Jim Humble and Andreas Kalcker for spreading the news about this marvelous product to everyone.

Source: <https://testimoniosmms.com/?s=amigdalitis>

Treatment

Appropriate treatment, in this case, would be to use Protocol C, or B as an alternative, in combination with Protocol H for three weeks.

Tuberculosis

Tuberculosis (abbreviated as TBC or TB), is a contagious bacterial infection that is spread through the air from one person to another when the infected person coughs, sneezes, speaks or sings. The bacterium can live in our body without making us sick, in a latent state. In this case, the infection doesn't present any symptoms and is not susceptible to transmission to others because the body fights the bacteria, impeding their multiplication and the triggering of the disease. However, those who present symptoms can transmit it to others. Often, bacteria multiply in the lungs, causing the following symptoms.

Symptoms

An Intense cough that lasts 3 or more weeks, chest pain, cough with blood sputum, weakness, fatigue, weight loss, loss of appetite, shivering, fever and nocturnal sweat.

Testimonial

Antonio Romo Paz

Out of our most relevant results was in a clinical trial in a Mexican prison. In this trial, we had eight subjects who were taking MMS.

We ran chemical analyses (tests) on those with TB. The most important data was that one of them, who presented an antibiotic-resistant TB, healed after 15 days following this treatment. We only performed clinical tests on TB positive individuals because there was no financing for further tests.

The TB case was treated with 15 drops of MMS twice a day for 15 days, just like hepatitis. We always started with one or two drops to avoid rejection.

Source: <http://mms1.mexico-foro.com/t73-suplemeto-mineral-mms>

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic), combined with Protocol H (home) at night. We can also apply Protocol K (over the body with DMSO).

Tumor

A tumor, a disorder for which conventional medicine has not provided an adequate pharmaceutical solution, is provoked by an abnormal mass of tissue that can be benign or malignant. It is produced when cells divide and multiply in the body without control. We continuously create new cells to replace the old ones, and as long as we do it in an orderly sequence, no tumors are created. Tumors appear when the balance between cell mitosis (division) and death is altered.

Symptoms

The following symptoms can concur in the case of tumors: chills, fatigue, loss of appetite, general discomfort, cold sweat and weight loss. Symptoms depend on the location of the tumor. Lung tumors can produce a cough, respiratory difficulties or thoracic pain. Colon tumors can provoke weight loss, diarrhea, constipation, iron-deficiency anemia and blood in the feces.

Testimonial

Arturo Ordoñez Castelan—Date: July, 25th, 2013, 22:06

To: Andreas Ludwig Kalcker

Hello, good afternoon, greetings from Mexico, Mr. Andreas. First of all, let me congratulate you on the amazing work you have been doing with MMS and thank you for opening the eyes of many. Believe me when I say that I have learned a lot from your conferences on video, and with the MMS testimonials.

I have shared and tried to spread what I have learned. It's been six weeks since I started administering this treatment to a child with a tumor in his eye. He nearly underwent surgery. After one month of treatment with Protocol 1000 (= Protocol B), doctors can't wrap their minds around it. This 13-year-old who was already doing chemo and about to have his skull opened to remove part of the tumor to make sure it wasn't malignant, doesn't have a tumor anymore. His whole family is at peace now that they have a written confirmation about the disappearance of the tumor. There is just a mucous presence instead of the cancerous tumor they were fearing.

From your friend Arturo Ordonez Castelan - Mexico C.P. 43960

Treatment

Appropriate treatment, in this case, would be Protocol C or Protocol B as an alternative, increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol K with DMSO in the affected area for 3– 6 months. In the evening, apply Protocol L (bath) if possible.

In case of a malignant tumor, as with any cancer protocol, you can add to the treatment 5 grams of *Artemisia annua* a day, in infusions, and the ingestion of 15 grams of fresh *Kalanchoe daigremontiana*. Make sure to follow an adequate anticancer diet, low in sugars and other substances that acidify the body, adapted to each case.

Typhoid Fever

Typhoid fever or enteric fever is an infectious disease caused by *Salmonella typhi* bacteria. The transmission mode is fecal-oral, through water and contaminated foods. Do not confuse this illness with typhus, which is produced by several species of bacteria from the family *Rickettsia* and transmitted through external parasites (lice).

Symptoms

Typhoid fever is characterized by high and sustained fever (40°C, 107°F), extreme sweating, abdominal pain, headache and loss of appetite. Less common is a rash with pink spots. Typically, it goes through four phases that last week each. Diarrhea, while typical of the infections due to the other serotypes of *Salmonella* (salmonellosis), is rare in typhoid fever.

Testimonial

I started using MMS to treat my 13-year old daughter's recurrent typhoid. Before taking her to the doctor, my brother called me and asked if I would like to try some drops that a friend had recommended to him. He said that he used them to recover from typhoid fever, and got results in about two hours. I was interested and agreed; we were tired of all the Ciprofloxacin and injections of other antibiotics since she's allergic to sulfites.

I think I just gave her six drops. In about 1.5–2 hours, she called to tell me she was feeling well already, just like that! The next day, he gave her a second dose since he was going back to Sonora (Mexico).

Since that date, October 2012, I ordered a package of MMS and the activator, and so far, nobody in this house has used any prescription drugs again. It's also great for flu. My daughter never suffered from nausea or diarrheas. I had some for the first few days, so I was taking the minimal dose and increasing it slowly up to Protocol 1000 (Protocol B). May my testimonial be of help!

Source: <http://testimoniosmms.com/tu-testimonio-sobre-mms/>

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or B (Basic), as an alternative. In severe cases, Protocol E (enema) is also recommended.

Ulcerative Colitis

Ulcerative colitis, an ailment of unknown causes for which conventional medicine has not provided an adequate pharmaceutical solution, is an inflammation of the colon (large intestine) and the rectum. It causes swelling and ulceration in the colon's innermost lining.

Symptoms

Abdominal pain and cramping, diarrhea, often with blood or pus, fever, feeling the need to defecate, even when the intestine is empty, fatigue, and weight loss. It can slow down developmental growth in children. Other symptoms can include joint pain and swelling, mouth blisters, nausea, vomiting and skin ulcers.

Testimonial

R. Cecilia Vallejos Raffo, Chile - Date: 2013/12/18

For a whole year, I had blood in my stools every single day. After six months, I visited a doctor, and they performed a colonoscopy. I was diagnosed with ulcerous colitis. Then about a year ago, at a seminar in Lleida, Andreas was one of the lecturers.

He is a biophysicist who participated in this seminar. I thought he was very coherent. From that, I managed to get hold of MMS and I asked him: What do you think? He wasn't too sure and told me: "yes, go and get some viral tests done".

Even if I tried hard, changed diet, and saw homeopaths, I was still bleeding. When I started to worry I tried MMS. After three days on MMS, my feces were very dark, and I have never bled again. I don't take it every day either. I take it now and then if I feel symptoms, a cold or what have you, but I don't take it regularly anymore. This is my testimonial.

Fig. 45: Colonoscopy results

After taking MMS following Protocol 1000 (Protocol B) twice, this is the result of my colonoscopy (fig. 45), performed at one of the best (if not the best) clinics in Chile. Thank you, Andreas! Thank you, MMS!

Treatment

Appropriate treatment, in this case, would be Protocol C or Protocol B, as an alternative, increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol R with a rectal irrigator for 1–3 months, depending on severity. In the evenings, apply Protocol E (enema), if necessary.

Uterine Cancer

Uterine cancer is a disease of unknown cause for which conventional medicine has not provided an adequate pharmaceutical solution. The term refers to several types of cancer that develop in the uterus.

Uterine cancer can be classified as:

- Uterine sarcoma
- Endometrial cancer
- Cervical cancer and
- Gestational trophoblastic disease.

Symptoms

In its initial phases, uterine cancer tends to be asymptomatic, but symptoms appear when cancer spreads. Among the most frequent are:

Slight bleeding between or after menstrual periods, pain with intercourse, more prolonged and more abundant than usual menstrual bleeding, bleeding after intercourse or during a pelvic examination, increased vaginal secretion or bleeding after menopause.

Testimonial

Dear Sr. Humble,

I thought you would like to know that I have healed from my uterine cancer and ovarian cancer with MMS.

A year ago I was diagnosed with malignant melanoma stage 4 (skin cancer spread to the lymph nodes). I did a scan in June the same year. My doctor said that I had a tumor in my right ovary, and my uterus was showing signs of cancer/pre-cancer. He also said that I would have to have a hysterectomy. We decided to repeat the echography in a month and do a biopsy and set the surgery date after the results of the second scan. In July, I did a treatment of MMS for about three weeks. The MMS treatment was unpleasant. Every time I took a dose I felt sick. I had diarrhea, nausea and vomiting. I also suffered from excruciating pain in my right side (where the affected ovary is). I continued treatment, gradually increasing the drops until I was taking 15 drops, twice a day. I noticed that if I had something to eat half an hour before taking my dose, there was less nausea.

I just received the results from the second echography. The tumor in my ovary is completely gone, and my uterus is normal and healthy. The doctor said he doesn't know why, but I don't need surgery or a biopsy anymore. Everything is normal and healthy!

Sincerely,

Anonymous MMS Patient (FDA Fear) - 06/29/12

Source: <http://mmstestimonials.is/cancer?start=40>

Treatment

Appropriate treatment, in this case, would be Protocol C or Protocol B, as an alternative, increasing the dose to 3 ml CDS diluted in 100 ml water, ten times a day. It can be combined with Protocol V of vaginal wash for 3 to 6 months. In the evening, apply the Protocol E (enema) alternating with Protocol L (bath).

Make sure to follow an appropriate anticancer diet, low in sugars and other substances that acidify the body. Adapt the protocol to each case.

Uveitis

Uveitis is the inflammation of the uvea, the middle layer of the eye, localized between the outer layer composed of the sclera and cornea, and the inner layer of the retina. The uvea provides most of the blood supply to the retina. It is pigmented and made up of three structures: the iris, the ciliary body, and the choroid. Uveitis is one cause of eye redness.

Symptoms

Excessive blinking, blurred vision, acute light sensitivity, pain, and in some cases, spots in the field of vision (floaters).



Fig. 46: Teresa

Testimonial

Hello. My name is Teresa. I am 53 years old, and I live in Cadiz (Spain).

With this testimonial, I hope to add my two cents to your wonderful work with MMS.

Information on MMS caught my interest, and I decided to give it a try. Years ago, I suffered from inflammatory rheumatism and several episodes of uveitis, which were supposedly related to it. One day, I got desperate enough to discard conventional medicine and explore other “therapies” that could help relieve all that pain and suffering.

To keep a long story short, I just want to say that, walking this path, I finally understood that only I could heal myself and that we all can if we're confident, and so there came the time when I felt healed. I am so

very grateful for all the experiences, teachings, and people who made it possible. Although I don't think I've gotten anywhere, I just try to learn from everything I tune into and that I think might be of some value.

Last November, I decided to try MMS to cleanse my organism from toxins, heavy metals, and any other undesirable thing that I figured would be camping in my organism after so many years of neglect. And just "by chance," while I was waiting to receive my order, I developed uveitis in one of my eyes. I felt that it was a kind of test. I decided to wait and treat it only with MMS. By the time I started taking it, my eye was in terrible shape. I even had blurred vision, but I had the intuition that there was a purpose to the madness.

I took MMS according to Protocol 1000 (= Protocol B) for 14 days. From the first doses, the inflammation started to recede. I still had blurred vision, so I simply decided to wait for it to recover its balance, and so it did. I am in perfect health, and I want to share this to give hope to whoever may need it.

I must say that it was hard to take. I found the taste horrible, and I got diarrhea half of the time, more or less, but I can confirm that it really works, and I think it is wonderful.

Andreas, thank you for doing what you do, for being brave and illuminating the Earth. Hugs, Teresa.

Treatment

Appropriate treatment, in this case, would be Protocol O (ophthalmology) in conjunction with Protocol C (CDS) or Protocol B (basic) as an alternative.

Varicose Veins

Varicose veins are a condition of unknown cause for which conventional medicine has not provided and adequate pharmaceutical solution. They are enlarged veins incapable of returning blood to the heart (venous failure). The most common are in the legs. They are caused by weak or damaged valves. Veins have pairs of leaflet valves to allow unidirectional blood flow toward the heart, preventing blood from flowing backward (retrograde flow or venous reflux). Varicose veins appear when the leaflet valves do not close properly, and blood starts pooling in the veins.

Symptoms

The most common clinical symptoms include aches or a heavy feeling in the legs, twisted or bulging veins with edema, swelling, pain, cramps, or throbbing.

In more advanced stages of the disease, there can be venous ulcers, skin discoloration, or bleeding.

Testimonial

Fina Serrat – Aiguafreda/ Catalunya

I wanted to share with you that I have been taking MMS for 4–5 weeks. I started with 10–12 activated drops, and by the end, I was taking 26–28. I was taking it with 500 ml of water in four consecutive intakes (if I started at 4 PM, I would then retake it at 5 PM, 6 PM and 7 PM). The pain in my knees and joints has improved a little, but my surprise came when I noticed one day that the varicose veins in my legs had almost disappeared. They have been with me most of my life (when I was 19, I had an enlarged one removed). They aren't entirely gone, but they look much better, and they are soft, certainly improved. I was impressed because I didn't count on this to happen, and I share my story in case it might be helpful to someone else.

Treatment

Appropriate treatment, in this case, would be Protocol C, or B as an alternative, combined with Protocol K (with DMSO).

Venous Ulcers

A (diabetic) venous ulcer is a sore produced by deficient blood flow (circulation), generally in the legs. They are the leading cause (70–90%) of chronic ulcers. They tend to develop along the distal and medial area of the leg.

There are two kinds of vascular ulcers (arterial and venous). Among venous ulcers are those produced by diabetes, called “diabetic foot/leg.” Damage to the blood vessels also means that the feet don't receive enough blood and oxygen, delaying the healing of wounds and infections.

Symptoms

Lack of blood flow, lack of sensitivity, dry and cracked skin, blisters, infection, hardened skin with a dark red, purple or brown color (a sign that blood is not circulating), itching and tingling.



Fig. 47: Evolution of treatment on a diabetic leg with necrosis

Testimonial

Maria: Diabetic foot case with necrosis to be amputated, with pictures. The amazing improvement that made amputation unnecessary. Regards and thank you again.



Fig. 48: Close-up of a diabetic foot, before and after treatment

Treatment

Appropriate treatment, in this case, would Protocol D (dermatology) 2–3 times a day, combined with Protocol C (CDS) or Protocol B (basic) for three months.

In severe cases, thorough cleaning of the wounds is essential.

Venous Thrombosis

Venous thrombosis is a blood clot (thrombus) that forms within a vein to stop the hemorrhage provoked by the rupture of a blood vessel. If the clot is in one of the deep veins of the body (usually the legs), it is called Deep vein thrombosis or DVT. If fragments of blood clots break loose from the thrombus and rise to block the blood flow in the lungs, it is called pulmonary embolism.

Symptoms

In DVT, non-specific pain of variable intensity. Redness and enlargement of the leg or thigh. Pulmonary embolism is characterized by chest pain, a cough, sometimes with blood, and a sudden sensation of shortness of breath.

Testimonial

My father, Juan Carlos Dupuy, 59 years old, suffered a thrombosis in the temporal venous branch, retinal superior, of his right eye, which in everyday terms, would be a hemorrhage in the retina. As a result, he lost 100% of the vision in his right eye. This happened in 2008, and he didn't get treated at all. When he told the family what had happened in 2013, the situation was irreversible, and doctors said there was no hope of recovering the vision in his right eye.

According to his ophthalmologist at the ACHS, Carlos Araya Munoz, no surgery, procedure or remedy could recover even a small percent of his vision. In short, we had to accept the idea that he wouldn't see again with his right eye, and do everything possible to avoid this from happening to his left eye.

My father followed Protocol 1000 (= Protocol B), from February 9th until March 15th, 2013. After two weeks of treatment, while he was looking at the yard through his binoculars, he exclaimed that he could see light through the side of his eye. It was an incredible moment, and we were all speechless with excitement. Two more weeks went by, and he said that, in some sectors of his

right eye, he could see as through a wet glass. That means that the blood clot was slowly dissolving.

After completing a month of Protocol 1000 (= Protocol B), he went for an ophthalmological checkup, and the doctor said, quite surprised, that he had recovered 20% of his vision according to the eye tests they ran. My father, as of today (May 2013), is still taking MMS to recover his vision as much as possible. While it is true that the treatment is quite time-consuming and requires commitment, it is well worth our while as we feel the changes and improvements that our bodies experience day after day.

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) combined with Protocol O (ophthalmology).

Vesicular Stomatitis

Vesicular herpetic stomatitis is an infection caused by the vesicular stomatitis virus (VSIV), an ARN virus in the Rhabdoviridae family, of the Vesiculovirus species. It originates in the mouth and causes ulcers and inflammation.

Symptoms

Mouth blisters that later become ulcers, loss of appetite, difficulty swallowing, drooling, fever, irritability, mouth pain.

Testimonial

Dr. Eva Serra

We applied the standard chlorine dioxide protocol to a patient with acute stomatitis, and in only 24 hours, we could observe total remission. I haven't observed this as a result of any other prescription drug in my job as a stomatologist and dentist. I can confirm that it's 100% effective and I use it often, especially when doing implants, where I haven't ever had an infection.

Treatment

Appropriate treatment, in this case, would be using Protocol C (CDS). It can be combined with Protocol J for a week.

Vitiligo

Vitiligo is a skin disease where the skin pigment cells are destroyed by the organism's immune system that then stops the production of melanin. It leaves non-pigmented areas on the skin that are much paler than the rest of the body. Although there isn't a definitive cure for this disease, there are treatments with a high percentage of success in the repigmentation of the affected areas, mainly those therapeutically based on the use of ultraviolet light UVB, specific for this pathology.

Symptoms

White marks in any area of the body, usually round, of different sizes and that are paler in contrast to the individual's normal skin color. They more often show up in hands, feet, knees, elbows, and face and less often in genitals, back, chest, legs, and arms. If there is hair in the area, it turns white.

Testimonial

Man, 82-years old, with vitiligo all over his back. Results became noticeable after three months. In two years, he has progressed a lot, and there is just a little left.

Source: <https://www.youtube.com/watch?v=wXIBRqi4-SI>

Treatment

Treatment, in this case, would be Protocol D (dermatology), combined with Protocol K and if there are no results, Protocol Y (injection) by injecting subcutaneous pustules and the application of UVB light in the specific area.

Warts

Warts are skin growths that can be of different shapes and appear in various places on the body. Although they are generally harmless and merely a bother for aesthetic reasons, it is wise to monitor them, especially if they are painful or appear in sensitive areas.

Symptoms

Warts are usually painless and harmless, although they can cause itching and discomfort. Depending on their location, they can be uncomfortable or annoying.

Author's note: As there are numerous different types of warts with different causes, viral or other, the effectiveness of CD may vary. Excellent results have been observed, especially in many viral-caused warts, including HPV.

Testimonial

Juan Manuel Gil

Let me start by saying that I bought the product because I was convinced it would be beneficial after watching Andreas Kalcker's videos on YouTube (I strongly recommend you watch them).

My primary aim was to use it for maintenance, taking 5–6 daily drops, and resting a week now and then. What surprised me was that, after ten days of treatment, I noticed that a few warts I had on my middle finger for the past 30 years were turning smaller, and after 15 days, they had disappeared entirely. MMS is the only thing that could have caused it. When they first appeared, I tried many different things to get rid of them, but I wasn't successful, so I quit trying and forgot all about it.

Reading about this problem, I learned that many warts are caused by viruses, which would serve to confirm the ability of MMS to control those micro-organisms. I have only been using it for a few months, so I am still assessing it, but I will continue the treatment, for sure.

An amusing anecdote: I recommended it to a friend for his bad breath, and he is controlling it with just three daily drops—a total success.

I hope results like these will encourage other people to buy or prepare this product for their benefit or their loved ones.

Treatment

Appropriate treatment, in this case, would be Protocol C (CDS) or Protocol B (basic), as an alternative.

In the case of persistent warts, we can apply a drop of pure sodium chlorite (NaClO_2) to the wart, after rubbing the surface (without inducing any bleeding). We have to take care that it doesn't touch the healthy skin around the wart (there is no need to wash with water afterward). Then, let it work; it will promote the wart removal thanks to its high pH of 13. Just apply it once, and 20 days later, the wart is usually gone.

Wounds

A wound is an injury to the body. Wounds can be caused by accidents, falls, hits, burns or weapons. They often break the skin or other body tissues. They include cuts, scratches, and bites on the skin, bruises, dislocations, fractures, sprains and distensions.

Testimonial

Two days ago, while I was taking a walk in the countryside, I tried to break a branch with my bare hands. I got a deep cut on the little finger of my left hand instead. At a nearby sports center, they administered some first aid with disinfectant, and I went home with a Band-Aid on my finger, which was nearly cut in half. The next day, it wouldn't stop hurting. I had bought CDS, and I thought to myself: "Why not give it a try on such a deep wound?"

I applied CDS just once with a dressing, and after an initial burning feeling, the pain disappeared, and the wound started to close. Even if I put pressure on the wound, it doesn't hurt, and only it's only been two days since the "accident." CDS is infinitely better than any disinfectant or antibiotic from the pharmacy [...].

Source: <http://testimoniosmms.com/tu-testimonio-sobre-mms/>

Treatment

Appropriate treatment, in this case, would be Protocol D (dermatology), spraying fresh CDS directly on the wound. As an alternative, we can also use a CDS watery solution of about six drops activated in 100 ml of water.

In severe cases, where there is a danger of tetanus or similar complication, use Protocol B (basic) or C (CDS) for a week or longer, depending on the situation.

A CDS solution directly applied to the wound provokes nearly immediate clotting, avoiding all kinds of infections. It has been successfully employed in field surgery to stop hemorrhages and aide tissue recovery faster than with other surgical disinfectants.



Chapter 5

How to Prepare CD (Chlorine Dioxide)

This section will explain how to prepare chlorine dioxide according to the method developed by Jim Humble, who first called it MMS. I call it CD because the activator is highly reduced hydrochloric acid (and because this is the English abbreviation for “Chlorine Dioxide”).

ClO_2 is the gas generated when we mix sodium chlorite with an acid. The best activator is hydrochloric acid reduced to 4%. It is the same acid we naturally produce in our stomachs and is much better than citric acid.

How do we make it?

- CD is mixed with the activator at a 1:1 ratio.
- One pack contains two bottles: one with sodium chlorite (NaClO_2 at 25%) and the other one with reduced hydrochloric acid (HCl at 4%).

When we mix both substances in equal parts, adding water, they neutralize each other to a pH 5 (using HCl at 4%).

The 25% or 28% concentration is not an indicator of the quality of the sodium chlorite. What matters is that the content of chlorate is equal to or less than 1% and that the base (excipient) is sodium carbonate.

That just means that to activate it, we will use one drop more or less of product. What matters is the resulting gas. We have to remember that CD provokes a second reaction in the stomach, releasing more chlorine dioxide gas. Since we are using hydrochloric acid (HCl at 4%), and this is the same acid we have in our stomachs in very low concentrations, this secondary reaction is smooth and beneficial, for a prolonged and more continual effect over time. At the same time, it doesn't cause side effects such as diarrhea or nausea, which some people report when using citric acid.

Why not use citric acid?

Citric acid at 50% is definitely too much. Don't use it over 33% concentration, preferably lower. Besides, citric acid favors the growth of opportunistic bacteria called *Citrobacter* that feed on the remaining citrate after the reaction. I'm not saying that citric acid doesn't work. It merely is outdated and no longer the best choice. In high concentrations, it provokes undesirable side effects, while in low concentrations, its reaction is very slow.

Sodium chlorite mixed with acid generates ClO_2 gas. The mixed drops then turn a golden yellow color. This reaction takes between 30 seconds and one minute but varies depending on the atmospheric temperature; it's faster in warmer areas and slower in colder ones. Once we obtain the golden hue, the solution is ready to be diluted with water. Usually, we dilute one dose of three activated drops (3 drops of chlorite and 3 of the activator) in 100 ml of water. We can use more water but not less. With less water, the taste can be unpleasant and dry the throat, leaving a rough sensation.

Frequent administration of small doses, up to once every hour, has proved more effective than taking bigger doses once or twice a day. The reason for this is that it doesn't matter if the quantity is large or small. Regardless of its size, it mostly turns into oxygen and common salt in just one or two hours. If you are taking large CD doses only mornings and evenings, the CD will continue cleansing the body of microbes and most pathogens. However, with smaller but more continuous doses, we halt the reproduction of pathogens, especially viruses.

The mix is always diluted with water, preferably fresh water, where the gas gets trapped. Juice can cancel out the efficacy of CD through oxidation, especially citric fruit juice. The solution would oxidize the juice's acids, instead of the body's pathogens.

How to Prepare CDS (~3000ppm = 0.3%)

As we describe in an earlier chapter, CDS involves the bubbling of the gas produced from the mix of dioxide with any acid, and its dilution in cold water or saline solution. As it is highly soluble, it gets trapped, coloring the water or saline solution with a yellow hue. Its main advantage is that we can use any activator, e.g., citric acid, and obtain a solution that doesn't have an unpleasant

taste, produce diarrhea, or foster the opportunistic proliferation of *Citrobacter*, which feed on sodium citrate. It's also possible (but not recommended) to use an inferior (industrial) quality of sodium chlorite since **we only use the gas** when we prepare CDS; the residue remains in the reaction container (in the mix).

The easy and safe way of making CDS (Chlorine Dioxide Solution)

There are two main ways to prepare CDS:

- A. With citric acid at 50% as the activator** (When hydrochloric acid at 4% isn't available)



Fig. 49: Preparation of CDS using citric acid as the activator

1. In a small glass, activate 10 ml of sodium chlorite at 25%, with 10 ml of citric acid at 50%. Put 250 ml of distilled or filtered water in a 0.5-liter mason jar with a glass lid. Carefully place the glass with the mixture inside the mason jar. Do not allow this solution to mix with the water in the jar.
2. Seal the mason jar with its glass lid and store it in a cabinet for 12 hours.
3. After 12 hours, cool the liquid in the refrigerator and take it outdoors to remove the small glass (containing the concentrated mixture), without spilling it (**do not breathe the gas!**).
4. The water in the jar will have turned yellow and is now ready to use as CDS concentrate.
5. Dilute this concentrated liquid with water, according to Protocol C.

B. With hydrochloric acid at 4% as the activator

1. Put 250 ml of distilled or filtered water in a 0.5-liter mason jar with a glass lid. Place inside the jar (think “double boiler”) a small glass containing 5 ml of sodium chlorite at 25%, activated with 5 ml of hydrochloric acid at 4%. Do not allow this solution to mix with the water in the jar.
2. Seal the mason jar with its glass lid and store it in a cabinet for 12 hours.
3. After 12 hours, cool the liquid in the refrigerator and take it outdoors. Open the jar and remove the small glass (containing the concentrated mix), without spilling it (do not breathe the gas!).
4. Replace the small glass with a second one containing another 5 ml of sodium chlorite at 25%, activated with 5 ml of hydrochloric acid at 4%.
5. Seal the jar and store it in a cabinet for 12 more hours.



Fig. 50: Preparation of CDS using hydrochloric acid as the activator

6. The water will have turned yellow and is now ready to use as CDS concentrate.
7. Dilute this concentrated liquid with water, according to Protocol C.

Author's note: Some people ask if preparing 10 ml all at once will produce the same results as doing it in two steps (5 ml + 5 ml—double infusion). It will not because the final concentration of the solution will not reach 3000 ppm (parts per million).

Detailed procedure:

The first and easiest way to prepare CDS is:

1. Use a glass container with an approximately 0.5-liter capacity. I recommend glass canning jars (mason jars) with glass lids. Do not use metal; it would oxidize in the process. If you use a metal lid, you must cover it with plastic and ensure it seals tight. Avoid direct sunlight during the process, as this is a reactive fluid. ***Keep in mind that the less air in the jar and the larger the opening of the shot glass used for the mixture, the better.***
2. Next, fill the jar with 250 ml of cold water. You can use either distilled or mineral water, since the resultant CDS, being a disinfectant, can't get contaminated with bacteria.
 - » Tap water is not recommended because it contains chlorine and other substances, which could react with the dioxide, reducing its effectiveness.
 - » Distilled water seems to keep longer.
3. In a small, clean and dry glass, mix 5 ml of sodium chlorite with the same amount of the activator HCl at 4%. The glass has to be small enough to fit into the mason jar (shot glass, wine glass, etc.)
4. Carefully place this small glass inside the mason jar containing 250 ml of water, making sure that the solution doesn't spill or mix with the water (think "double boiler"). Seal the mason jar immediately, ensuring that the seal is as air-tight as possible.
5. Store the jar for 12 hours in a dark place at room temperature.
6. After 12 hours, carefully place the jar in the refrigerator to cool it down. Make sure not to spill the contents of the glass.
7. Once chilled (2–3 hours), repeat the same process (hence the name, "double infusion").
8. Take the jar outside (or somewhere well-ventilated), open the lid and replace the small glass with a second one containing a fresh mix of 5 ml of sodium chlorite activated with 5 ml of HCl at 4%
9. Store the jar for another 12 hours in a cabinet or dark place. When the mixture in the glass and the water in the jar are the same color, the process is finished.
10. Before opening the jar, chill it in the refrigerator (2-3 hours).
11. Remove the small glass (outdoors) from the jar, making sure there is no spilling.

Your CDS concentration to 3000 ppm (= 0.3 %) is now ready to use.

Notes:

- » Always store the CDS to 3000 ppm (=0.3%) in the refrigerator or a cool place.
- » This gas-enriched water is what we call CDS.
- » It's best to keep the prepared CDS in an amber colored, glass pharmacy bottle, to make sure the gas stays fixed in the water, avoiding excessive evaporation when opening the jar.
- » The water should now be a deep yellow, very similar to the color of sunflower oil.
- » Color is an indicator of the concentration. The deeper the yellow, the higher the concentration. Usually, the saturation point is around 3000 ppm which means 0.3%. In technical terms, this means 3 grams of gas per liter (1000 grams) of water.
- » You can check the concentration with 3002 type chlorine dioxide strips from La Motte[®].

Do not inhale the gas directly!

How do we measure 3000 ppm when the strips don't measure more than 500 ppm?

To do this, you must first dilute the CDS from the jar to a 1:9 ratio; that means, one part of CDS to nine parts of distilled water. A test strip value of 300 indicates an optimal concentration. If your CDS is less concentrated, just add more of it to the daily dose, to compensate.

Don't worry too much about obtaining the maximum concentration; you should always start with a low dose anyway, and increase it gradually up to a comfortably tolerated concentration. If it is weaker than optimal, just take a bit more.

If you don't have tests trips available, you can always estimate the concentration by remembering that the color of CDS at 0.3% (3000 ppm) is similar to the color of sunflower oil.

Hack for using the residual mix:

During the CDS preparation procedure, when you take the jar outside to remove the small glass, pour the residual product of the mix from the glass into a 500 ml plastic bottle and add water up to the rim to dilute it. You can use this solution in the kitchen to disinfect tea towels and cutting boards or leave it open inside the refrigerator where it will slowly evaporate, sanitizing the interior and keeping fruit and vegetables fresh for much longer, and saving some money in the process.

The advantage of making CDS this way is that it is a very easy and safe procedure. The downside is that we use much more chlorite to achieve a high concentration of 0.3% of CDS.

The most professional and effective way of preparing CDS

First, I will describe the procedure to make CDS professionally, at home, with few resources, since lab materials are expensive.

This method of CDS preparation is **only for those with basic technical knowledge**; it's much faster and more effective, since it requires very little time and saves quite a bit of chlorite in the process.

The more accurately you follow the procedure, the better the quality of your CDS will be and the money you'll save. The chlorite values aren't that important. It depends on how the mix was prepared. What matters, in the end, is the saturation of the CDS in the collection bottle. You can test the concentration with the strips mentioned earlier or better still, with a small digital device to check for chlorine dioxide, which is much more accurate than the test strips.

We recommend always doing the procedure outdoors since there could be an explosion if the silicone tubes get obstructed, and the gas is compressed over 10%.

The main risk is not an explosion, but massive inhalation due to the amount of chlorite in the collector (receptor) vessel, in case of an error during the process.

To prepare CDS with this technique, we need:

- An aquarium air pump.
- 1.5 m of silicone tube with a 6mm diameter, cut into three or four pieces (Important! It must be silicone and not PVC). To check this, hold the tube over a flame (e.g., a lighter). Silicon doesn't burn.

- An air-tight reactor container (a lab glass bubbler is ideal, but you can also use a plastic PET bottle).
- Two or three receptor containers filled with cold water (a lab glass receptor is ideal, but you can also use clear plastic water bottles).
- A 5-mm-hole punch or drill bit.

Preparation:

1. If you're using clear plastic bottles, make two holes with the drill bit in the cap of the reactor bottle and two holes in the cap of each receptor bottle as well.

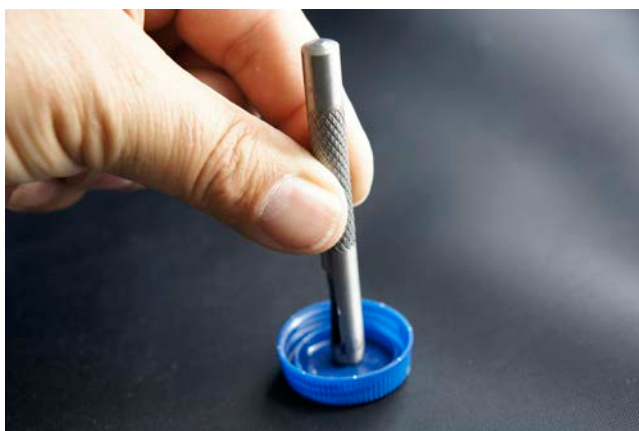


Fig. 51: Example of method for punching holes in bottle caps

2. Use a silicon tube to connect the aquarium air pump to the reactor bottle: connect one end to the air pump and insert the other through one hole on the cap of the reactor bottle, all the way down to the bottom of the bottle.
3. Insert the second tube through the other hole on the cap about 2 cm down, without touching the mixture. Then insert the other end of the tube through one of the holes in the first receptor bottle's cap, all the way down to the bottom.
4. You can connect receptor bottles one and two (if using) with a third tube inserted through the second hole of receptor bottle one, 2 cm down, without touching the water, and the other end to the bottom of receptor bottle two. This way, the surplus gas passes from one receptor bottle to the next.

5. Once you have all the material assembled, start the air pump to check that the whole assembly is air-tight and there are no leaks or obstructions in the tubes; obstructions can cause an explosion.
6. Then, carefully remove the cap from the reactor bottle and add 25 ml of chlorite + 25 ml of activator. Reseal the bottle immediately, and start the aquarium air pump to bubble the gas towards the receptor bottles.



Fig. 52: Setup for making CDS

7. Once the fluid in the reactor bottle is almost completely discolored, the process is finished.



Fig. 53: Elements and configuration for preparing CDS

8. Later, you can repeat the process with less chlorite, to saturate the remaining bottles. Make sure to check the mix afterward to ensure that the concentration level is 3000 ppm, which is 0.3%. If it is too high, dilute it with distilled water until reaching the desired concentration. If it is too low, repeat the process to reach a higher concentration.

How to Prepare CDI (Injectable Chlorine Dioxide)

CDI is primarily designed to inject animals when ingestion is hard or impossible. It can also be useful in case of emergency, if we happen to be away from a hospital facility after a poisonous snake or spider bite, scorpion or ray sting, etc.

Legal warning:

The administration of injections of any chemical in humans is reserved for clinical professionals and should never be done by anyone without the necessary expertise.

CDI can also be applied directly on, and around the bites of wild animals, to avoid severe infections, when we are far away from hospitals or medical care facilities. The concentration of CDS to use can be 50 to 100 ppm (0.005%-0.01%). In severe cases of poison by snakebite or similar, we can increase the concentration, depending on the circumstances.

Ways to prepare CDI

1. Use the same process described for the preparation of CDS to prepare CDI. Simply use saline solution instead of distilled water.
 2. If you use CDS, add 1 gram of salt (0.9 g to be exact) for each 100 ml of concentrated CDS solution. Standard salt sachets come in very handy because they contain 1 gram of salt, and when you're away from the city, it's difficult or impossible to find saline solution. You don't need to worry too much about sterilization since concentrated CDS is always 100% sterile by definition.
- We have used CDI in mammals weighing 50-80 kg, injecting 5 ml in a 250 ml saline water bag and administering it to the animal, with

no adverse effects in any cases. The dose could even be increased to 10 ml without major issues. From 15 ml and up, there can be a venous irritation. In order to reduce the risk, we can add 3-5 ml of DMSO.

- Maximum concentration for direct subcutaneous or intravenous parenteral application without damaging the tissues has been established at 100 ppm, that is equivalent to 0.1%.
- Optimal pH is 7.3.
- If the pH is too low, we don't use baking soda. If necessary, we can increase pH with a very small amount of the same sodium chlorite that has a 13 pH, very alkaline. When utilizing the saline solution bag, this isn't an issue because of the higher dissolution. Optimum flow is around three drops per second.

3. Activate CD in a syringe and inject only the gas into a saline solution.

This method is an easy and fast way to create injectable CDI for an emergency situation anywhere. We need 500 ml of saline solution, a large syringe (10-50 ml), sodium chlorite at 25% and an acid that can be HCl (hydrochloric acid) or citric acid. Since we are just going to use the gas, it doesn't matter which one we use.

Procedure 1:

1. Insert the needle on the syringe, with the needle cover on.
2. Pull the plunger all of the way out of the syringe and put 6 drops of chlorite, plus 6 drops of acid in the syringe.
3. Introduce the plunger just enough to block the tube, leaving room for the creation of the chlorine dioxide gas.
4. Turn the syringe, with the needle pointing upwards. You can see how the chlorine dioxide is forming in the space above the plunger. Remove the needle cover and stick it into the saline solution bag. Inject only the gas, making sure the fluid doesn't enter the bag.
5. Leave the needle on, extracting the syringe, letting air in so that more dioxide gas can be generated.
6. You can then replace the needle and the syringe and introduce the new gas created in the syringe, without adding the fluid.

Repeat this procedure as many times as necessary until you get a solution with a concentration between 50 ppm up to a maximum of 100 ppm, which you can check with the 3002 type strips for chlorine dioxide, La Motte[®].

Add up to 5 ml of DMSO to the solution to avoid venous irritations. DMSO is anti-inflammatory. You can add water to the residual liquid in the syringe and use it to disinfect surface areas and instruments.

Procedure 2:

Another way to prepare CDI is to pass it directly from syringe to syringe, with one being the mix reactor and the other one the receptor with the saline solution.



Fig. 54: Passing Chlorine dioxide gas into a saline solution using syringes

Which Is Best? CD, CDS, CDH, or Non-Activated Chlorite?

Many people ask me what's the best way to take chlorine dioxide. There is a lot of information online about different ways to use it, which can contribute to the confusion. The answer is very simple: **they all work**.

The point is that, depending on the situation and application, some methods and mixes work better than others; what matters is to understand how the gas functions in the body.

We should point out that chlorine dioxide's effectiveness is based on its ability to penetrate tissue and mucous membranes, because it's a gas.

Sodium chlorite has a very high pH, is dense and lacks this penetration ability so it must react before reaching deep tissues. Besides, there is abundant scientific evidence of its effectiveness as a disinfectant. Dioxide has always been superior to chlorite for pathogen removal, whether viruses, fungi or bacteria.

Only dioxide is able to penetrate mucous membranes or biofilm where pathogens can hide, especially those at the root of hard-to-eradicate diseases. Chlorite needs acidity to become chlorine dioxide; if acidity is missing, it doesn't work in the same way.

Note: Some online sources give the mix of sodium chlorite and acid sodas the denomination of non-activated chlorite. Since sodas activate chlorite with their acid pH, the term “non-activated” is incorrect.

CD (MMS)

CD has a first reaction when it is mixed with hydrochloric acid and the gas is trapped in the reaction drop. A second reaction occurs with the stomach acids.

The main advantage of CD is that it has a more lasting reaction in the stomach, as it doesn't release all the gas at once.

Its main disadvantage, besides taste and color, is that it can provoke digestive issues. When administered in high doses, it can cause diarrhea for the same reason as non-activated chlorite. At the same time, it can be useful in treatments that tackle the pancreas, duodenum or biliary tract.

CDS

CDS is just the gas dissolved in water, so there isn't a second reaction in the stomach. Its main advantage is that it is quickly absorbed without any adverse side effects like diarrhea or vomiting.

On the other hand, this is the method that propitiates the maximum absorption of chlorine dioxide without provoking digestive problems since the gas doesn't go further than the stomach. The gas is released due to the temperature and it floats in the stomach cavity until it is absorbed by the aqueous mucous membranes that immediately transport it to the interstitial fluids.

Another significant advantage over other systems is that it has a neutral pH that doesn't provoke adverse effects. Because of this characteristic, it can be used in injectable form as CDI.

A major disadvantage is that it evaporates at 11°C (52°F) if the bottle is open or if it contains a lot of air. Another downside, in some cases, can be the short time it stays within the body. That can be counteracted by adding a few drops of sodium chlorite to CDS, called “*stabilized CDS*”, delaying its absorption and

remaining inside the body for longer. However, we must consider that when we do this, it DOES react to the stomach acids and it CAN cause digestive issues.

CDH

CDH is essentially CD (MMS) activated ahead of time, where the second reaction in the stomach doesn't take place, since the chlorite reaction has been completed beforehand. Its main advantage is that since it doesn't have a second reaction in the stomach, it is kinder on the digestive system.

The only disadvantage is its pH, which is acidic like in CD (MMS), as well as its color, its chlorine taste and a longer preparation time. Take into account that in this form DOES REACT with stomach acids and CAN cause digestive discomfort.

Non-activated sodium chlorite (stabilized oxygen)

When non-activated sodium chlorite (also known as stabilized oxygen) is ingested, it is activated by the gastric juices in the stomach.

The principal advantage of this stabilized oxygen is its taste, while its main disadvantage is that it can easily provoke vomiting, especially when ingested on an empty stomach, and more than three drops cause diarrhea since the reaction's remaining chlorite reaches the duodenum and the small intestine, where there is a different pH. This pH differential is usually the cause of the diarrhea.

On the other hand, if we are looking to treat the duodenum or small intestine directly, this version could be the best option.

Stabilized oxygen is chlorite at 2.5% and therefore, is equivalent to ingesting a 10% concentrate, so there is a smaller amount of chlorine dioxide available to the body. However, we should point out that very small doses have been effective in many cases.

	Pros	Cons
CD Chlorine dioxide	<ul style="list-style-type: none"> • Longer reaction in the stomach (releases the gas slowly) • Beneficial in pancreas, duodenum or bile duct 	<ul style="list-style-type: none"> • Strong color and taste. • 2nd reaction in stomach, causing digestive problems • Acidic pH • High doses = diarrhea
CDS Chlorine dioxide solution	<ul style="list-style-type: none"> • Taste • Fast absorption • Gas does not pass through the stomach, so no 2nd reaction. • Neutral pH 	<ul style="list-style-type: none"> • It evaporates easily. • Shorter time inside the body
CDS stabilized CDS+sodium chlorite	<ul style="list-style-type: none"> • Delays absorption, remaining more time in body. 	<ul style="list-style-type: none"> • Reacts with stomach acids that can cause digestive discomfort.
CDH (CD + time)	<ul style="list-style-type: none"> • Gas does not pass through the stomach, so no 2nd reaction. • More tolerable in digestive tract 	<ul style="list-style-type: none"> • Acidic pH • Color and flavor • It takes longer to prepare.
Non-activated chlorite Stabilized oxygen (chlorite at 2.5%)	<ul style="list-style-type: none"> • Taste • Beneficial in duodenum area 	<ul style="list-style-type: none"> • Provokes vomiting • > 3 drops = diarrhea • Smaller amount of CD in the body



Chapter 6

The more scientific section

This chapter contains some of the scientific data underlying my work. It is not complete because science is a constant trial and error process and I intend to continue seeking out answers for as long as I am here. I apologize in advance if some details are proved wrong at some point in the future. Nevertheless, it is my goal to be as objective as possible.

Some readers may find this chapter to be over their heads. But, I have no other choice than to include some detailed scientific explanations for those who operate at that level.

Science is not an accumulation of hypotheses, but the study of the forces of nature to discover the perfect and logical way in which they function. There is nothing in nature that is not based on logic. Whenever there is a scientific anomaly, it's often due to erroneous conclusions made by humans during the research process.

Science must be the interpretation of the language of natural forces in the universe, and no one can claim the total or definitive monopoly of knowledge because their achievements (or discoveries) will never be more than just a tiny glimpse of this grand universe.

As humans, we tend to circumscribe universal truth to fit our personal truth. Science, however, allows the definition of interpretations at many levels. Nevertheless, there isn't any level that has managed to discover all the secrets behind universal forces, so we humans are limited to "believe what we know" or "know what we believe." Besides, there are many scientific facts whose workings we ignore. Therefore, I want to express that it's my understanding that science become a religion and, as we currently know it, is inaccurate. I have found data among scientific hypotheses that is just incorrect, which is why I feel compelled to question everything.

Most human beings are "followers" by nature, and this has led to the creation of a recognition system in the form of PhDs, whose holders are seemingly the

only ones allowed to defend science officially. Any attempts by an individual without affiliation and titles are shut out, regardless of the truth they may hold. In reality, we should learn to value the shared facts over the individual behind them. Many famous scientists never held degrees in Science. That includes geniuses such as Leonardo da Vinci (1452-1519); Antonie van Leeuwenhoek (1632-1723), considered the father of microbiology; Benjamin Franklin (1706-1790), America's first physicist; William Herschel (and his sister Carolina) (1738-1822), the astronomer who discovered the planet Uranus; Michael Faraday (1791-1867), the chemical and physicist, father of the laws of electromagnetism and the terms electrode, ion, cathode; Charles Darwin (1809-1882), the biologist who created the theory of evolution; Thomas H. Huxley (1825-1895), famous biologist and anatomist; James Prescott Joule (1818-1889), father of the law of energy conservation, and many others.

Consider this: none of these great minds would have had the slightest chance of publishing their discoveries today, let alone of being accepted by the current scientific community. Homeopathy is a typical example. Jacques Benveniste (1935-2004) concluded that the configuration of water molecules was biologically active and able to transmit information. A journalist came up with the term "water's memory" to name this hypothesis. He was slandered and called a pseudoscientist, the same thing that would later happen to Masaru Emoto, Viktor Schauberger, Johann Grandner, etc.

In spite of the thousands of people who have experienced its effectiveness firsthand, homeopathy—based on the theories of the German doctor Samuel Hahnemann—is considered a pseudoscience only because conventional science is not able to understand or consistently reproduce its therapeutic effects and considers it is a placebo. Oddly enough, more than 482 million euros of homeopathic medicine were purchased in Germany only in 2013. In a recent survey by a respectable institution, most of the surveyed claimed to be highly satisfied and convinced of their effectiveness. The Spanish medical association OMC agreed in two different meetings that they would acknowledge homeopathy as a medical system, and authorized its practice in health centers or by health professionals..

Nobel Prize laureate Luc Montagnier claims that homeopathy is effective and scientifically proven and that the attacks against it are entirely unjustified. He showed that water containing microbial DNA was able to maintain that DNA information, even after filtering its biological remains and becoming extremely diluted, and that this DNA information can electronically teleport to another country, to a different body of pure water, just through resonance.

In summary, this means that DNA transmits information to water electromagnetically. Homeopathy seems to structure water, providing it with memory and information.

Personally, I think that the key to understanding the human body lies precisely in the interstitial fluids—specifically, in the structured waters of semi-crystalline form which represent the fourth stage of water. This water can store both energy and information, being the primary source of immediate and long-term memory in our bodies. Neuronal networks and synapses serve both to structure and read that water, through electromagnetic impulses from the water, but this is a subject that will be developed in another book.

Next, let's take a look at the basic principles of logical biophysics.

Basic Principles of Logical Biophysics

Science explains life in very sophisticated ways, so much so that it's hard to notice the incoherence. This very incoherence can provide us with a clue to find the truth, and perhaps that truth will teach us that the earth may not be flat after all.

Science should address the validity and accuracy of the knowledge it holds as true. The fact that someone has been awarded a prize doesn't mean their theory is valid. If you have any doubts about this, please research the documents about the Nobel Prize Antonio Egas Moniz "for his discovery of the therapeutic value of lobotomy to treat certain psychoses" patients with severe autism who harm themselves.

Let's focus on the basics. Our body and our cells obtain their energy **from a process called combustion**. This combustion or oxidation provides us with energy.

We burn fats, carbohydrates, and proteins, but we are also capable of burning toxins. We are all familiar with the expression "burn some toxins" when somebody goes to the gym. Exercise provides additional oxygen, and more oxygen increases burning. We can observe this process when we barbecue. When we blow on the coals, the temperature increases and so does combustion. We can also see it in combustion engines. For improved efficiency without increasing the fuel supply, we add a turbo compressor, which is no more than a fan blowing extra oxygen into the combustion engine. This way, we get far **more power with the same amount of fuel**.

We continuously use oxygen from the moment we are born, so oxygen is probably more crucial than what we currently think.

We learn in medical school that free radicals are harmful to the body, according to Denham Harman's theory. However, you don't have to be a genius to realize that athletes consume more oxygen yet somehow are also healthier, a fact that runs counter to the "oxidative stress" theory. Prof. Dr. Michael Ristow, who won a German research award for this work on mitohormesis, has debunked

the theory.^[61] Mitohormesis demonstrates an increase in mitochondrial activity when there is low-potency oxidative stress. However, no one has rewritten the books to rectify the false assumption of free radicals. Why?

Chlorine dioxide in all forms provides oxygen to the interstitial tissue and all the body fluids, activating the mitochondria, which in turn generates more energy. This energy allows the body to recover and heal from most diseases. Oxygen is essential, and the free radical theory, as promoted in the past, is erroneous. The human body is not a Petri dish in a lab. Everything interacts with everything else.

The Pharmaceutical Industry

Many people ask me during my seminars why a remedy as effective as chlorine dioxide isn't sold by pharmaceutical companies. To answer this question, we have to understand the truth behind the pharmaceutical industry.

Although many people are not aware of it, these are public corporations, driven by their shareholders, whose objective is to yield profits. The healing of diseases is just a secondary goal. Remember that the income source of this industry is the diseased human body and only for as long as it stays so.

At the same time, the discovery of new diseases, even if they are just names, is essential for the industry's growth. And one of the most crucial points is that drugs must focus on treating symptoms, ignoring the underlying cause of the disease. If a patient heals, they lose a client.

To increase business, they don't just treat diseases. Prevention in the form of vaccines or similar products is much more profitable because it can be applied to the whole population, including healthy people, using fear as a selling point, a tactic that has always been highly effective.

Keep in mind that the eradication of any disease threatens the base of the pharmaceutical industry's business and is never welcomed (especially for chronic ailments that provide profits and industry growth). Since prescription drugs are an essential expense for the sick, having the exclusivity on a patent allows for massive profit margins, through licensing of products.

Once a patent expires, the product loses its attractiveness and is often replaced by a new "more modern," supposedly better one, with a new patent. So, it's logical that the pharmaceutical industry only researches and develops new drugs that contain new molecules that make them patentable. There isn't any interest in curing diseases or in discovering the real cause of illnesses like cancer. The healthcare system works so that everyone in the chain makes a lot of money by continuing this pattern instead of demanding a change. Alternative or natural, plant-based therapies are not profitable because they have no patent,

besides being a nuisance to the monopoly perpetuated by the big pharmaceutical corporations that always acquire the smaller ones.

Also, the industry promotes such costly pharmacological and governmental approval systems that they are inaccessible to any small company who could become a future competitor. These are the economic foundations of the corporate pharmaceuticals, whose interest is controlling diseases with their products. Natural approaches to health are therefore incompatible and can't peacefully coexist.

The only problem facing pharmaceutical industry will come when their own members get sick since their system based on the treatment of symptoms will not be able to provide a cure, not even to their prestigious CEOs. My dear godfather Wolfgang, who held a high-level position at one of these giant pharmaceutical companies, died of cancer.

All disease is a lack of energy

Allow me now to take you on an imaginary trip. Let's imagine that we travel to the past in a time machine and are in Christopher Columbus' Spain. There we happen to meet Pedro, the chief shipbuilder at the time. He is a wise man with a high position akin to that of a current NASA scientist since he knows how to build the best and fastest ships of his age. Imagine that we want to explain to Pedro that we come from the future. This smart and skeptical man would immediately question us as follows:

Pedro: Traveler from the future, have you traveled beyond the Atlantic, to America?

Us: Of course, many times.

Pedro: And how long does that trip take in your ship?

Us: It takes between six and eight hours.

Pedro: That's impossible! There isn't a ship fast enough! –he would answer.

Us: Our ship is different.

Pedro: Well, what is it made of?

Us: Metal.

Pedro: You are such a liar! Everybody knows that metal can't float! You will end up at the stake if you keep talking such foolishness.

Us: Actually, our ship does not travel by water. It moves through the air.

Pedro: Not only you are a liar, but you are also a lunatic. How can metal fly? Wind isn't powerful enough to make metal fly!

Us: Actually, it's the ship that creates its own wind with turbine engines.

Pedro: You are the biggest liar indeed, but I like you, so come to my workshop, the most advanced in the kingdom, with the best tools and workers of all time and build one of these ships that travel through the air for me.

Us: I can't...

With this short story, we can understand how without the correct scientific and physical understanding, no one could grasp how a 170-ton plane could rise in the air, traveling at speeds almost as fast and even faster than sound. In medicine, it's the same. If no one questions concepts that are rooted in unproven theories, these serve as erroneous foundations for other mistaken theories further ahead. That is the current situation. Basic principles must be simple while science is becoming more and more complex, getting lost in details without adequately checking the foundations for their claims.

There are many prominent physicists, but not even one can explain the most basic concepts of what is gravity or why does a magnet work. There are many doctors of medicine, but none know why some people get sick when exposed to specific pathogens while others don't. Moreover, the renowned Merck Manual of diseases affirms that most chronic diseases are of "unknown origin." All of this begs the question: what kind of medicine is this?

To move forward, we must ask the right question. The critical issue, therefore, is: What is the least common denominator for all diseases? The least common denominator of all diseases is the lack of energy, which creates an imbalance in the body.

$$(I = EQ - E)$$

This is a simple equation where:

I = the diseased status

EQ = balance, or equilibrium

E = energy

If a treatment is capable of achieving **I** + **E**, the result is **EQ**, which is equivalent to balance and thus, health.

Lack of energy doesn't only take place at biochemical levels, but at biophysical and psychological levels as well. A trauma, for instance, steals plenty of energy

from the body, regardless of whether it's a physical trauma or a psychological one, such as the death of a loved one.

The body needs internal balance for health. Claude Bernard (1813-1878) discovered that in his time. He argued that the healing of the body depends on the "milieu de l'intérieur," or internal environment. Lack of energy creates an imbalance and this, in turn, creates illness.

The question is, how does the body generate the energy it needs to live? Many sources state that adenosine triphosphate or ATP is in charge of cellular energy since according to current science, ATP is required to shorten the cross-bridge filaments actin and myosin, needed for muscle contraction. It is also one of the primary energy requirements in animals, essential for locomotion and breathing. ATP supposedly provides the energy for the phosphates to be transferred to other stronger bonds such as glucose and fructose, according to the books, despite the fact that energy is needed to break the bonds. Where is the evidence?

Dr. Gilbert N. Ling*, biochemist and cellular physiologist at University of Chicago ("Truth in Basic Biomedical Science Will Set Future Mankind Free" *Physiol. Chem. Phys. & Med. NMR* (2011) 41: 19-48) performed several experiments where he proved that this idea is erroneous.

He discovered that the potassium and sodium concentration in muscles didn't change during the experiments. The results showed that the minimum energy needed for the hypothesized sodium pump is at least 4 times higher, or 400% of the maximum energy available to the muscle cell, even if the muscle uses up all its energy in the pumping of sodium, and if all essential elements for energy conversion and usage operate at 100% in the processes.^{[62][63]}

Podolsky & Kitzinger (1955)^[64], Podolsky & Morales (1956)^[65] and George & Rutman (1960)^[66] conclusively and unequivocally demonstrated that the high energy-phosphate-union concept was a mistaken one. *There isn't any high energy available in the ATP-phosphocreatine phosphate bonds.*

Can hydrogen molecules store vast amounts of energy in their bonds?

We do not know the answer since energy comes from the hydrogen-oxygen combination to form water. Therefore, oxygen is one of the most crucial components, not just for combustion, but also for chemical bonds that provide the necessary energy for cellular functioning and life.

Personally, I have my doubts about some biochemical concepts. If they were accurate, how could athletes who practice extreme sports survive? Let's take an Iron Man racer as an example. He swims 3,86 km in open seas. Immediately afterward, he cycles 180 km, followed by a 42,2 km marathon, all within a 17-hour period.

He does all this without stopping and ingests only fluids, mostly sugar water and oxygen, breathing intensely. The estimations calculate that 80.000 calories

are needed to finish this race. However, the body can't store more than 2000 calories of glucose in the liver, muscles, and blood, and it can't acquire this high amount of calories during the exercise.

In simple terms, muscles are made of proteins and water at a 1:99 ratio, 1% of protein and 99% water. We know that saline water has many electromagnetic properties and can function as a condenser or battery with the ability to store energy and information.

It is far more logical that the water in muscles is structured water (H_3O_2) with a built up negative charge and is the real source of energy, not the ATP hydrolysis.

Consider that the average human consumes about 2500 calories per day, but that amount of energy is not enough for our bodies to function. Just the pumping of the heart, brain activity, maintaining body temperature and other necessary functions consume more energy than what we take in with our food. Logically, there have to be additional sources of energy the body uses to operate.

The heart's energy consumption is 70 W. Multiplied by 3600 seconds in an hour, and then by 24 hours, it is equivalent to 1445 calories (6048 kilojoules). The brain's consumption is 25 W (in some cases, we wish! J), multiplied by 3600 seconds x 24 hours; it adds up to 516 calories (2160 kilojoules). Temperature maintenance and respiration use at least 500 W. Multiplied by 3600 x 24, that is 10 325 calories (43 200 kilojoules). All of this, without adding any physical exercise. And we are burning at least 12 286 calories? Something is missing from this calculation.

In the Iron Man case, these numbers get multiplied exponentially, and that begs the question of where do we get the energy to survive such exertion. It is theoretically impossible, yet it is the reality.

Moreover, some people can survive without ingesting any food. In India, Prahlad Jani hasn't eaten or drunk anything for over 60 years. He agreed to undergo clinical trials at a local hospital. Dr. Sudhir Shah, who analyzed Mr. Jani at Ahmedabad Sterling Hospital, stated:

- The current trial is limited to the observation period in situ: from April 22nd to May 6th, 2010.
- The trial took place under uninterrupted observation by a team made up of DIPAS's scientists and the doctors at Ahmedabad Sterling Hospital, with the cooperation of other coordinating organisms such as SRISTI / Gujarat's government and other consultant doctors.

- The trial states that there was strict vigilance and the whole trial was recorded on a closed-circuit TV camera that observed every movement of the subject. All kinds of exams were carried out: clinical, biochemical, radiological and others. They found all reports to be within safe range. Constant X-rays and ultrasound studies were also performed.
- For the duration of the observation period, Sri Prahlad Jani didn't consume anything at all and didn't evacuate either. His only contact with any kind of fluid took place when he gargled and he periodically bathed during the trial, from the fifth day.

Mr. Jani is a living, breathing person, according to all the doctors who participated in the trial. However, the mainstream mass media considered it fake case (as usual, as long as they get an audience through the creation of controversy) without any evidence to support their claims. In my opinion, it doesn't take much effort to discredit something that is apparently counterintuitive. But to debunk a statement, we must first research it and prove its falseness. Anything else is plain slander without foundation.

True or not, Prahlad Jani didn't eat or drink at least for 15 days without any effect on his body, something scientifically impossible. What we can see thanks to this trial is that something doesn't add up in the relationship between the energy we acquire through nutrition and the energy our body consumes. We must then ask the question: How and from where do we get the extra energy, beyond that derived from food?

There are several possibilities. The first one was investigated by Dr. Solis from Mexico, with his research of melanin. Melanin is the dark brown to black pigment occurring in the hair, skin, and irises of people and animals. It is responsible for the tanning of skin exposed to sunlight.

Dr. Solis discovered that the melanin in our bodies creates energy in a similar way than chlorophyll does in plants. However, not only is melanin able to absorb the green spectrum light like chlorophyll but all the light in the spectrum including the ultraviolet, turning it into useful energy. As evidence, he has created electric lamps that work with melanin, something I find very interesting and worth considering.

The other possible source of extra energy for the body is the infrared radiation's thermic energy. Dr. Gerald H. Pollack from the University of Washington and author of the book titled, "The Fourth Phase of Water: Beyond Solid, Liquid and Vapor," claims that structured water (H_3O_2) is capable of storing negative electrons, which are the real source of energy for our muscles and cells. I think the way he explains it is very logical since 99% of muscle is water and this water is structured.

It responds with enough energy to the exercise induced by the brain and other biochemical components, such as ATP. Muscles contract due to the water restructuring, something we know thanks to the discoverer of Vitamin C, the Nobel Prize Albert Szent-Gyorgyi. The reaction of structured water reaction is immediate. To measure its charge, we use the ORP (Oxidation and Reduction Potential).

ORP is a term frequently used in the water treatment & food processing industry. It is a measure of the cleanliness of water and its ability to break down contaminants. It has a range of $-2,000\text{mv}$ to $+2,000\text{mv}$. ORP sensors work by measuring the dissolved oxygen. More contaminants in the water result in less dissolved oxygen because the organics are consuming the oxygen and therefore, the lower the ORP level. The higher the ORP level, the more ability the water has to destroy foreign contaminants such as microbes, or carbon-based contaminants.

Structured water has more oxygen for every atom of hydrogen and therefore, more energy, with a composition of H_3O_2 , or semi-crystalline water of the fourth phase.

I hypothesize that the body creates oxyhydrogen (HHO), also known as Brown's Gas) by exercise from a certain point onwards and uses it catalytically. If you pass HHO through a catalyzer it creates enormous amounts of heat without flame; we have a dynamic flame temperature that depends on the material and not the gas (!) that can reach 6000°C in case of Tungsten for example.

What Is Structured Water?

We all know water has three well-known phases: a solid, a liquid and a gas. Structured water is somewhere between a solid and a liquid. Therefore it can be considered to be a 4th phase of water.

The composition of regular water is H_2O , while the fourth phase is in fact H_3O_2 . The latter has more viscosity than regular water and is more organized and more alkaline. Besides, its optical properties are different since structured water's refraction index is at least 10% higher than that of common water increasing the flow of Biophotons.

This fourth phase structured water is also known as EZ, which stands for Exclusion Zone. What this water can exclude—or push away—are small molecules, such as toxins and pathogens; this occurs naturally in rainwater or deep sourced

water and all living cells. This water has a negative charge, and therefore, all cellular water has a negative charge.

Differences between Regular Water and Structured Water

Regular water H ₂ O	Structured Water (4th phase) H ₃ O ₂
<ul style="list-style-type: none">• Less negatively charge• Less viscosity• Less organized• Less alkaline• Less refraction capacity• Three phases• Mixes with other molecules	<ul style="list-style-type: none">• More negatively charged• More viscosity• More organized• More alkaline• Refraction index at least 10% higher• Fourth phase (EZ)• Excludes small molecules from its composition. This keeps toxins and pathogens out of structured water

ORP levels are directly proportional to oxygen levels. Evidence proves that when we add ozone, the water is richer in oxygen and it has a higher negative charge. This negative charge is the reason for ozone’s effectiveness in water.

We can conclude that chlorine dioxide with an ORP of at least 0.95 V (even more inside the body at 97°F or 36°C and due to Nernst equation) increases the oxygen in blood plasma. It probably helps increase the amount of structured water in the body and is the possible reason for the energy it provides. At the same time, it protects us against acidic pathogens, keeping a perfect balance in the internal environment.

Clinical Trials with Oxidants (stabilized oxygen)

Microbiological lab studies

In 1986, Stanford University’s Microbiology Lab performed a series of tests that showed the effectiveness of Dioxychlor® in the neutralization of different viruses. The concentration utilized in all these trials was 0.75 ppm. Viruses included Herpes II, HTLV III (HIV) Cytomegalovirus, and also the Pseudomonas bacteria. The electron microscope show complete eradication of viruses and pseudomonas after treatment.^[67]

Sodium Chlorite utilized as prescription drug

Characterization, Mode of Action and Clinical Outcome

Dioxychlor[®] (sodium chlorite = NaClO₂ at 2,5%)^{[68][69]}

Clinical Outcome Studies of Dioxychlor[®]

Extensive clinical applications of Dioxychlor[®] to Epstein-Barr virus (EBV)⁽⁶⁾, cytomegalovirus (CMV), hepatitis virus A, B, HIV (AIDS virus) and others are being used continually. The DNA of EBV within the virus itself is in a linear form. Sometime after infection, the ends are linked together, forming the circular form (episome). Once this form of DNA is firmly established, the cell is said to be in a latent state. The virus remains in this state in certain B-cells for the remainder of the patient's life. About 10% of the B-cells are in the actively proliferating state.⁽⁷⁾ An Epstein-Barr clinical study was conducted in the American Biologics Medical Center over a four year period from 1992 to 1996.

Case Load

There were 1207 patients treated with the Dioxychlor[®] protocol.

784 patients were female - 65%.

423 patients were male - 35%.

Ages ranged from 16 to 52 years

Initial Status

High IgG serum titers ranged from 400 to 5800

Intensive treatment for 14 days

Medication

All medications supplied by American Biologics

Therapy (Baseline)

- Dioxychlor[®] - intravenous drip, 10 cc in 100 cc saline, daily

Intravenous studies at the American Biologics Medical Center have established that 10 ml of 25,000 ppm Dioxychlor[®] in 100 ml of physiologic saline administered over 30 minutes is a safe dosage level.

- Dioxychlor[®] - sublingual, 10 drops under tongue, twice daily
- Thymus extract (im) – weekly
- Vitamin C – 15 g parenteral (drip)



Results (Averages)

Minimum time clinical improvement: 3 days

Significant clinical improvement: 10 – 20 days

Antibody (IgG), 90% reduction, < 35 days

Author's note:

Apparently, no one realized that in this trial Vitamin C (ascorbic acid) was the acid that “activated” the sodium chlorite turning the sodium chlorite at 2.5% = Dioxychlor[®] into chlorine dioxide.

Sodium chlorite in solution at 24.5% goes by the denomination DAC-055 in the old German pharmacological code (155). There is a study from 1983 where a pharmacological product by the name of Oxoferin[®] was legally registered (it can be purchased even today without prescription), as a generic drug by the name of Oxovasin[®] for around 20 euros. It's a mixed solution that contains sodium chlorite, which is the base to create chlorine dioxide once it is acidified (=activated).

Another product that German pharmacies offer is a solution under 3000 ppm by the name of Oxosanum[®] as well as a product named Bio Chlor Diox[®].

The company Frontier Pharmaceutical offers many products based on chlorine dioxide such as Dioxi Brite[®] for dental hygiene. A double blind study with 14 patients showed its effectiveness in the treatment of gingivitis. These are significant results and they were important for the FDA approval.

Many other products are based on chlorine dioxide such as: Dioxi White[®], Penetrotor peridontal gel[®] (for the treatment of peritonitis), approved by the FDA. Another pharmaceutical product is Fire Fighter[®] for burns and Nail it[®] for the treatment of nails, and also Simply Clear[®] for the treatment of acne.

The European company that has worked more intensely with this substance is OXO in Bielefeld, Germany, under the direction of Dr. Kühne who, besides developing Oxoferin[®], also defined it as a chlorite matrix by the name of TCDO (Tetrachlorodecaoxide).

Five years later, the German Ministry of Health (Bundesministerium für Gesundheit [BMG]) categorically denied his definition of such a substance. The TCDO definition was removed from all products, because the existence of oxygen in a chlorite matrix is argued even today. Anyway, it served to obtain several patents about combinations of chlorite and chlorine dioxide.

The BMG stated that Natriumchlorit (the German word for sodium chlorite) is the active substance in sodium chlorite when the dioxide is obtained through a peroxide solution, without leaving any residual chlorate in the aqueous solution. There are trials showing that sodium chlorite at 4.5% according to DAC N-055 of the German pharmacopeia, is not only an antiseptic, but it also shows effectiveness in tissue regeneration.

The oldest patent of a chlorite solution is from 1964 and describes the preparation of chlorite. When the pH 5–6 acidifies (activates) again, chlorine dioxide is again released, and it's therefore called stabilized chlorine dioxide.

Oxidation potentials

Clinical professionals are well aware of oxidant-based therapies. For instance ozone or hydrogen peroxide, also called oxygenated water.

- | | |
|--|-----------------|
| • (OH) Radicals hydroxyl | (E= 2.8 Volts) |
| • (O ₃) Ozone | (E=2.07 Volts) |
| • (H ₂ O ₂) Hydrogen peroxide | (E= 1.78 Volts) |
| • (Cl ₂) Chlorine | (E=1.36 Volts) |
| • (ClO ₂ ⁻) Chlorite ion | (E=1.57 Volts) |
| • (ClO ₂) Chlorine Dioxide | (E=0.95 Volts) |

Other local antiseptics are sodium hypochlorite, ozone, and hydrogen peroxide. However, it can only be used in small quantities even in low concentrations because of its toxicity in the tissues. Its use is therefore limited.

Sodium hypochlorite (NaClO, or bleach), not to be confused with sodium chlorite (NaClO₂), is used in dental root canals and can cause tissue poisoning if injected in the periapical tissue.

Hydrogen peroxide (H₂O₂) is not optimal either due to its high oxidative potential of 1.73, which can damage the tissue. Besides, many bacteria are resistant to H₂O₂, as their Catalase enzyme rapidly breaks it down, allowing for resistance.

In the past 20 years, chlorine dioxide has gained relevance as an organic disinfectant, and its propitious features make it the perfect biocide. However, it is not commonly used as an antiseptic. One reason may be the contamination with other compounds during its fabrication, or the acidic pH.

Further scientific, clinical proof that purified chlorine dioxide is a selective antibacterial drug that can be used as a local antiseptic has come from Budapest (Hungary). Zoltan Nos led this research. The trials were performed at László Rosivall from Semmelweis University in Budapest, in conjunction with St. Imre Hospital.^[70]

In Hungary, they are researching why chlorine dioxide quickly removes bacteria and other pathogens without causing any damage to either humans or animals. Their goal is to find chlorine dioxide's reaction and dissemination mechanism, which would irrefutably show the reason for this selectivity.

Abstract

BACKGROUND / AIMS: ClO₂, the so-called “ideal biocide”, could also be applied as an antiseptic if it was understood why the solution killing microbes rapidly does not cause any harm to humans or to animals. Our aim was to find

the source of that selectivity by studying its reaction-diffusion mechanism both theoretically and experimentally.

METHODS: ClO_2 permeation measurements through protein membranes were performed and the time delay of ClO_2 transport due to reaction and diffusion was determined. To calculate ClO_2 penetration depths and estimate bacterial killing times, approximate solutions of the reaction-diffusion equation were derived. In these calculations evaporation rates of ClO_2 were also measured and taken into account.

RESULTS: The rate law of the reaction-diffusion model predicts that the killing time is proportional to the square of the characteristic size (e.g. diameter) of a body, thus, small ones will be killed extremely fast. For example, the killing time for a bacterium is on the order of milliseconds in a 300 ppm ClO_2 solution. Thus, a few minutes of contact time (limited by the volatility of ClO_2) is quite enough to kill all bacteria, but short enough to keep ClO_2 penetration into the living tissues of a greater organism safely below 0.1 mm, minimizing cytotoxic effects when applying it as an antiseptic. Additional properties of ClO_2 , advantageous for an antiseptic, are also discussed. Most importantly, that bacteria are not able to develop resistance against ClO_2 as it reacts with biological thiols which play a vital role in all living organisms.

CONCLUSION: Selectivity of ClO_2 between humans and bacteria is based not on their different biochemistry, but on their different size. We hope initiating clinical applications of this promising local antiseptic. This work was financed by OTKA Grant 77908.

Chlorine Dioxide: ClO_2

Overview

Chlorine dioxide's therapeutic action comes from its pH selectivity. That means that this molecule dissociates from the chloride ion and releases oxygen when it comes into contact with another acid. When it reacts, it turns into sodium chloride (common salt), releasing oxygen at the same time, which in conjunction with the chloride ion oxidizes (combusts) the acidic pH pathogens (harmful germs) that are present, turning them into oxides (alkaline "ash"). Therefore, when chlorine dioxide dissociates, it releases oxygen into the blood, the same way that red blood cells do and through the same Bohr principle, which is acid selectivity.

Like blood, chlorine dioxide releases oxygen when it encounters more acidity, whether it is lactic acid or pathogen acid. Its therapeutic effect is due, among

other things, to the fact that it creates a more alkaline environment, speeding the recovery from many diseases. At the same time, it eliminates small-sized pathogens. In my opinion, it achieves this through oxidation, with an electromagnetic charge that unicellular organisms with acidic pH find impossible to dissipate. Multicellular tissue can dissipate this charge and is not affected in the same way. Biochemistry, in turn, defines cellular protection through sulfhydryl groups. Nevertheless, more scientific research is required.

Chlorine dioxide, the second most powerful disinfectant after ozone, is far more appropriate for therapeutic use, as it is capable of penetrating and eliminating biofilm, something other disinfectants can't manage. The decisive advantage of chlorine dioxide for therapeutic use is the impossibility of bacterial resistance to ClO_2 . Although ozone is a more powerful antiseptic, its high oxidative potential of 2.07 and its shorter lifespan of only 15 minutes at 25°C (77°F) with a pH 7.0 render it less practical for live therapeutic applications.

Chlorine dioxide is a selective oxidant, and unlike other substances, it doesn't react to most living tissue components.

Chlorine dioxide does react quickly to the phenols and thiols, which are essential to bacterial life. With the phenols, the mechanism consists in attacking the ring of benzene, removing smell, taste and other intermediate compounds.^[71]

Chlorine dioxide efficiently eliminates viruses and is ten times more efficient than sodium hypochlorite (bleach)^[72], something proved in a comparative study.^[73] It also proved high efficiency against small parasites like protozoa.^[74]

Something of concern to medical professionals is how chlorine dioxide reacts with essential amino acids. In trials on chlorine dioxide's reactivity to 21 essential amino acids, only cysteine^[75], tryptophan^[76], tyrosine^[77], proline, and hydroxyproline^[78] were reactive in a pH of around 6. These amino acids are relatively easy to replace.

Cysteine and methionine^[79] are two aromatic amino acids that contain sulfur, tryptophan, and tyrosine and the two inorganic ions Fe^{2+} and Mn^{2+} . Cysteine, as it belongs to the thiols groups, is an amino acid up to 50 times more reactive to all microbial systems than the other four essential amino acids, and therefore it is impossible for it to create resistance to chlorine dioxide.

Although it hasn't been proved to date, pharmacodynamics usually presume that the cause of its antimicrobial effect is based on its reaction to the four amino acids mentioned earlier, or to the residues of proteins and peptides.

Characteristics of Chlorine Dioxide

1. Chlorine dioxide is a yellow gas that dissolves quickly in water without altering its structure.
2. Chlorine dioxide is obtained by the mix of sodium chlorite and diluted hydrochloric acid.
3. Chlorine dioxide gas dissolved in water is an oxidant.
4. Chlorine dioxide is pH-selective: the more acidic the pathogen, the stronger the reaction it creates.
5. According to toxicological studies by the EPA (U.S. Environmental Protection Agency), chlorine dioxide does not leave any residues nor does it accumulate in the body over time.
6. During the oxidation process, it turns into oxygen and sodium chloride (common salt).

Since chlorine dioxide is an oxidant agent and a free radical at the same time, it is capable of neutralizing reactive molecules, such as NO, O_2^- , H_2O_2 , HCOL, and OH^- , which are produced by macrophages in response to stress or infection and cause inflammation and pain. Oxidation also reduces other components that cause pain such as interleukins or leukotrienes. Iodine is far more appropriate for wound disinfection since it doesn't interfere with tissue reconnection.^[80]

Oddly enough, no bacteria has created a resistance to hypochlorous acid (HOCl) which is a natural antiseptic used by the neutrophils in our bodies. Neutrophils^[81] are a type of white cells called phagocytes that kill microbes through an oxidation process, releasing them once the hypochlorous acid (HOCl) surrounds the bacteria in the process.

Hypochlorous acid (HOCl) reacts quickly with the amino acids methionine and cysteine, as does ClO_2 . However, the HOCl reaction is different. The similarity between them is the quick reaction to the $-SH$ cysteine group. However, the crucial difference is that HOCl is less specific and it reacts with many other chemicals^[82].

While chlorine dioxide gasses out quickly and is capable of killing bacteria even in its gaseous state, HOCl doesn't evaporate as quickly and remains longer in place, even after all bacteria have been eliminated. That can cause a tissue infection since HOCl is a stronger reactive agent.

Precautions to keep in mind for therapeutic use:

1. ClO_2 is made up of sodium chlorite and an acid. The best acid is hydrochloric acid (HCl) diluted to 4%.
2. Its precursor, concentrated sodium chlorite in water (NaClO_2 at 25%) can irritate the skin because of its highly alkaline pH of 13.
3. Reduced hydrochloric acid (HCl at 4%) can irritate due to its acidic pH 1, but it is not dangerous in that concentration.
4. When the two mix, ClO_2 gas is generated in the drops that turn a golden yellow color.
5. When mixing three drops of both substances in equal parts for 30–60 seconds, they neutralize each other with a pH 5.5–6, when adding 100 ml of water afterward.
6. The mix is simply diluted in fresh water, where the gas is trapped ($< 11^\circ\text{C} = 51.8^\circ\text{F}$).
7. When mixing three drops of each in equal parts and adding 100 ml of water, we obtain an innocuous solution of approximately 0.005% = 50 ppm.
8. Always avoid long-term inhalation of chlorine dioxide gas, although small quantities in the short term do not have negative effects.

ClO_2 oxidizes glutathione (GSH) to glutathione disulfide (GSSG), which the body can easily reduce again to GSH.^[83] That is at odds with HOCl, which attacks all bisulfite links and oxidizes GSH to glutathione sulfonamide, which creates an irreparable loss of cellular GSH. Sulfhydryl groups can protect multicellular organisms against the damage caused by ClO_2 .^[84]

ClO_2 has a faster reaction with the $-\text{SH}$ groups, since while there are $-\text{SH}$ groups in GSH form, these reacted immediately with the ClO_2 protecting other amino acid residuals from oxidation damage. Besides, this oxidation is completely reversible by the body.^[85]

ClO_2 Attributes

- ClO_2 effectively controls algae and biofilm
- ClO_2 evaporates quickly above 11°C (51.8°F)
- ClO_2 is a true deodorant, removing odors by oxidation
- ClO_2 is a neutral-charge gas in water (it doesn't alter the pH)
- ClO_2 is an extremely soluble gas in water and doesn't mix chemically

- ClO_2 is a chemical oxidant, but not by chlorination since it doesn't leave any residual chlorine
- ClO_2 is a potent biocide, effective both in air and water across a wide pH range
- ClO_2 isn't corrosive if pH is neutral for most equipment and surfaces
- ClO_2 doesn't form carcinogenic chloramines (THM)
- ClO_2 doesn't form harmful chlorinated residues
- ClO_2 doesn't react to ammonia, like chlorine does
- ClO_2 can kill microorganisms in biofilms, penetrating them with its high water solubility
- ClO_2 has higher microbial elimination potential than other oxidants with more oxidative potential

There are exhaustive studies on the safety of chlorine dioxide for human consumption; over 20 000 people were given quantities of up to 25 ml without negative effects.^[86]

In experiments, animals were given drinking water, with 200 PP of ClO_2 for 90 days, and there were no intestinal problems.^[87]

The logical question is: How is it possible that a chemical that doesn't affect humans or animals when ingested can kill bacteria, viruses, fungi and even protozoa parasites?

ClO_2 (chlorine dioxide) should have reacted with all tissue since it can't evaporate in the stomach. Research interpretation concluded that $-\text{SH}$ groups were transported via rodents' bloodstream and protected stomach and intestinal epithelial cells from an irreversible ClO_2 oxidation.

Beyond a certain limit, in very high and concentrated doses, chlorine dioxide can oxidize protein structures through oxidation of tyrosine and tryptophan.^[88] That is what likely happens to the bacteria over the surface of the infected tissue since its GSH quickly eliminates via ClO_2 .^[89] However, mammal cells can survive thanks to the bloodstream that transports $-\text{SH}$ (sulfhydryl) and other reduction components towards the cells, continually revitalizing them.

When we consider it from a pharmacodynamics perspective, we can conclude that **chlorine dioxide acts according to the pathogen's size**. Does that mean there must be an electromagnetic discharge effect? The main difference between unicellular and multicellular cells in the organism is that the bloodstream helps the latter to survive and disseminate charges; this kind of help is not available to bacteria.

After many years of scientific incredulity about chlorine dioxide's effectiveness, legal clinical studies have finally been initiated to obtain the necessary official approval for use as a drug to treat infections in humans.^[90]

Detailed toxicity

Many generic documents online point out that chlorine dioxide is a toxic gas and a strong oxidant, used in textile and paper bleaching. However, when we read the small print, we can see that the quantity used in paper bleaching is not even close to those described in this book. The dioxide used for paper and silk bleaching is highly concentrated and adds methanol. They use concentrations of 11 grams per liter (!). Besides, there are 138 grams of sodium chlorate (NaClO_3) per liter, which is a far more aggressive and harmful oxidant.^[91] The concentration for the treatments we describe in this book doesn't usually go over 0.0025 grams/kg, and the highest dose we mention is 0.0225 grams/kg for the treatment of malaria.

Dioxide for bleaching is 59 600 times more concentrated. Moreover, this compound has a much more potent chemistry mainly due to chlorate. Remember that these false claims look good in sensationalist media, because they create controversy. However, industrial applications are completely different from the reality described in this book. Before discussing toxicity, let's review the principles.

The toxicity of a substance is defined by:

1. Quantity
2. Where/what it affects
3. Concentration
4. Length of exposition

- » Chlorine dioxide is indeed toxic if you inhale it, which is not the same as if you ingest it.
- » Inhalation of air containing a significant amount of chlorine dioxide gas may produce throat, nose and lung irritation.
- » When it's too concentrated, it produces reversible eye irritation.
- » Ingestion is not considered toxic, in adequate dosage.
- » But of course, gas inhalation for a prolonged period is toxic.

There is just one documented case of a death in medical history: a chemical plant worker who died while “inappropriately” cleaning inside an industrial deposit in 1959, breathing massive amounts of gas in the process.

During tests performed on animals, a guinea pig died after being exposed for 44 minutes to a concentration of 420 mg per cubic meter of air. The same concentration for 5–15 minutes was not lethal.^[92]

Another trial exposed four mice to a much higher amount of 728 mg per cubic meter for two hours and one of them died of pulmonary edema.^[93]

Toxicity is always dependent on quantity. The ingestion of a sizable, concentrated amount may cause irritation, but none of the treatments, followed by the volunteers, mentioned in this book use doses massive enough to be permanently harmful to the body.

There isn’t one scientifically documented case of poisoning by chlorine dioxide in scientific literature. It would likely induce vomiting long before reaching a critical amount by ingestion.

There is case literature of poisoning with dioxide’s precursor, sodium chlorite, which is a different substance. As for cases of ingestion, a 25-year old Chinese man drank 10 grams of sodium chlorite (PMID: 8290712) (the equivalent of approximately 832 drops of a sodium chlorite solution at 25%, ingested all at one time), dissolved in water. It caused nausea and vomiting with abdominal cramps and hemolytic crisis and was, in fact, a failed suicide attempt.^[94] Three months later, renal function was back to normal levels.

Studies on humans revealed that a 24 mg/kg dose had no adverse hepatic effects.^[95]

So far, there are only five documented cases of severe poisoning with chlorine dioxide’s precursor: sodium chlorite. Three of these were suicide attempts, where subjects ingested quantities 100 times over those described in this book. Although there was renal-hepatic failure, it didn’t leave any permanent damage in any of the cases related in PubMed.

In perspective, it is quite harmless; how many drugs can we take 100 times the recommended dosage of without dying? Very few—not even aspirin.

In summary, if you want to kill yourself...find something else.

When looking for toxicity data for chlorine dioxide, keep in mind that in scientific literature there are many references to sodium chlorate, which is another, much more aggressive substance altogether. There is also a lot of data on sodium chlorite, the precursor of ClO_2 , which is extremely alkaline, having a pH 13. Any documentation relating these substances to what we use for

treatment in this book, simply lack scientific rigor, since they are talking about different chemicals.

To confirm chlorine dioxide's safety for water purification, the EPA (Environmental Protection Agency of the federal government of the United States), in conjunction with drinking water suppliers, compiled over 100 scientific research papers. In the tests, guinea pigs had to ingest quantities of up to 1 gram per liter. They found that both chlorine dioxide and the chlorite ion are rapidly reduced after ingestion.

- » In a trial with humans, volunteers had to drink solutions of up to 24 ppm. No adverse effects were observed.^[96]
- » In trials with mice on fetal malformation, no negative effects could be observed with quantities of up to 100 ppm.^[97] The study revealed that there were no changes in hematology or histopathology.
- » In one study, mice were continually administered 1000 mg per liter for six months. The hematologic blood values showed no changes. However, after nine months, the levels of red blood cells hematocrit and hemoglobin had decreased.
- » In long-term studies with mice and bees receiving high doses of chlorine dioxide in their water for two years, there were no negative indicators, even with high concentrations of 100 ppm. They just didn't get sick.

Other scientific studies claim possible irritation by ingestion, depending on the dose and that it may increase methemoglobin levels in the blood, causing less absorption of oxygen.

Looking closely at these affirmations, we can see they are not scientific evidence but hypotheses and postulates to cover their backs in case someone, one day, proves the opposite. These are not facts, just mere speculations.

Based on the data we have so far and on its use for over 50 years, chlorine dioxide is not considered to be carcinogenic. No one has proved toxicity related to reproduction either.

Documented scientific results regarding oral exposure to Chlorine dioxide

To find the lethal toxicity level of chlorine dioxide ingestion, we have to establish the LD50 value, which indicates the 50% death rate of the animals administered this dose. In 1999, several studies carried out by Chinese scientists Shi and Xie determined that this dose was over 10 000 mg/kg in mice.^[98] The equivalent dose would be 80 000 mg for a person weighing 80 kilos; the ingestion of such a massive amount is highly unlikely.

In the literature, we find comparisons between sodium chlorite and sodium chlorate. While chlorate can produce methemoglobinemia, there is no evidence of this with the ingestion of chlorite in normal doses.

When reading scientific documents, watch for words like “apparently, possibly, it seems,” which indicate the author’s opinion and not irrefutable facts. These “hypotheses” do not present scientific truth, but merely what the author believes to be a possibility or postulate. By all means, you should take into account this possibility, but remember that it can never represent a proven fact. Otherwise, science becomes a religion based on belief rather than reality.

On May 28th, 1991, United States Alcide Corporation, Norwalk, Conn., created a product with patent number 5.019.402 (for disinfection of blood products). Alcide Corporation utilizes chlorite to disinfect live blood; if it caused methemoglobinemia, they couldn't use it.

Quote from the pharmaceutical expert report performed by GNG:

In 1991, in United States, Alcide Corporation, Norwalk, Conn., creates Patent n° 5.019.402 on May 28th.

This patented method has managed to store blood elements (platelets, plasma, etc.) for a long time without any risk of microbial infection. Blood components are susceptible to this kind of infection. Its use has been patented since 1994 against viruses, spores and fungi that blood risks contamination from when it is manipulated and stored. Chlorine dioxide is regarded for its action as bactericidal, fungicide, sporicide, anti-yeast and anti-viral.

The current patent is based on the release of chlorine dioxide in the blood collection bags through the presence of sodium chlorite in conjunction with the anticoagulant (citric acid and sodium citrate) indispensable to keep blood in a fluid state. No adverse effects have been observed in regards to coagulation factor or to the activity of Factor VIII and Factor IX. There hasn't been any change in the hemoglobin molecule inside the red blood cell either. This patent is also useful in the disinfection of platelets, both human and from other mammals. The studies show the method's lack of toxicity by analyzing in vitro Factor VIII (anti-hemophilic). The blood was infected with Vesicular Stomatitis Virus (VSV). Afterwards, it got treated with the patented method (sodium chlorite + lactic acid + EDTA anticoagulant solution). Finally, Factor VIII's biological activity was studied and proteins didn't lose almost any of their biological activity.

Regarding the trials performed with platelets, this study inoculated E. coli to a solution of concentrated platelets. Then it was treated with chlorine dioxide in different concentrations (33 ppm, 50 ppm, 75 ppm, 100 ppm, 125 ppm, and 250 ppm). They found that from 75 ppm, chlorine dioxide was already effective to sterilize E. coli-infected platelets.

By the same method, they were able to prove chlorine dioxide's effectiveness against S. Aureus infection.

This method also prevents the transmission of viruses, bacteria and protozoa when blood is given from an infected, yet asymptomatic donor that has pathogens present in their blood.

These two Alcid patents are evidence that chlorine dioxide can't be responsible for methemoglobinemia, or red blood cell membrane deterioration, since it would invalidate its function.

The report's expert states that this patent showed that neither chlorite or chlorine dioxide are hemolytic in the recommended doses.

Reported effects in humans

Chlorine dioxide is not a metabolic toxic that accumulates in the body and alters the metabolism of microorganisms, eventually destroying them. It belongs to the oxidant biocides, which supposedly interrupt nutrient's transport through cellular walls. Chlorine dioxide's molecule (ClO_2) is destroyed by the chemical reaction of oxidation. The released oxygen (O_2) bonds with either hydrogen to form water (H_2O) or carbon (C) to form carbon dioxide (CO_2). The neutral chlorine ion bonds with sodium to form common salt (NaCl).

We can summarize by stating that chlorine dioxide is a safe chemical substance at appropriate doses. Toxicity is always a question of concentration and quantity. In fact, 70 grams of common salt are lethal.

During the past few years, I have had many medical professionals approach me in my seminars and conferences to tell me that they had purchased chlorine dioxide, but they still harbored doubts about its toxicity. Hopefully, I have helped to dispel a few doubts here.

Differences between CDS and CD (MMS)

The pros and cons of CDS over CD

- In my opinion, CDS is safer and more effective because it doesn't cause a secondary reaction in the stomach, producing more chlorine dioxide when it mixes with stomach acids. CDS effectiveness in enemas and vaginal irrigations is well established, even with prolonged use. It doesn't irritate, and there is no need to rinse after use.
- CDS is not as acidic; it is nearly alkaline.
- Its taste and odor are much milder than MMS. Besides, even in high doses, it doesn't produce prolonged diarrhea since it is absorbed before

reaching the intestine. So far, there are no known contraindications, even for those with gastritis or acidity.

- CDS is best kept in glass bottles and at temperatures below 11°C (52°F). While you can easily transport it at room temperature in glass bottles, remember that it is a gas and will evaporate above 11°C. Amber colored pharmacy PET bottles have also produced acceptable results and are recommended for transport. Although PET is not suitable for long-term storage of chlorine dioxide, it is relatively stable with CDS, thanks to its neutral pH.
- Some data claim that CDS is still valid after six months in a glass bottle, stored in a dark place, although it will lose half its potency.
- CDS is much more efficient in oral animal treatments thanks to its pH.
- CDS acts very swiftly, but that shortens the time it is present in the body. That is why it should be administered in small, sequential doses.
- It's better absorbed if it is topically applied with DMSO because it goes directly into the bloodstream through the skin, reaching the spine.
- CDS offers the possibility of intravenous, intramuscular or subcutaneous parenteral application, usually in concentrations of 50 ppm up to 100 ppm (0.005–0.01%). In that case, it is called CDI (Chlorine Dioxide Injectable). For CDI, we use injectable saline solution instead of water to dissolve chlorine dioxide. (For more information on CDI, see Chapter 5)
- The biggest drawback of CDS is that it takes longer to manufacture than CD, and you need to store it in the refrigerator.

The pros and cons of CD (MMS) over CDS

- CD is very easy to transport since it doesn't need refrigeration once opened as CDS does. You can take it with you while traveling, as long as you store it away from light.
- Since it produces a secondary reaction in the stomach, releasing more chlorine dioxide due to stomach acids, CD lasts longer inside the body than CDS, but we can't ingest CD in high doses for long, since it provokes diarrhea in the long term.
- CD has a slightly unpleasant taste in high doses, unlike CDS.
- CD irritates a bit more when used on open wounds, and if you apply a concentrated solution on the skin, you should rinse it off.

Is ClO₂ a placebo?

Some skeptics affirm that chlorine dioxide merely creates a placebo effect, which means that it doesn't have any effect whatsoever and it's all imagination and pseudoscience.

Well, then, let's look more closely at this placebo effect because sometimes, a lot of nothing can mean a lot. Consider the scientific research carried out by Fabrizio Benedetti at the University of Turin, in Italy. He performed a placebo experiment using saline solution with added naloxone, a drug that blocks morphine's effects. What was the shocking result? Subjects reported a pain-relieving effect of the saline solution, but that effect later disappeared. So, what's really going on here?

Doctors have known about the placebo effect for decades, and the naloxone result seems to show that it does have some bearing on the biochemistry, but that's pretty much all they know.

I see it differently: Apparently, nobody ever considered the possibility that saline solution is capable of hydrating the dehydrated cells that are causing pain.

Fabrizio Benedetti showed that a saline solution placebo could also reduce shaking and muscle rigidity in patients with Parkinson. He and his team measured neuronal activity in patients' brains after administering a saline solution (which regulates conductivity due to its saline content). They found that individual neurons in the subthalamic nucleus started to fire at a slower rate when given the saline solution, and with fewer "neuroblasts"—another Parkinson's characteristic. Neuronal activity decreased at the same time that symptoms improved: the saline solution did something indeed.

"The relationship between expectations and therapeutic results is a wonderful model to understand the mind-body interaction," Benedetti concludes in his research, insinuating that it's a mind construct. Scientific conclusions are often erroneous, even though observations might be correct.

They never considered that saline solution rehydration could have therapeutic effects. There can be a common mechanism in different diseases.

So far, we just don't know. I believe it has to do with structured water and neuronal synapses. Time will tell.

Aside from doubting whether a placebo effect is actually a placebo, we have seen chlorine dioxide work on all kinds of animals, both farm animals (as described in my book: "CDS Health is possible") and pets: dogs, cats, birds, fish, reptiles and even insects such as bees.

Since there is no evidence of placebo effects on animals, we can conclude that it is an effective remedy. In fact, CDS spray has worked very well when applied to hives or added to animal's drinking water. Long-term scientific studies were

done on bees to check for harmful side effects. After two years, nothing negative was observed in the hive.^[99]

Mode of action hypothesis – Pharmacodynamics

My view on Chlorine dioxide's mode of action

We have previously read that chlorine dioxide is the most effective oxidant among those used for disinfection. Both ozone and chlorine are much more reactive than chlorine dioxide and will be consumed by most organic compounds. However, chlorine dioxide is different. It only reacts with reduced sulfur compounds, secondary and tertiary amines, and other highly reduced and reactive organic compounds which are essential to pathogens.

My concept is a bit different. To me, chlorine dioxide's effectiveness comes from its ORP, its oxidation-reduction potential. By increasing the negative charge of fluids, it creates a similar effect than ozonized water, removing the positive charge from the acidic pH cell's protons. If there are several cells together, the charge can dissipate without harming the whole, while it creates an energetic exhaustion in the cell depending on its pH. When chlorine dioxide finds an acidic area, it dissociates, and the chlorine ion reacts to ORP up to approximately 1.3 V. In this process, it releases oxygen, which in turn, creates better mitochondrial energy production. Since this oxygen content is higher, the overall cellular energy is higher.

Against bacteria: according to scientific literature, chlorine dioxide removes bacteria by attacking their basic cellular physiological functions, such as interrupting protein synthesis. Chlorine dioxide attacks cellular structure or the acids inside the cell. According to conventional scientific literature, chlorine dioxide directly reacts to amino acids and the cell's RNA. At the same time, it disrupts the permeability of the cell's external membrane since it can pass through the bacteria's protecting layer, inactivating pathogens. There is proof that it affects both anaerobic as aerobic bacteria that haven't been able to develop resistance. Thus, this system is still effective after 80 years of use with drinking water. Sulfate reduction bacteria and acid producing bacteria are most vulnerable to chlorine dioxide's oxidation, and both are harmful to humans.

Against virus: Viruses are removed differently. Chlorine dioxide reacts to peptone, which is a substance originated in proteins and amino acids hydrolysis that dissolves in water. Chlorine dioxide supposedly kills viruses by preventing the formation of proteins. Chlorine dioxide has more effect on viruses than do ozone and chlorine. Other sources claim that it stops the development of

capsids, a kind of Velcro that is necessary to connect to the cells it wants to invade. There is a definite electromagnetic relationship in my opinion, as the virus must “feed on cellular electric energy” and it can’t create it by itself since it lacks metabolism. **That would violate the laws of physics.** Chlorine dioxide is paramagnetic and releases an electromagnetic “impulse” at the time of oxidation. Usually, this electromagnetic discharge effect is overlooked, while in my opinion, it’s the central element of its pharmacodynamics.

Against fungi: Chlorine dioxide removes mold spores by oxidizing them and inhibiting growth. The loss of millions of spores, as well as the inhibition of enzymatic activity in fungal metabolism and the oxidation of cellular structure, are the probable reasons for chlorine dioxide’s efficacy against fungi. Mold spores can become very dangerous as they grow in number, polluting the air we breathe. Disinfection is essential not only to control surface mold but also to limit the number of spores in the air.

Against parasites: Chlorine dioxide doesn’t only work with the malaria parasite. It is one of the best-known disinfectants, due to its effectiveness against pathogens such as *Giardia Lamblia* and *Cryptosporidium*, which are found in drinking water and provoke diseases such as ‘giardiasis’ and ‘cryptosporidiosis.’ Most parasites have an acid metabolism and are therefore susceptible to chlorine dioxide’s oxidation selectivity. According to my view, this is the reason why it works against malaria, as the affected red blood cells are much more acidic than healthy ones, and chlorine dioxide reacts according to acidity levels (Nernst’s equation).

Against mucus and biofilm: Since chlorine dioxide remains a gas in water, it can penetrate through to the interstitial system, reaching the bacteria inside the mucus, even if these are hidden and encapsulated.

Some healthy individuals who have swallowed chlorine dioxide have reported having a mild cold with mucus excretion. The reason for this could be that chlorine dioxide dissolves this mucus where bacteria hide encapsulated before killing them. The body then reacts by expelling the mucus and dead bacteria. Chlorine dioxide oxidizes the polysaccharides’ matrix that maintains biofilm intact. During this reaction, chlorine dioxide is reduced to chloride ions. They spread inside biofilm pieces, where they remain stable. When biofilm starts growing again, creating an acidic environment, chloride ions turn into chlorine dioxide, which removes the remaining biofilm. That would explain its effectiveness in my protocol against autism. We have been able to cure over 300 children of that supposedly irreversible disease.

As an oxidant for metals: When the body oxidizes heavy metals, including mercury, it can later eliminate them via the hepatic-renal system since oxidized metal has different qualities than non-oxidized metal. Simply put, an iron bar is not quite the same as a handful of iron oxide. The body uses many metal oxides for the proper metabolism.

Against tumors and cancer: We should take into account the by-products from chlorine dioxide. The reactions between chlorine dioxide and pathogens happen in two stages, with the products of disinfection remaining in the water.

During the first stage, sodium chlorite (NaClO_2) forms (accepting an electron). During the second, the chlorine dioxide (ClO_2) forms chloride (accepting four electrons). Also, with the presence of traces of chlorate (an oxidant agent like chlorite), it would dissociate into sodium chloride, or common salt.

Chlorite and chlorine dioxide's chemical oscillation

Chemical oscillations are observed in substances demonstrating time-based fluctuations, when not in thermodynamic balance, resulting in a chemical linear oscillator. Chlorine dioxide and chlorite's oscillations have an essential role in non-linear chemistry since the chlorite-iodine reaction has become one of the most studied in non-linear chemistry. In these studies, oscillations, instability, vortex effects and spatial phenomena have been observed.^[100]

Oscillation and luminescent interference^[101] probably play a direct role, affecting the bio-photons described in Prof. Dr. Fritz-Albert Popp's work.^[102]

Chlorine dioxide is an oscillating fluid that apparently also affects the bio-photons in living cells. It has a wave length of approximately 366 nm (nanometers), affecting cellular communication and its absorption in the DNA, where transmission of electrons between the emitted frequencies' excited state orbits takes place. However, this field requires further research.

Moreover, chlorine dioxide is paramagnetic, and when oxidized, it turns diamagnetic, something that it probably implies the disturbance of the mitochondrial membrane polarization. That would explain why chlorine dioxide is effective in terminal illnesses such as cancer, where an apoptosis of cancer cells has been observed.

Pharmacokinetics with malaria

Chlorine dioxide's mechanism on malaria

Malaria is caused by a parasite called plasmodia, which consumes up to 100 times more glucose inside the red blood cell. An infected cell generates large

amounts of lactic acid, which in turn activates chlorine dioxide's reaction with the acidic cell.

Hemoglobin ingestion takes place inside an organelle known as “acidic food vacuole”. Incidentally, the high concentration of acid in this organelle could serve as an additional place for the chlorite ion's conversion (ClO_2^-) to the most active chlorine dioxide (ClO_2) right inside the parasite. Also, the fact that it oxidizes thiols and phenols affects ‘plasmodium’s’ reproduction and developmental process during other life stages within the hepatic cycle. The fact that involves an attack on multiple fronts can explain chlorine dioxide's effectiveness in the treatment of malaria.

Artemisia Annua

Artemisia annua's shocking effectiveness

As usual, Western academic scientists were skeptical about the 1, 2, 4-trioxane ring within the structure of Artemisia, claiming that this kind of group would be unstable and could never serve as medicine.

In his research, Dr. Müller from the University of Tübingen proved that after seven days of treatment with Artemisia, 77% of malaria patients got rid of fever, 88% patients didn't feel exhaustion anymore, and 92% reported absence of muscle pain or nausea. During the studies, subjects were administered approximately **1 liter of Artemisia infusion per day, prepared with 9 grams of dried leaves**. That is equivalent to 240 mg of Artemisia per milliliter. Keep in mind that the doses were about 26 times those used during in vitro tests. Oddly enough, this university doesn't recommend Artemisia infusion consumption, because some patients developed malaria again after four weeks.

Most likely, these patients contracted it again after getting bitten by a mosquito, something ubiquitous in Africa. We need to understand that oxidation removes the pathogen, but it doesn't protect from new infections because it doesn't immunize the system.

Now we know that the strange 1, 2, 4-trioxane structure is the basis of its mechanism's effectiveness. It's the endoperoxide's linkage in the ring that the

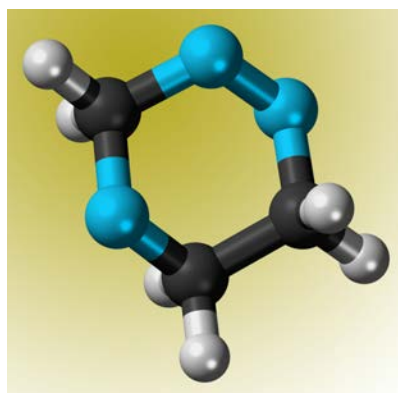


Fig. 55: Tridimensional structure of the 1,2,4 trioxane

artemisinin “triggers” by oxidizing in the vicinity of the Plasmodium parasite and the release of reactive radicals that finally destroy the parasite.

That means that its effectiveness is based on the same concept as chlorine dioxide: selective pH oxidation. It's therefore unlikely that this remedy can create resistance, especially when it has been used for hundreds of years.

Personally, I believe it's much easier for any pathogen to create resistance to a synthetic compound. There are no data about parasites that have managed to develop resistance against a whole plant's extract.

Researchers have observed resistance against chloroquine that is synthetically manufactured, but never against chinchona bark tea, which is still as effective today as it has been for hundreds of years. The idea behind synthetics is just to make drugs cheaper since scientifically, the variables in plants are much more complex and have developed over thousands of years. Therefore, it's much harder for the pathogen to adapt and resist.

As usual, there are critical voices that conspire to argue that not enough people have been tested to claim that Artemisia is effective against malaria. However, collaborators of Anamed have gathered vast amounts of data in its favor, including those by Ralph Wiegand and Arba Minch from Ethiopia and Maike Ettling from Musoma, Tanzania. Both have treated over 1000 people with an 80%-100% success rate.

DMSO (Dimethyl Sulfoxide)

(See more information in chapters 2 and 7)

Di-Methyl-Sulf-Oxide is a dissolvent used since 1953 that comes from the wood industry. DMSO has exceptional properties a wide pharmacological scope and multiple anti-inflammatory effects. At the same time, it has collagen dissolving and vasodilation effects, and penetration, and it is used in prescription drugs, mainly as a transmitting vessel.

DMSO can be administrated:

- Orally
- Intravenously
- Topically (for osteomuscular disorders and on the skin)
- Even for assisted reproduction

DMSO and its metabolite sulfonamide are later excreted through urine and feces.

Studies at the University of Valencia in 2010 showed great clinical tolerance with no adverse reactions, when using DMSO in 50% concentrations administered topically.

It is also used officially in conjunction with chemotherapy treatments and extraversion of cytostatics.

To date, there are over 11,000 scientific articles on clinical medicine, and according to Dr. Stanley from the USA, it is one of the most useful yet less understood chemicals. As for medical uses, it is prescribed for a great variety of conditions, including pain, inflammation, scleroderma^{[103][104]}, interstitial cystitis, arthritis^[105] and an increase in intracranial pressure.^[106]

In the USA, the FDA has approved it as a preservative for transplant organs and the treatment of cystitis. Sadly, the substance is no longer the focus of conventional medicine, and it's practically unavailable.

A peculiar property of this drug, even when applied topically, is that it may cause a garlic-like body odor or breath.

When an Irish woman passed away in 1965 while taking several drugs in conjunction with DMSO, the FDA closed all clinical trials in the US as a preventive measure, although the cause of death was never determined. After more than 50 years and hundreds of studies on humans, there hasn't been a single reported death or any adverse changes in human eyes, as happened in one trial with dogs.^[107]

One of DMSO's peculiarities is its ability to transport other drugs through skin membranes. Its transporting ability depends on molecular weight, molecular shape, and electrochemistry. That makes it a great drug administration system that avoids the infection risk always present when skin is penetrated.

It's known as a topical analgesic in a concentration of 70% with 30% water.

DMSO reduces inflammation, stabilizing damaged cells' membranes and it's therefore, with the aspirin, the main non-steroid anti-inflammatory very likely due to its action in -SH (sulfhydryl) groups.

The main disadvantage is that it can create an unpleasant odor in the area of application and occasionally and in very high doses, it may cause headaches. It can be used on the skin, ingested, absorbed by mucous membranes, but **it is not used in enemas** to avoid its reabsorption via feces.

It has been reported as clinical observations during studies with mice that DMSO prolonged life and helped fight resistance in harmful bacteria. Many studies have documented its effectiveness in the reparation of soft tissue, in local necrosis, skin ulcers, and burns. Externally, in traumas, joint pain, inflammations, osteoarthritis and general pain.

Studies from the University of Chicago

In 1971, Dr. de la Torre started experimenting with DMSO for central nervous system injuries. He found out that DMSO was able to reduce intracranial pressure better than any other substance known to date. Similarly, he observed how it stabilized arterial pressure, improved respiratory ability, regulated the production of urine increasing it up to five times and it improved blood's flow in front of the spinal cord in damaged areas.^{[108][109][110]}

Dr. De la Torre claims that DMSO is probably an excellent product for the treatment of stroke, a devastating disease affecting many people. During his preliminary studies, data obtained with animals showed that when injected in high concentrations, it is a valuable agent for dissolving clots without any adverse toxicity observed.

DMSO and water mix wonderfully in all concentrations. The bond to water is 1,3 times stronger than the bond between waters, according to Dr. Stanley W. Jacob, since DMSO and water molecules are similar in size, shape, and polarity. DMSO has six hydrogen atoms more than water (with two), and they act by dragging complex organic molecules without altering them, mixing with them or changing their structures. Within the body, DMSO can easily cross membranes, and the hematoencephalic barrier just like water does, without damaging the tissue. It can transport nutrients to other substances that need them through the membranes. DMSO doesn't transport bacteria or viruses through membranes because these are too big.

Sensitive people notice a garlic taste in their mouths when it is applied to the skin. Patients should be made aware of this so it doesn't surprise them.

Research shows that DMSO alleviates pain, reducing or even blocking the conduction of impulses along nerve cells, easing pain in muscle injuries, post-operative incisions or other kinds of pain.

This alleviation only lasts for a few hours, since DMSO dissipates over time.

Its diuretic effect facilitates the elimination of toxins through the urine, speeding up the detoxifying processes. At the same time, it is antibacterial: it doesn't necessarily kill the bacteria, but it inhibits their reproduction.^[111]

DMSO was first used in veterinary treatments. Today it is mostly used on horses, as a topical gel, intravenously or through a nasal-gastric tube. It is classified as a non-steroid anti-inflammatory drug (NSAID) since it has antioxidant properties that can interrupt the inflammatory process. DMSO easily bonds with hydroxide (OH).

It is used parenterally for:

Central nervous system traumatism (cranial and spinal cord): Septic arthritis, spinal cord compression and back and lumbar myalgias of neurological origin, acute diarrhea, Eastern equine encephalomyelitis, endotoxemia,

intestinal ischemia, laminitis, neonatal meningitis, equine myeloencephalitis protozoarica, pneumonias, pleuritis, neonatal maladjustment syndrome.

Cancer treatment

DMSO dimethyl sulfoxide has been especially effective in the lymphoma group, as it reduces pain, making morphine unnecessary in a research group.

General summary of medicinal uses

- » It acts as a tranquilizer, producing a pleasant sedating sensation on the brain, even when it is applied on the skin.
- » It alleviates specific local pain.
- » It helps in angina and heart attacks, neutralizing harmful effects in the heart. It helps with heavy metal detoxifying since it binds with them (mercury, lead, aluminum, cadmium, arsenic, nickel), chelating them through urine, stools, and sweat.
- » It bleaches telangiectasias (small dilated blood vessels close to the skin surface).
- » It blocks the transmission of pain messages to the brain through the introduction of conduction in the small nerve fibers.
- » DMSO helps to reverse malignant cells, turning them into healthy ones. DMSO seems to dissolve the cover of the virus proteins, leaving the nucleus unprotected and the nucleic acid exposed to the immune system.
- » It eliminates pain from superficial burns, reducing inflammation.
- » It's effective in headaches and eliminates the often-concurrent muscle tension. It's bacteriostatic, fungistatic and virostatic, inhibiting the growth of pathogenic microorganisms.
- » It is capable of protecting tissues in wounds provoked by freezing.
- » It's a good diuretic, and it promotes the formation of interferon in the organism, driving the immunological response.
- » It's effective in the treatment of painful pimples, callouses, red nails, bunions, exostosis, talon pain, gout inflammation, antimycotic and antifungal. It stimulates wound healing in both internal and external instances. It flattens the mass of raised, lobular, nodular scars.
- » It's a potent anti-inflammatory to use in arthritis, osteoarthritis, rheum, sprains, and strains.
- » It's a vasodilator, related to the release of histamine in cells and to inhibition of prostaglandin.

- » It's useful in the treatment of scleroderma, returning elasticity to the conjunctive tissue.
- » It improves blood supply to wounded areas, dilating blood vessels, improving oxygen delivery and reducing platelet clots in the blood.
- » It possesses radio-protecting effects, easing reparation of damages in double DNA chains, providing protection by radiation at the cellular level in the whole body.
- » It promotes excretion through urine. It improves injured tissues and it works as a muscle relaxant.
- » It reduces the size of varicose veins and their inflammation, alleviating cramps at the same time.
- » It reduces the incidence of platelet clots in blood vessels. It reduces inflammation and swelling. It has been used in Peyronie's disease, interstitial cystitis, hemorrhoids, and epididymitis.
- » It has a specific effect on cardiac contractility, keeping the calcium of the muscle's fiber absorption, thus reducing the heart workload.
- » A DMSO solution diluted in saline solution once or twice a day is useful for eye problems, including cataracts or glaucoma.
- » There have been positive results in the treatment of stroke, amyloidosis, head injuries, toothache, depression, fibromyalgia, diabetes, lip herpes, acne, keloids, bruises, etc.
- » In cases of cerebrovascular accident, DMSO helps undo the clots that might be present in the brain or other places in the body. It's therefore useful in case of heart attack, to help proper blood flow as it preserves and regenerate tissues.

Tip:

In case of Stroke (Cerebrovascular accident [CVA]):

- Mix DMSO 70% + one teaspoon of olive oil and apply on arms and legs.

In case of Heart Attack:

- Drink 1-2 teaspoons of DMSO 70% mixed with juice (or diluted in water), every 15 minutes.



Chapter 7

Expert's report on chlorine dioxide






My work has been criticized (I'm getting used to it) because I lack a specific pharmaceutical science degree. So I commissioned a professional pharmaceutical expert report on chlorine dioxide and its effects in human beings.

Judicial expert reports, or forensic examinations, are always performed by certified professionals with acknowledged expertise and specialized higher education. Their function is to supply reliable information in courts of justice. The following report was provided by GNG Peritaciones Farmacéuticas Jurídicas, with judicial associate number: Associate PE. JU. BA. N. 000861 in Spain.

Report:

CHLORINE: The chlorine element can be found in the seventeenth column and the third row of the periodic table (Russian chemist, Dmitriv Ivanovich Mendeliev 1834-1907). That position indicates that it has three orbitals, or shells, containing 2, 8 and 7 electrons, for a total of seventeen. In the last and most external orbital there are seven electrons. Everything in nature tends toward maximum stability, which means, for this final orbital, completion with an eight electron. Octet rule.

These three features make chlorine tremendously versatile, in such way that it can act with the oxidation states shown in the table below. It can act with other elements forming ionic bonds or covalent bonds, depending on whether it gets electrons from the other atom or compound or shares them. Chlorine's versatility and possible combinations are very high.

Oxidation State:	-1	+1	+3	+5	+7
Formula:	Cl ⁻	ClO ⁻	ClO ₂ ⁻	ClO ₃ ⁻	ClO ₄ ⁻
Structure:					

It's not surprising that nature has chosen chlorine as the most abundant anion in the human body. It's so important that it's considered a micronutrient.

From the physiological point of view, chlorine anion, Cl^- , is the most abundant in the extracellular fluid of the human body. It has the ability to enter and leave cells with sodium or potassium or combined with major cations such as calcium.

Chlorine regulates, in conjunction with sodium, the hydric (extracellular) balance and the acid-base balance. Chlorine normal serum levels are between 96 and 106 mEq/L, while the cell interior is around 4 mEq/liter. Chlorine ion is indispensable for the production of hydrochloric acid in the stomach. Without it, protein, fats digestion and assimilation of minerals would not be possible.

Chlorine daily requirements for adults are 750 mg. It mainly comes from salty foods, fruits, vegetables, processed meats and tinned vegetables. Ingested chlorine is almost completely absorbed by the intestine and is eliminated via sweat and mostly as hydrochloric acid in the stomach.



We see how the hydrochloric acid molecule (HCl), also known as hydrogen chloride, has a load distribution. There is a part of the molecule with a higher concentration of electrons, and this generates a negative area. Therefore, there will be another part of the molecule with electronic cloud deficit that will be the positive area. That makes it a more reactive molecule.

Cl^- levels tend to be regulated by those processes affecting sodium, with changes to one associated with changes to the other. The acid-base balance influences sodium levels so that chlorine anion is reabsorbed and excreted in inverse proportion to bicarbonate to keep the serum pH.

pH VALUE

pH provides us with the alkalinity or acidity of a dissolution. pH maintenance of the internal environment is of vital importance for living beings. This is one of the constants the body tries to upkeep, as it is fundamental for enzymatic activity and other vital functions. Daily intermediate metabolism is going to generate a lot of acids. In spite of that, pH value will remain stable and with little variability margin. That is due to the action of the physiological dampers that will act immediately to avoid significant changes in pH, and to pulmonary and renal regulation mechanisms, which ultimately are responsible for pH maintenance.

The importance of pH: Acidity breaks covalent bonds. All carbon chemistry, organic chemistry, is built with covalent bonds.

Membrane potential

Membrane potential is the difference in electrical charge (voltage) on either side of the membrane, product of the asymmetrical ion distribution. Organisms have two spaces: extracellular and intracellular. In the extracellular or interstitial fluid, the most abundant ion is chloride ion (Cl^-). In the intracellular environment (cytoplasm), proteins are the most abundant anions, which in internal cellular pH conditions, are negatively ionized due to the release of hydrogen ions (H^+). The most abundant cation in the interstitial tissue is sodium ion and potassium ion in the cytoplasm with different intra-extra cellular concentrations of the most abundant ions. The ionic imbalance produced by the membrane's polarization is due to the difference in membrane permeability to each of these ions. The potassium ion passes freely through the membrane, whereas permeability to sodium is lower. Sodium ions are also extruded through active transport, with the sodium-potassium pump.

Due to their size, proteins can't pass freely through the membrane. This whole dynamics establishes a potential difference in the resting state of (-90 mV.) The existence of this membrane potential is indispensable for the origin and transmission of the nerve impulses. Normally, there are electrical potentials through the membranes in all cells. Nerve and muscle cells are SELF-EXCITABLE, able to generate electrochemical impulses in their membranes, and in many cases, of transmitting signals.^[112]

When the membrane potential is generated by DIFFUSION of different ions, due to the different permeability of the membrane, they influence:

- The **polarity** of the charge of each diffused ion.
- The membrane's **permeability** to each of the ions.
- The **concentration** of ions in both the membrane's exterior and interior.

Sodium, potassium, and chloride ions are the most essential ions involved in the generation of membrane potential in nerve and muscle fibers. Differences in the concentration of sodium and potassium ions are responsible for nerve transmission.

A degree of positive concentration inside the membrane causes electro-negativity in its interior. That explains why if there is a higher concentration of potassium ions in the interior of the membrane, there will also be higher diffusion of this element from the interior to the exterior of the membrane, generating a deficit in positive charges in the interior of the membrane, which would endow this environment with a negative charge.

Membrane potential is not the same in all cells, depending on their origin; muscle cells, for instance, oscillate between -50 to +60 mV.

The different concentration on both sides of the sodium-potassium ions on both sides of the membrane determines the membrane potential's VOLTAGE.

The permeability of Na^+ and K^+ channels changes during nerve impulse conduction. Therefore, permeability mutations for Na and K are important for nerve signal transmission.

SODIUM-POTASSIUM pump (Na-K)

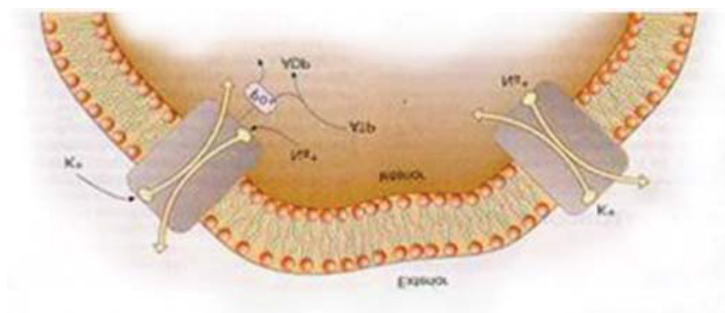


Fig. 56: Operational diagram

The sodium-potassium pump extracts 3 Na^+ and introduces 2 K^+ , generating a potential difference of $= -90 \text{ mV}$.

The chlorine dioxide molecule has a lower potential than the cell membrane, so the cells don't "feel under attack".

Bonding energy is the energy required to break the specific bonding in the molecule. The ionic pair possesses a lower energy than the separated ions.

Mitochondria

Mitochondria are cellular organelles responsible for supplying the energy required for cellular activity (cellular respiration). They are located in the cell's cytoplasm. Mitochondria act as the cells' energy centers and synthesize ATP from metabolic fuels (glucose, fatty acids, and amino acids). Mitochondria have an outer membrane permeable to ions, metabolites and many polypeptides. This permeability is due to pore-forming proteins, called porins or VDAC (voltage-dependent anion channel), which allow molecules to enter. The presence of O_2 stimulates an increase in mitochondria present in cells. This energy increase translates into increased cellular activity. The enriched cells can act according to the demands of the body at that moment (macrophages, killer cells).

Immune Response-Cytokines

The complex interactions between cells are regulated by a series of low molecular weight proteins collectively known as cytokines.

Cytokines function as immune system messengers: they regulate the intensity and duration of immune responses, stimulating or inhibiting the proliferation of specific cells, the secretion of antibodies and other cytokines.

Cytokines are secreted by several cells involved in the immune response in response to a stimulus, and they act on the target cells that express in their membrane specific receptors for a given cytokine. The bonding of a cytokine to its membrane receptor transmits a signal towards the cellular interior that leads to changes in genes activation and expression. In serum, soluble receptors for the different cytokines have been detected. Their function is to contribute to the regulation of their activities.

Cytokines can be involved in different types of cell signaling:

- **Autocrine:** bonding with the same cell that secretes it
- **Paracrine:** acting on a nearby cell
- **Endocrine:** bonding with distant cells

Cytokines play a key role in innate immune responses, via direct action mechanisms against the intrusive agent, or via the mobilization of immune-regulator mechanisms such as the initiators of the inflammation, raising body temperature (fever) and activating NK (Natural Killer) cells and macrophages. The cytokines acting during this phase are produced by macrophages, the NK cells, and other non-immune cells such as fibroblasts, and endothelial cells. The major cytokines that intervene in innate responses include Tumoral Necrosis Factor (TNF- α) and Interferon.

Protein denaturation

Denaturation is a structural change in which proteins lose their native-state structures and consequently, their optimal cell activity. Denaturation can also change a protein's physicochemical properties. The protein's final shape determines how it will interact with its surroundings. If the protein's shape is altered by external factors, then it can no longer function. It has been denatured. Denaturation can occur through sub-unit disassociation or disruption of bonding. In many proteins, denaturation is irreversible. This depends on the degree of change of the protein's structures. Denatured proteins can exhibit loss of solubility, increased viscosity, reduced diffusion coefficients, and loss of biological properties.

Hemoglobin

Hemoglobin is a protein with a central iron ion, present in red blood cells. It is responsible for carrying oxygen and carbon dioxide from the lungs to the body tissues. It's made up of four protein subunits called globin and a heme group.

Hemoglobin Bohr effect is the phenomenon that establishes that the lower the blood pH (more acidic), the less affinity hemoglobin will have for oxygen. This effect increases the efficiency of oxygen transport when hemoglobin binds with the oxygen in the lungs, but then it releases it in the tissues, especially in those needing more oxygen. When a tissue's metabolic rate increases, so does its production of carbon dioxide. Carbon dioxide forms bicarbonate through the following reaction:



This causes tissue pH to decrease and therefore, the dissociation of oxygen in the hemoglobin of tissues increases, allowing them to obtain enough oxygen to satisfy their needs.

In the lungs, on the other hand, where the concentration of oxygen is high, binding with oxygen provokes the release of hemoglobin protons, which combine with bicarbonate to eliminate carbon dioxide.

Since these two reactions compensate each other, there are minimal changes in blood pH. The tissue release of oxygen is determined by the difference in partial pressure between the capillaries and the cell. The affinity between oxygen and hemoglobin also intervenes (hemoglobin saturation at tissue level).

Anomalous hemoglobin

Hemoglobin is constantly subjected to the action of oxidant agents. Hemoglobin can carry oxygen thanks to its central iron ion in the ferrous (Fe 2+) state, which allows it to bind with oxygen (oxidation). However, if this central iron ion is oxidized from the ferrous (Fe 2+) to the ferric (Fe 3+) state, it is unable to bind with oxygen and loses its oxygen-carrying capacity. To avoid this unwanted condition, hemoglobin has an enzyme—methemoglobin reductase—capable of converting the molecule back to its ferrous state by using the cofactor NADH and oxidizing it to NAD+.

Methemoglobin-increasing toxins are divided into:

1. **Indirect agents:** They only have “live” oxidant action since they require a biotransformation to act as methemoglobin increasers. For example, nitro and amino derivatives form aromatic hydrocarbons, antimalarials, and sulfamides. They all produce hemolysis.

2. **Direct agents:** Nitrates, chlorates, bromates, and iodates. Only chlorates produce hemolysis.

Drugs with methemoglobin-increasing abilities:

- » Antipyretic and analgesics derived from aniline.
- » Local anesthetics: Subcutaneous benzocaine, prilocaine suppositories.
- » Synthetic antimalarials: Leprosy drugs.
- » Antiseptics: potassium permanganate and sulfides.

Pain treatment in Complex Regional Pain Syndrome

- » In the use of NSAIDs (non-steroidal anti-inflammatory drugs), there are discrepancies about its effectiveness in Complex Regional Pain Syndrome (CRPS).
- » Opioids can be effective in the alleviation of pain.
- » Tricyclics can be useful, particularly if pain is continuous, burning, spontaneous or paroxysmal.
- » Chronic pain requires attention to improve patient's quality of life.

Expert Report: Structures and Facts

Chlorine dioxide precursors

This figure shows the dynamic balance between the three formulas: chlorous acid, chlorine dioxide, and chlorite ion.

The oxidation status of the chlorite ion and chlorous acid is +3 and in chlorine dioxide +4. Chlorine dioxide

molecule's +4 valence is the cause of its reactivity and of the resonance in the distribution of the electrons that make it up. Redox complex.

That helps to understand the action mechanism of chlorine dioxide and explains how water disinfected with chlorine dioxide shows a residue of the chlorite ion. Chlorine dioxide (ClO_2) has a highly selective oxidative capacity

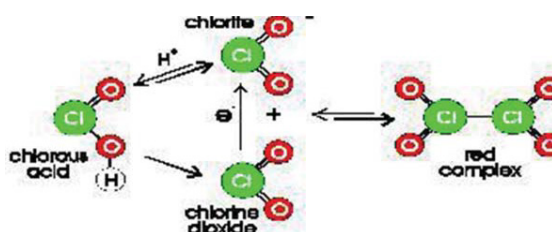


Fig. 57: Oxidation Redox

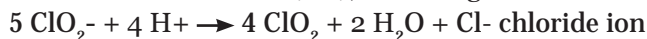
depending on pH. This action is what sets chlorine dioxide apart from ozone (O₃) and oxygenated water (H₂O₂) as these release oxygen regardless of pH wherever they are.

Chlorine dioxide is a substance that, in normal conditions of use, does not produce toxic or undesired effects that are disproportionate to the benefit obtained.

It's effective in the following production methods.

Methods of Chlorine Dioxide production

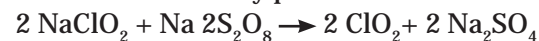
Chlorite's acidification (CD), obtaining chlorine dioxide



Sodium chlorite oxidation by chlorine



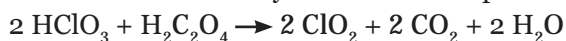
Chlorite oxidation by persulfate



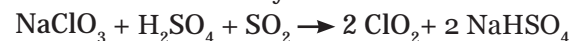
From sodium hypochlorite and sodium chlorite in an acidic environment



Chlorates reduction by acidification in presence of oxalic acid



Chlorates reduction by sulfur dioxide



By electrolysis, reduce sodium chlorate in an acidic environment

All these alternatives differ in yield, cost, and production of non-desired by-products. Therefore, the formulations named "stabilized chlorine dioxide" correspond to solutions that contain some of these salts, the difference being the added substances that provide stabilization and a better balance of the chemical species to obtain the indicated amount of Chlorine Dioxide.

Companies specialized in drinking water purification labored to find the best method. Traditionally, they used chlorine, sodium hypochlorite or calcium hypochlorite to purify water for human consumption. These disinfectants have the disadvantage of reacting to the organic matter in the water, generating a family of residues like the trihalomethanes that are carcinogenic.

To avoid this problem, the above-mentioned disinfectants have been replaced by chlorine dioxide, which does not form trihalomethanes, even in water containing significant organic matter. However, chlorine dioxide can present the following problems:

1. Chlorite ion formation (ClO₂⁻)
2. Chlorate ion formation (ClO₃⁻). Its maximum allowed limit would be 1 mg/liter.

The only effective method for preventing the formation of chlorate ions involves applying chlorine dioxide in gaseous form to the water, taking advantage of its high solubility in water. This way, regardless of the chlorine dioxide dosage, the chlorate ion concentration stays around 0.1 mg/liter, which is harmless.^[113]

Advantages of Chlorine dioxide

- Bactericidal effectiveness with pH values between 4 and 10.
- Chlorine dioxide is clearly superior to chlorine in the destruction of spores, bacteria, viruses and other pathogenic organisms in an equal residual base.
- The contact time required is lower for ClO_2 .
- Chlorine dioxide has better solubility.
- No corrosion is associated with high chlorine concentrations, reducing maintenance costs in the long term.
- Chlorine dioxide does not react with NH_3 or NH_4^+ .
- It destroys THM precursors (Trihalomethanes).
- ClO_2 destroys phenols and does not leave a distinct odor.

Uses of Chlorine Dioxide

Chlorine dioxide's disinfection action has been known since 1900.

- In 1967, the EPA registered the first chlorine dioxide fluid for use as disinfectant and antiseptic.
- In 1988, the EPA registered chlorine dioxide as a sterilizing agent.
- In 2002, the EPA registered chlorine dioxide as a sterilizing agent for industries, lab equipment and room cleaning.

Chlorine dioxide is one of the antimicrobials used against anthrax (disease caused by *Bacillus anthracis*). During the 2001 crisis, the Environmental Protection Agency (EPA) in the USA authorized the use of products containing chlorine dioxide to clean anthrax-contaminated surfaces.

Chlorine dioxide is a biocide oxidant and not a metallic toxin, meaning that it kills microorganisms by interrupting the transportation of nutrients through the cellular membrane, and not by interrupting the metabolic process.

Out of the oxidant biocides, chlorine dioxide is the most selective. However, as with any and all disinfectant chemical products, if inappropriately manipulated or consumed internally or absorbed or subjected to prolonged exposure, it can be toxic.

4.1 Patent and research development with Chlorite Ions/Chlorine Dioxide

Many blood transfusion patients develop infections caused by germs in the donated blood. Infections from transfusions of low quality, contaminated blood have caused additional costs for the health-care sector. Fortunately, this should never happen again since there are several patented methods based on chlorine dioxide, capable of deactivating the germs present in donors' blood, without altering the red blood cells or their function in the receptor's organism.

4.1.1 FACTS

1988. International Patent Classification: A61K 31/19, 33/14, A61L 20/16 and International Publication no. WO 88/01507 dated March 10th 1988.

This patented method treats, in vitro, donor red blood cells that may contain viruses such as HTLV-III, (the causal agent of the Acquired Immune Deficiency Syndrome—AIDS).

Red blood cells are treated with a sodium chlorite solution at 0.13% and lactic acid at 1.26% diluted in saline solution (sodium chloride). This treatment deactivates the virus HTLV-III, among others.

Concentrates from treated red blood cells are then washed in saline solution, making them safe for transfusion. This treatment does not affect red blood cell function or morphology (biconcave disc).

Hemoglobin action in red blood cells remains, allowing for the exchange of carbon dioxide produced in cellular respiration and oxygen from the lungs (Hemoglobin Bohr effect). Once this was achieved, it was indispensable to get the maximum benefit from all the blood components (plasma, platelets, cryoprecipitates and coagulation factors). Platelet transfusions were known to produce bacterial infection, provoking septicemia.

4.1.2 FACTS

In 1991, in the United States, Alcide Corporation, Norwalk, Conn., creates Patent n. 5.019.402 on May 28th.

This patented method allows for the longer storage of blood products (platelets, plasma, etc.), without the risk of microbial infection. Blood

components are susceptible to this kind of infection. It has been patented since 1994 against the risk of contamination from viruses, spores, and fungi in blood during manipulation and storage.

Chlorine dioxide is acknowledged for its bactericidal, fungicidal, sporicidal, anti-yeast and antiviral action.

The current patent is based on the release of chlorine dioxide in blood collection bags through the presence of sodium chlorite, in conjunction with the anticoagulant (citric acid and sodium citrate), essential for keeping blood in a fluid state.

There have been no adverse effects observed in regards to the clotting factor or the activity of Factor VIII and Factor IX. Nor has there has been a change in the hemoglobin molecule in red blood cells.

This patent is also useful for the disinfection of platelets, both human and from other mammals. Studies show the method's lack of toxicity by analyzing in vitro Factor VIII (anti-hemophilic). A solution of Factor VIII was contaminated with Vesicular Stomatitis Virus (VSV). Later, it was disinfected with the patented method (sodium chlorite + lactic acid + EDTA anticoagulant solution). Finally, studies show that the Clotting Factor VIII protein loses minimal biological activity during the treatment.

Regarding the trials with platelets, this study inoculated a solution of concentrated platelets with E. coli. The platelets were then treated with chlorine dioxide in different concentrations (33 ppm, 50 ppm, 75 ppm, 100 ppm, 125 ppm, and 250 ppm). Researchers found that from 75 ppm, chlorine dioxide was effective in sterilizing E. coli-infected platelets. By the same method, they were able to prove chlorine dioxide's effectiveness against S. Aureus infection.

This method is also useful to prevent the transmission of viruses, bacteria and protozoa not apparent in the donor (healthy carrier), but which could develop in the receptor's body with virulence.

These two patents are evidence that chlorine dioxide can't be responsible for methemoglobinemia or the deterioration of red blood cell membranes since this would invalidate their purpose.

The expert who signs the report, states that this patent showed that chlorite and chlorine dioxide are not hemolytic in the recommended doses.

4.1.3 FACTS

Designation of sodium chlorite as an Orphan Drug for Amyotrophic Lateral Sclerosis (ALS)

EXECUTION DECISION BY THE COMMISSION

June 19th 2013, relative to the designation of “Sodium chlorite” as an orphan drug according to Regulation (CE) n 141/2000 from the European Parliament and Council.

Article 1 states: “Sodium chlorite” is granted designation as an orphan drug for the following indication: treatment of Amyotrophic Lateral Sclerosis (ALS). This drug is inscribed in the community register of orphan drugs with number EU/3/13/1139.

Amyotrophic Lateral Sclerosis (ALS) is a nervous system disorder, where nerve cells in the brain and spinal cord gradually deteriorate. This deterioration causes loss of movement control and can evolve to paralysis. The exact causes are still unknown but are believed to include genetic and environmental factors.

Symptoms vary, depending on the first muscles affected, and include loss of balance, loss of hand control and speech difficulties. When ALS affects the muscles used for breathing, it can cause death due to respiratory failure.

The development of an effective response involves different cell groups. The complex interactions between these cells are regulated by a series of secreted proteins collectively known as cytokines.

Cytokines work as immune system messengers: they regulate the intensity and duration of the immune response, stimulating or inhibiting the proliferation of cells, the secretion of antibodies, or other cytokines. Macrophages are a type of white blood cell that forms part of the immune system. The cytokines that act during this phase are produced mainly by macrophages and NK (Natural Killer) cells. Macrophages intervene in the inflammation process. In ALS, high levels of cytokines are produced. They attack and damage nerve cells in the brain and spinal cord. Sodium chlorite is expected to reduce this activity by blocking the macrophages, preventing the progression of the disease. The medicine will be administered by injection into a vein.

In the opinion of the expert signing below, if a substance can be administered by injection into a vein, it means that it doesn't cause hemolysis.

4.1.4 FACTS

In October 2001, letters containing anthrax spores were sent to several news media offices and two US senators, causing the death of five people and infecting seventeen.

- The decontamination of the Senate to remove the spores using chlorine dioxide cost 27 million USD.
- The decontamination of the Brentwood postal office in Washington, DC cost 130 million USD and took 26 months.^[114]

During this crisis, on November 9th, 2001, the EPA-USA authorized the use of products containing chlorine dioxide gas in an aqueous solution to clean surfaces contaminated with anthrax spores.

4.1.5 FACTS

Dioxychlor[®], researched and developed by American Biologics[®], is an antiviral, antibacterial and antifungal product. Dioxychlor[®] has been used for several years with infusions at the American Biologics[®] Integrative Hospital and Medical Center, as well as in other clinics and hospitals around the world.

In 2001, Professor Robert W. Bradford, D.Sc., and Henry W. Allen from the Bradford Research Institute of California studied the action mechanism and clinical results of Dioxychlor[®]. Dioxychlor[®] is an inorganic sodium salt (sodium chlorite). Its application has been extended to the treatment of Epstein-Barr virus (EBV), cytomegalovirus (CMV) and hepatitis A and B viruses. Its chemical structure is pH-dependent; that is, its stability depends on the concentration of hydrogen ions in the surrounding medium.

Dioxychlor[®] results in a neutral molecule consisting of three electronegative atoms held together by covalent and coordinate covalent bonds. From this cluster, a single atom of highly reactive oxygen is liberated onto the target organism. This nascent oxygen is Dioxychlor's[®] active agent. This oxygen atom possesses the antiviral, antifungal and antibacterial capacity.

Dose: During the study, Dioxychlor[®] was administered by an intravenous drip of 100 ml of saline solution with 10 cc of Dioxychlor[®]. Intravenous studies at the American Biologics Medical Center have established that 10 ml of 25 000 ppm Dioxychlor[®] in 100 ml of saline solution, administered over 30 minutes, is a safe dosage level.

Guanine (an amino acid found in both DNA and RNA) is highly sensitive to oxidation. Once oxidized, the resultant metabolite impedes the replication of the viral nucleic acid, and the virus is deactivated.

Studies were done against the Epstein-Barr virus (EBV).

4.1.6 FACTS

Oxo Chemie in Switzerland develops the WF10 formula.

WF10 (or Immunokine®) is based on the chlorite ion matrix tetrachloro-decaoxygen. It is used as an adjuvant therapy to combination antiretroviral and opportunistic infection prophylaxis regimens in AIDS patients.

Cytokines work as immune system messengers. They play a fundamental role in innate immune response with direct action mechanisms against the intruding agent, or the immobilization of immune-regulating mechanisms as initiators of inflammation, raising body temperature (fever) and activating NK cells and macrophages.

Louisa Küne et al., researchers from several German universities, published in the Journal of Biomedicine and Biotechnology Vol. 2011, Article ID 436587: “WF10 Stimulates NK Cell Cytotoxicity by Increasing LFA-1-Mediated Adhesion to Tumor Cells”.^[115]

NK cells were incubated with and without WF10 (final concentration of 200 micro M of chlorite at 37 C or 98.6 F). Interestingly, they observed that WF10 only affects the cytotoxic NK cells, not all NK cells.

WF10 or Immunokine® has been approved for use in Thailand in patients with cervical cancer and treated with radiotherapy. They present some after-effects: chronic inflammation, cystitis, proctitis and mucositis, according to Denton, Clarke, Maher in the article published in 2015 in The Cochrane Collaboration “Non-surgical interventions for late radiation cystitis in patients who have received radical radiotherapy to the pelvis.”^[116]

4.1.7 FACTS

In 2008, Journal General Virology published: Protective effect of low-concentration chlorine dioxide gas against influenza A virus.

Takio Pharmaceutical Co. Ltd. 3-34-14, Osaka, Japan, studied in their research institute how influenza infections were one of the major causes of morbidity and mortality.

Among humans, this virus spreads mostly via aerosols excreted from the respiratory system. Flüge droplets, those tiny drops of saliva or mucus expelled from speaking, coughing or sneezing and that serve as transport for the micro-organisms in the respiratory pathways, act as transmission vessels.

Safety and preventive measures against the Influenza A virus were necessary. The study proved the effectiveness of chlorine dioxide gas at very low concentrations.

In vitro experiments showed that chlorine dioxide denatures viral envelope proteins (haemagglutinin y neuraminidase), which are indispensable for the infectivity of the virus.

The study concludes that chlorine dioxide gas is effective in preventing transmission of aerosol-induced Influenza A among mice, at a concentration well under the allowance for human beings. Therefore, chlorine dioxide can be used in places with human activity without requiring evacuation.

4.1.8 FACTS

Multidrug-resistant (MDR) opportunist germs are the cause of infections in hundreds of hospitals, including medical centers in developed countries.

In September 2014, a study by Atsushi Hinenoya and partners was accepted for publication in the Japanese Journal of Infectious Diseases. The study evaluates the disinfecting capacity of chlorine dioxide against *Staphylococcus aureus*, *MRSA*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii*.^[117]

These three strains are so infectious that, when detected, they must be communicated to the health authorities.

The presence of MDR bacteria has been increasing, causing severe problems in clinics and hospitals, where the patients with the weakest immune barriers are present. Experience proves how difficult it is to heal patients affected by one of these MDR germs. There are almost no options to treat them.

Surgical instruments, operating rooms and medical apparatus become potential sources of transmission. Therefore, it is vital to guarantee safe disinfection against these germs.

Chlorine dioxide has been used as a potent bactericide, fungicide, virucide, and against protozoa. Chlorine dioxide has the advantage of being active across a broader pH range. The mechanism of action of chlorine dioxide is through denaturation of proteins.

4.1.9 FACTS

Chlorine dioxide has taken a prominent role in the prevention and control of legionellosis. The buildup of organic matter and moisture (biofilm) grows in piping systems, allowing the development of pathogens under its layers. In places like air conditioning conducts, biofilms provide a safe shelter for micro-organisms such as *Listeria*, *E. coli*, and *legionella*.

Chlorine dioxide removes biofilm and kills bacteria, spores, and viruses.^[118]

Other advantages are that ClO_2 bactericidal effectiveness is almost untouched by values between 4 and 10. The contact time required for the bactericidal action

of ClO_2 is shorter than other disinfectants, and chlorine dioxide has better solubility.

Expert Report on Dimethyl Sulfoxide (DMSO)

Uses and applications of DiMethylSulfOxide (DMSO)

5.1 DMSO has exceptional dissolvent properties. It has a broad pharmacological spectrum, from anti-inflammatory effects to vasodilation and the capacity to dissolve collagen and capture free radicals.

The primary use of DMSO is as a vessel to administer other drugs. It can be administered orally, intravenously or topically for osteomuscular disorders, skin disease and in assisted reproduction.

DMSO and its metabolite are eliminated through urine and feces.

In October, 2010, during the 55th Congress on Hospital Pharmacy, M. Gaspar and his colleagues at the Pain Unit from the Hospital Pharmacy Service, Dr. Moliner, and departments from the Universidad CEU Cardenal Herrera de Valencia, presented a study on the effectiveness of a topical treatment protocol with DMSO at 50% on Complex Regional Pain Syndrome or CRPS. The study observed good clinical tolerance and no incidence of adverse reactions.

The topical application of DMSO at 50% has showed effectiveness in patients with CRPS.

5.2 Patients undergoing intravenous chemotherapy risk extravasation of cytotoxic drugs, such as cisplatin, liposomals, anthracyclines and derivatives. Available pharmacological treatment measures include the topical application of DMSO at 90%-99%. According to the protocol, the treatment is 4 drops over a 10-cm² surface every 8 hours, for 7 to 14 days.

Toxicological Studies Expert Report

Toxicological studies for sodium chlorite/chlorine dioxide

Information published by IRIS (*Integral Risk Information System*) (*United States*) EPA (*Environmental Protection Agency*) n. CAS 10049-04-4.^[119]

Document 27 of the Expert Report was used to produce two summaries: one on ingesting chlorine dioxide through drinking water and one relating to its inhalation.

Trials done on rats and human volunteers determine the highest recommended dose without any adverse effects (NOAE—No Observed Adverse Effect Level) and the lowest dose that produces adverse effects (LOAEL—Lowest Observed Adverse Effect Level).

1. Toxicological studies on ingestion of water treated with chlorine dioxide

Chlorine dioxide in drinking water turns into the chlorite ion, chlorate ion and chlorine dioxide. These then degrade into the chloride ion.

2. Toxicological studies chlorine dioxide inhalation

See these and other scientific studies at:

<https://andreaskalcker.com/documentos-cientificos/>

In summary, side effects due to inhalation appear after a prolonged exposure.

In 1986, Robinson et al treated groups of rats with concentrations of 300-1000 ppm of liquid chlorine dioxide. In high concentrations, chlorine dioxide is capable of inducing hyperplasic responses in mice skin.^[120]

Studies on the thyroid function of rats and monkeys exposed to chlorine dioxide in drinking water determined a LOAEL of 14 mg/kg/day.^[121]

Chlorate Ion (ClO₃⁻)

Chlorates are inorganic salts of chloric acid with high oxidant capacity. Not only are they present in food but also in a range of other uses, such as fertilizers and phytosanitary treatments, and washing and disinfectant processes using chlorinated water.

Chlorates reversibly inhibit iodide's absorption by the thyroid gland. Besides affecting the thyroid gland, chlorates can also cause damage to red blood cells, provoking hemolysis and the formation of methemoglobin. The latter can manifest as an acute effect.

International regulations about drinking water by the WHO in 1958, 1963 and 1971 as well as the first edition of the Guides for drinking water quality didn't mention chlorine dioxide, chlorate or chlorite. The 1993 Guides concluded that the available data about the effect of chlorate in humans and animals in trials were not enough to determine a reference value.^{[122][123]}

Chlorite Ion (ClO_2^-)

Chlorite is an inorganic anion, colorless, odorless, and tasteless that dissolves easily in water. Chlorite is relatively stable, unless it contacts other chemical substances such as free chlorine.

During water treatment, chlorite is one of the chemical substances that take part on the process of generation of chlorine dioxide.

It is also the byproduct that forms when disinfecting water with chlorine dioxide, where 50% chlorine dioxide turns into chlorite with the remaining turning into chlorate (ClO_3^-) and chloride (Cl^-). While chlorine dioxide is considered a potent disinfectant, chlorite is a weak bactericidal agent.

In the 1993 Guides, a provisional 0,2 mg/l reference value was established for chlorite in water for human consumption. The reference value was considered provisional because the reference values for chlorite can be higher. The EPA in US determined the maximum chlorite level in water, as byproduct of its disinfection, at 1 mg./l.

In studies of up to 12 weeks with volunteers, no effect was observed over the blood parameters with the highest chlorite dose (36 mg/kg of body weight per day).

Another possible origin of chlorite present in the environment is paper pulp bleaching in paper industry.

Expert Report on the Uses of Chlorine Dioxide

1.3 Uses of Chlorine dioxide

Prevention and control of Legionella

Chlorine dioxide has taken a prominent role in the prevention and control of Legionella. The biofilm that is formed in pipes can protect legionella against most disinfectants. A biofilm is a layer of microorganisms contained in a matrix (silt layer), which forms on surfaces in contact with water.

Biofilm provides safe shelter for microorganisms such as Listeria, E. coli and Legionella that can reproduce there.

Studies prove that Chlorine dioxide removes the biofilm from water systems and precludes its formation when the area is dosed in a low and continuous manner. Hypochlorite is not very effective with biofilm.

Treatment of refrigeration towers

Most people ignore the health risks of refrigeration towers. The warm environments are ideal for the growth of several pathogen organisms (such as legionella).

Purifying plants

Purifying plants are similar in design to refrigeration towers. The main difference is that while purifying plants are pressurized systems, refrigeration towers are vacuum systems.

Drinking water disinfection

Chlorine dioxide has been used for years for the disinfection of drinking water (in US since 1944). The need presented itself when they discovered that chlorine and similar products created dangerous byproducts such as THM (trihalomethanes).

Since then, several water companies in the United Kingdom and the USA started using ClO_2 . The ionization potential is 10.36 mV (millivolts). This high reactivity is responsible for its high effectiveness as bactericidal and for its ability to kill other microorganisms.

In the reaction, 50% of sodium chlorite used turns into chlorite ion, this being the byproduct present in higher percentage, while chlorate and chloride ion are present to a lesser extent after using sodium chlorite as water disinfectant.

The level of residual chlorine dioxide in water treated with chlorine dioxide is 0.8 mg/l.

ATSDR comments that chlorine dioxide and sodium chlorite concentration in drinking water can be higher than this.

Food sanitation

Chlorine dioxide is an excellent product for washing vegetables. Its ability to kill spores, viruses, and fungi in low concentrations is essential. It's safe to use and it complies with all food regulations. Some examples of application of chlorine dioxide:

- Apples: control of bacteria *E. coli* and *Listeria*.
- Potatoes: prevention of potato blight and "silver dandruff".
- Lettuce, celery and onions: compared to hypochlorite, Vitamin C content was higher and potassium lower.
- Citrus: proven effective against green mold and bitter rot in several pH values, low concentrations and limited contact time.

- Ice manufacturing: 20 ppm.
- Fish farms: Chlorine dioxide acts as a virucide against the ISA virus (infectious salmon anemia) 100 ppm, 200 ppm (high virucidal concentration) and virus IPN (Infectious Pancreatic Necrosis) in trout and salmon. Deactivation at 1000 ppm.
- In fishing plants that export to the EC, it is recommended to rinse surfaces in direct contact with food, after disinfection.

Chlorine dioxide is used in the food industry for its low residual toxicity, but this doesn't imply that it is not harmful when swallowed.

- About 4.5 pounds of chlorine dioxide/day are utilized in the production of cellulose and paper.

1.4 Safety and undesirable effects of chlorine dioxide

Working experience has proved that chlorine dioxide is a safe compound when used appropriately.^[124]

1.4.1 During the assessment performed in 2003, the International Center for Cancer Research (CIIC) concluded that chlorite is not classifiable in regards to its carcinogenic effect on humans.^[125]

1.4.2 During studies of up to 12 weeks with volunteers, no effect was observed over the blood parameters, the highest dose being 36 mg/kg of body weight/day.

1.4.3 The effects on health due to exposure to any dangerous substance depend on: dose, length of exposure, type of exposure, personal habits and the presence of other chemical substances.

1.4.4 Companies that use chlorine dioxide have studied the health risks to their workers.

1.4.4.1 Risks by inhalation: with a longer contact period, it can provoke irritation in the nose, mouth and respiratory tract system. If exposure time is long, it can generate burns in the mucous membrane.

1.4.4.2 In direct contact with the skin and prolonged exposure, it can cause symptoms like redness and burns.

1.4.4.3 In contact with the eyes, it causes irritation and redness, and, with long exposures, burns.

1.4.4.4 It is toxic by swallowing, causing nausea, vomiting, abdominal pain, and burns in the mouth, throat and stomach. Oxiquim.

Keep in mind that these undesirable effects are studied with regard to workers who use or manufacture chlorine dioxide based products. These workers are exposed to doses far higher than the ones recommended and used in other fields, such as the therapies described in this book. Therefore, the results can't be extrapolated.

The effects of chronic over-exposure can produce pulmonary damage and worsen asthma problems and other preexistent respiratory pathologies.

Note: Tables and documents on the website *www.andreaskalcker.com*



Chapter 8

Postscript from the Heart

In this society of ours, where so much misinformation abounds, it's wise to be skeptical. But being skeptical is not the same as being a detractor. Dismissing an idea due to disbelief is easy. That doesn't mean the idea is false.

Critics must prove their viewpoints with reliable evidence, and not just echo a baseless opinion without performing their due research. Character assassination doesn't change the facts. However, we have to accept that in our belief system, conscience doesn't hold much sway. We can find evidence of this in many religions, which are sadly used to control the conscienceless masses.

I have been smeared and slandered just for wanting to share my knowledge. One of these smears claims that my training is not accredited by a conventional allopathic medical system. Obviously. No school of medicine at any traditional European university acknowledges alternative medicine accreditation.

Not even the best homeopaths, osteopaths, acupuncturists and specialists of millenary Chinese medicine are recognized. The recognition would have to come from a tightly closed system designed to protect itself from unwelcome competition. Holding a Ph.D. attests to the possession of knowledge and that the holder has studied the subject in depth. A University can grant a Ph.D. for many reasons: for research, as an acknowledgment of other people's work, or even as an honor.

I did, indeed, present my humble dissertation, on which I based my first book: "CDS: Health is Possible." I included data from research trials with animals that showed chlorine dioxide's effectiveness and described the development of a stable solution of neutral pH in water, which can be injected. When I defended my thesis based on these studies, a small university of alternative medicine, which had been operating for over 20 years, awarded me a Ph.D. with outstanding honors. Although my title is technically and officially valid, and it allows me to open a licensed practice, not all countries sanction alternative medicine and the universities that teach these disciplines. Anonymous sources used this argument to discredit me online.

During my trips and seminars around the world, I have met doctors of conventional medicine who have been "decertified." There is nothing sillier in academic terms since knowledge is not something we can put on and take off.

The simple act of removing a certification doesn't eliminate the individual's knowledge, acquired over many years. Lately, this tactic has been systematically utilized to discredit those "non-conformists" who dare to rock the boat, thus discouraging research. In some countries, doctors have even been banned from using a microscope in their office.

The most widely-used method is to claim that the data gathered from research is false, and therefore, the scientist must be a fraud. Dr. Andrew Wakefield is a classic example. He proved a direct relationship between vaccines that cause severe gastrointestinal problems in children and autism. Since mainstream media thrive on controversy, they are quick to jump on any subject that can generate a fuss, whether it is true or false.

Moreover, pharmaceutical companies finance mass media outlets through advertising and use this mechanism to control public opinion. It is a proven fact that chlorine dioxide is an effective remedy with low toxicity. If it were to cause significant damage, people would be publishing their negative experiences on social networks, like Twitter, Facebook or YouTube. If you search YouTube, you will find a multitude of testimonials from all over the world that evidence how it has cured diseases considered incurable by conventional medicine. And that is what matters.

Detractors copy and paste officially sourced texts accusing the substance of supposed toxicity, without adequately researching it, or realizing that inhaling is not the same as ingesting. I can swallow water, but I can't inhale it without drowning because, alas, I am not a fish!

Finally, I want to thank, with all my heart, all those who have supported me over the past ten years of fighting. Thank you for being on my side and encouraging me even in the darkest moments. But I also want to thank the anonymous critics I mentioned earlier since they have contributed to my personal growth; I have taken their criticism as a genuine challenge.

I beg all those who have taken chlorine dioxide or other therapeutic substances mentioned in this book, with or without success, to publish their experiences via YouTube, Facebook or other means, including email to info@voedia.com. Our goal is to create a genuine "pay it forward" system to change this world and nurture the true happiness that lives inside us, by sharing the amazing experience that "incurable was...yesterday."



Bibliography

- [1] M L Abarca, M R Bragulat, G Castellá, F J Cabañes, Ochratoxin A production by strains of *Aspergillus niger* var. *niger*. *Appl Environ Microbiol.* 1994 Jul; 60(7): 2650–2652.
- [2] Soler, W., Miranda, L. F., & Zuluaga, D. C. (2005). Ausencia de genotoxicidad de agua de mar de Coveñas: estudio in vitro en eritrocitos y leucocitos humanos. *Revista Facultad Nacional de Salud Pública*, 23(2).
- [3] Soler, W., Velásquez, N. D., & Solera, J. P. (2008). Baja genotoxicidad de extracto orgánico de agua de mar de Coveñas (Sucre, Colombia). *Vitae (Medellín)*, 15(1), 96-102.
- [4] Soler-Terranova, W., Pérez-Giraldo, J., Penagos-Garcés, L., Osorio-Sandoval, G., & Velásquez-Echavarria, N. (2008). Ausencia de toxicidad por ingesta de agua de mar natural en pacientes con gastritis. *Rev. Asoc. Col. Cienc. Biol*, 20, 208-222.
- [5] Ken Yasukawa, Susumu Kitanaka, Shujiro Seo. “Inhibitory Effect of Stevioside on Tumor Promotion by 12-O-Tetradecanoylphorbol-13-acetate in Two-Stage Carcinogenesis in Mouse Skin.” *Biol Pharm Bull*, 2002 Vol. 25, 1488-1490.
- [6] Chan P, Tomlinson B, Chen YJ, Liu JC, Hsieh MH, Cheng JT. “A double-blind placebo-controlled study of the effectiveness and tolerability of oral stevioside in human hypertension.” *Br J Clin Pharmacol.* 2000 Sep; 50(3):215-20.
- [7] Chan P1, Xu DY, Liu JC, Chen YJ, Tomlinson B, Huang WP, Cheng JT. “The effect of stevioside on blood pressure and plasma catecholamines in spontaneously hypertensive rats.” *Life Sci.* 1998 63(19):1679-84.
- [8] Lee CN, Wong KL, Liu JC, Chen YJ, Cheng JT, Chan P. “Inhibitory effect of stevioside on calcium influx to produce antihypertension.” *Planta Med.* 2001 Dec;67(9):796-9
- [9] Hsieh MH, Chan P, Sue YM, Liu JC, Liang TH, Huang TY, Tomlinson B, Chow MS, Kao PF, Chen YJ. “Efficacy and tolerability of oral stevioside in patients with mild essential hypertension: a two-year, randomized, placebo-controlled study.” *Clin Ther.* 2003 Nov;25(11):2797-808.
- [10] Yadav NP, Dixit VK, “Hepatoprotective activity of leaves of *Kalanchoe pinnata* Pers.” *J Ethnopharmacol* 2003 86:197-202
- [11] Nassis CZ, Haebisch EM, Giesbrecht AM, “Antihistamine activity of *Bryophyllum calycinum*.” *Braz J Med Biol Res* 1992 25:929-936386
- [12] Obaseiki-Ebor EE, “Preliminary report on the in vitro antibacterial activity of *Bryophyllum pinnatum* leaf juice.” *Afr J Med Med Sci* 1985 14:199-202
- [13] Akinpelu DA, “Antimicrobial activity of *Bryophyllum pinnatum* leaves.” *Fitoterapia* 2000 71:193-194

- [14] Ojewole JA, "Antinociceptive, anti-inflammatory and antidiabetic effects of *Bryophyllum pinnatum* (Crassulaceae) leaf aqueous extract. J Ethnopharmacol" 2005 99:13-19
- [15] Pal S, Nag Chaudhuri AK, "Studies on the anti-ulcer activity of a *Bryophyllum pinnatum* leaf extract in experimental animals." J Ethnopharmacol 1991 33:97-102
- [16] Umbuzeiro-Valent G, Roubicek DA, Haebisch EM, "Mutagenic and anti-mutagenic evaluation of the juice of the leaves of *Bryophyllum calycinum* (*Kalanchoe pinnata*), a plant with antihistamine activity." Environ Mol Mutagen 1999 33:325-327
- [17] Yamagishi T, Haruna M, Yan XZ, Chang JJ, Lee KH, "Antitumor agents, 110. Bryophyllin B, a novel potent cytotoxic bufadienolide from *Bryophyllum pinnatum*." J Nat Prod 1989 52:1071-1079
- [18] Yamagishi T, Yan XZ, Wu RY, McPhail DR, McPhail AT, Lee KH, "Structure and stereochemistry of bryophyllin-A, a novel potent cytotoxic bufadienolide orthoacetate from *Bryophyllum pinnatum*." Chem Pharm Bull (Tokyo) 1988 36:1615-1617
- [19] Supratman U, Fujita T, Akiyama K, Hayashi H, Murakami A, Sakai H, Koshimizu K, Ohigashi H, "Anti-tumor promoting activity of bufadienolides from *Kalanchoe pinnata* and *K. daigremontiana* x *tubiflora*." Biosci Biotechnol Biochem 2001 65:947-949
- [20] Jaeger Greer MR, Cates RG, Johnson FB, Lamnaouer D, Ohai L, "Activity of acetone and methanol extracts from thirty-one medicinal plant species against herpes simplex virus types 1 and 2." Pharm Biol 2010 48:1031-1037
- [21] Wu PL, Hsu YL, Wu TS, Bastow KF, Lee KH, "Kalanchosides A-C, new cytotoxic bufadienolides from the aerial parts of *Kalanchoe gracilis*." Org Lett 2006 8:5207-5210
- [22] Gwehenberger B, Rist L, Huch R, von Mandach U, "Effect of *Bryophyllum pinnatum* versus fenoterol on uterine contractility." Eur J Obstet Gynecol Reprod Biol 2004 113:164-171
- [23] Plangger N, Rist L, Zimmermann R, von Mandach U, "Intravenous tocolysis with *Bryophyllum pinnatum* is better tolerated than beta-agonist application." Eur J Obstet Gynecol Reprod Biol 2006 124:168-172
- [24] Simoes-Wust AP, Graos M, Duarte CB, Brenneisen R, Hamburger M, Mennet M, Ramos MH, Schnelle M, Wachter R, Worel AM, von Mandach U, "Juice of *Bryophyllum pinnatum* (Lam.) inhibits oxytocin-induced increase of the intracellular calcium concentration in human myometrial cells. Phytomedicine." 2010 Oct;17(12):980-6
- [25] Yemitan OK, Salahdeen HM, "Neurosedative and muscle relaxant activities of aqueous extract of *Bryophyllum pinnatum*." Fitoterapia 2005 76:187-193387
- [26] McKenzie RA, Franke FP, Dunster PJ "The toxicity to cattle and bufadienolide content of six *Bryophyllum* species." Aust Vet J 1987 64:298-301

- [27] Wagner H, Fischer M, Lotter H, "Isolation and structure determination of daigremontianin, a novel bufadienolide from *Kalanchoe daigremontiana*." *Planta Med.* 1985 Apr;(2):169-70
- [28] G Arikpo, M Eja, E Enene, S Okon, K Enyi-Idoh, S Etim, Petroleum Distillates Use in Folk Medicine in South Eastern Nigeria <http://ispub.com/IJH/11/1/7510>
- [29] Last, W., "Pleomorphic Microbes", <http://www.health-science-spirit.com/pleomorphics.htm>
- [30] Awodele, O. et al., "The antimicrobial activities of some commonly used disinfectants on *Bacillus subtilis*, *Pseudomonas aeruginosa* and *Candida albicans*", *African Journal of Biotechnology* 2007 Apr 16; 6(8):987-990, <http://www.ajol.info/index.php/ajb/article/viewFile/57021/45419>
- [31] F.A.C.T., "Kerosene", http://www.rethinkingcancer.org/resources/magazine-articles/7_9-10/kerosene.php
- [32] <http://hdl.handle.net/2027/chi.087013173>
- [33] <http://www.health-science-spirit.com/de.petroleum.pdf>
- [34] Daniels, Dr. Jennifer, "The Candida Cleaner", http://xa.yimg.com/kq/groups/11136827/2098715122/name/Turpentine-The_Candida_Cleaner+-Dr.+Daniels.pdf
- [35] [online version] <http://www.msmanuals.com/es-es/>
- [36] Crook, W.G., MD, *The Yeast Connection*, Professional Books, Jackson, TN, 1983
- [37] Recochem Inc., "Diggers Kerosene (Low Odour)", http://www.recochem.com.au/files/downloads/Cons_Kerosene_Low_Odour_PDS_Apr11.pdf
- [38] Recochem Inc., "Material Safety Data Sheet: Pure Gum Turpentine", http://www.recochem.com.au/files/downloads/Pure_Gum_Turpentine_v4.pdf
- [39] Sun, U., "Man drinks gasoline for 42 years", *ChinaDaily.com.cn*, 12 July 2011, http://www.chinadaily.com.cn/photo/2011-07/12/content_12892492.htm
- [40] "Petroleum zu trinken", 10 Feb 2009, http://de.netlog.com/david_1960/blog/blogid=3558284
- [41] Steidl, G., "Use of ozonides in the treatment of malignant disease", 2002, http://www.klinghardtacademy.com/images/stories/ozonides/use_of_ozonides.pdf
- [42] <http://www.ncbi.nlm.nih.gov/pubmed/9638606>
- [43] <http://www.whale.to/w/boron.html>
- [44] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1566627/pdf/envhper00403-0084.pdf>
- [45] <http://nah.sagepub.com/content/7/2/89.full.pdf>
- [46] http://www.arthritistrust.org/Articles/Boron_and_Arthritis.pdf
- [47] <http://www.ncbi.nlm.nih.gov/pubmed/>
- [48] <http://www.ncbi.nlm.nih.gov/pubmed/21129941>
- [49] http://www.lef.org/magazine/mag2006/aug2006_aas_01.htm

- [50] <http://jac.oxfordjournals.org/content/63/2/325.long>
- [51] <http://www.ncbi.nlm.nih.gov/pubmed/21774671>
- [52] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2873987>
- [53] <http://www.earthclinic.com/CURES/fluoride.html>
- [54] <http://www.supergenial.ch/pi1/pd2.html>
- [55] <http://www.health-science-spirit.com/ultimatecleanse.html>
- [56] <http://hillbrothers.com/pdf/downloads/msds/n/borax-decahydrate.pdf>
- [57] <http://www.atsdr.cdc.gov/toxprofiles/tp26-c2.pdf>
- [58] <http://www.regulations.gov/#!documentDetail;D=-PA-HQ-OPP-2005-0062-0004>
- [59] <http://www.inchem.org/documents/sids/sids/15630894.pdf>
- [60] <http://www.sciencelab.com/msds.php?msdsId=9927258>
- [61] Ristow M, Schmeisser K. Mitohormesis: Promoting Health and Lifespan by Increased Levels of Reactive Oxygen Species (ROS). Dose response. 2014 Jan 31;12(2):288-341. doi: 10.2203/dose-response.13-035.Ristow. eCollection 2014.
- [62] Ling GN, Debunking the alleged resurrection of the sodium pump hypothesis. *Physiol Chem Phys Med NMR*. 1997; 29(2):123-98.
- [63] Ling GN, Truth in basic biomedical science will set future mankind free. *Physiol Chem Phys Med NMR*. 2011; 41:19-48.
- [64] Podolsky RJ, Kitzinger C. (1955). *Federation Proc*. 14, 115.
- [65] Podolsky RJ, Morales MF. The enthalpy change of adenosine triphosphate hydrolysis. *J Biol Chem*. 1956 Feb; 218(2):945–959
- [66] George P, Rutman RJ. The “high energy phosphate bond” concept. *Prog Biophys Mol Biol*. 1960; 10:1-53.
- [67] Bradford RW, Allen HW, Exogenous Oxidative Mechanisms in Combating Infectious Agents – Dioxychlor®, BRI Rept. #18, 1986
- [68] Bradford RW, Allen HW, Clinical Management of Epstein-Barr Virus/CFIDS, BRI Rept. #15, 1996.
- [69] Pagano JS, Molecular epidemiology of Epstein-Barr virus infection: A perspective, *UCLA Symposium on Molecular and Cellular Biology, New Series* 1986;40:345.
- [70] Noszticzius Z, Wittmann M, Kály-Kullai K, Beregvári Z, Kiss I, Rosivall L, Szegedi J. Chlorine dioxide is a size-selective antimicrobial agent. *PLoS One*. 2013 Nov 5;8(11): e79157.
- [71] Stevens, A.; Seeger, D.; Slocum, C., Products of Chlorine Dioxide Treatment of Organic Materials in Water, Water Supply Research Div., U. S. Environmental Protection Agency, Cincinnati, Ohio, 1977, 9
- [72] Sanekata T, Fukuda T, Miura T, Morino H, Lee C et al. (2010) Evaluation of the antiviral activity of chlorine dioxide and sodium hypochlorite against feline calicivirus, human influenza virus, measlesvirus, canine distemper virus, human herpesvirus, human adenovirus, canine adenovirus and canine

- 389 parvovirus. *Biocontrol Sci* 15/2: 45-49. doi:10.4265/bio.15.45. PubMed: 20616431.
- [73] Tanner R (1989) Comparative testing and evaluation of hard-surface disinfectants. *J Ind Microbiol* 4: 145-154. doi:10.1007/BF01569799
- [74] EPA Guidance Manual, Alternative Disinfectants and Oxidants, 4.4.3.2 Protozoa Inactivation. Available: http://www.epa.gov/ogwdw/mdbp/pdf/alter/chapt_4.pdf
- [75] Ison A, Odeh IN, Margerum DW (2006) Kinetics and mechanisms of chlorine dioxide and chlorite oxidations of cysteine and glutathione. *Inorg Chem* 45: 8768-8775. doi:10.1021/ic0609554. PubMed: 17029389
- [76] Stewart DJ, Napolitano MJ, Bakhmutova-Albert EV, Margerum DW (2008) Kinetics and mechanisms of chlorine dioxide oxidation of tryptophan. *Inorg Chem* 47: 1639-1647. doi:10.1021/ic701761p. PubMed: 18254588
- [77] Napolitano MJ, Green BJ, Nicoson JS, Margerum DW (2005) Chlorine dioxide oxidations of tyrosine, N-acetyltyrosine, and Dopa. *Chem Res Toxicol* 18: 501-508. doi:10.1021/tx049697i. PubMed: 15777090
- [78] Tan, H.K., Wheeler, W.B., Wei, C.I., Reaction of chlorine dioxide with amino acids and peptides, *Mutation Research*, 188: 259-266, 1987
- [79] Loginova IV, Rubtsova SA, Kuchin AV (2008) Oxidation by chlorine dioxide of methionine and cysteine derivatives to sulfoxide. *Chem Nat Compd* 44: 752-754. doi:10.1007/s10600-009-9182-8
- [80] J Kenyon, A.J.; Hamilton, S., Wound Healing Studied with Alcide: a Topical Sterilant, Amer.Society of Biol. Chemists 74th Annual Meeting, San Francisco, CA June 5-9 1983
- [81] Nauseef WM (2007) How human neutrophils kill and degrade microbes. An integrated view. *Immunol Rev* 219: 88-102. doi:10.1111/j.1600-065X.2007.00550. PubMed: 17850484.
- [82] Pullar JM, Vissers MCM, Winterbourn CC (2000) Living with a killer: the effects of hypochlorous acid on mammalian cells. *IUBMB Life* 50: 259-266. doi:10.1080/15216540051080958. PubMed: 11327319
- [83] Ison A, Odeh IN, Margerum DW (2006) Kinetics and mechanisms of chlorine dioxide and chlorite oxidations of cysteine and glutathione. *Inorg Chem* 45: 8768-8775. doi:10.1021/ic0609554. PubMed: 17029389.
- [84] Gordon, G.; Kieffer, R.; Rosenblatt, D., *The Chemistry of Chlorine Dioxide*, Progress in Inorganic Chemistry, Wiley-Interscience Publishers, 1972, 612-631
- [85] Gordon, G.; Kieffer, R.; Rosenblatt, D., *The Chemistry of Chlorine Dioxide*, Progress in Inorganic Chemistry, Wiley- Interscience Publishers, 1972 15, 201-286
- [86] Lubbers JR, Chauan S, Bianchine JR. Controlled clinical evaluations of chlorine dioxide, chlorite and chlorate in man. *Environ Health Perspect.* 1982.
- [87] Daniel FB, Condie LW, Robinson M, Stober JA, York RG et al. (1990)

- Comparative 90-day subchronic toxicity studies on three drinking water disinfectants, chlorine, monochloramine and chlorine dioxide in the Sprague-Dawley rats. *J Am Water Works Assoc* 82: 61–69.390
- [88] Ogata N (2007) Denaturation of Protein by Chlorine Dioxide: Oxidative Modification of Tryptophane and Tyrosine Residues. *Biochemistry* 46: 4898–4911. doi:10.1021/bio61827u. PubMed: 17397139.
- [89] Rosen H, Klebanoff SJ, Wang Y, Brot N, Heinecke JW et al. (2009) Methionine oxidation contributes to bacterial killing by the myeloperoxidase system of neutrophils. *Proc Natl Acad Sci U S A* 106: 18686–18691. 18688 p. Fig. 3B doi:10.1073/pnas.0909464106. PubMed: 19833874.
- [90] KLO₂-UCD-HU_2010 issued by the Hungarian National Health and Medical Officer Service (ANTSZ) following the suggestion of the Scientific Committee named ETT TUKEB. Available: <http://www.ett.hu/tukeb.htm>
- [91] William R. Ernst, Bhart Indu, Brian Crump, Leslie T. Gelbaum, Reaction of methanol with chlorate ions in acid solution containing Hg+2 by NMR. May 1996, DOI: 10.1002/aic.690420518
- [92] Haller JF, Northgraves WW. 1955. Chlorine dioxide and safety. *TAPPI Journal* 38:199-202.
- [93] Dalhamn T. 1957. Chlorine dioxide. *AMA Arch Ind Health* 15(2): 101-107.
- [94] Lin JL, Lim PS. Acute sodium chlorite poisoning associated with renal failure. *Ren Fail.* 1993;15(5):645-8.
- [95] Lubbers JR, Chauhan S, Bianchine JR. 1981. Controlled clinical evaluations of chlorine dioxide, chlorite and chlorate in man, *Fundam Appl Toxicol* 1:334-338.
- [96] Lubbers JR, Chauhan S, Bianchine JR. Controlled clinical evaluations of chlorine dioxide, chlorite and chlorate in man. *Environ Health Perspect.* 1982 Dec; 46:57-62.
- [97] Moore GS, Calabrese EJ. Toxicological effects of chlorite in the mouse. *Environ Health Perspectives* Vol. 46 1982 Dec; 46:31-37.
- [98] Shi L, Xie C. 1999. Experimental observation on acute toxicity and irritative effect of stable chlorine dioxide. *Zhongguo Xiaoduxue Zazhi* 16(1):39-40.
- [99] Lockett, J., Oxodene: Longevity of Honey Bees, *Journal of Econ. Entomology*, vol. 65, No. 1, Feb. 1972.
- [100] Patrick. De Kepper, Jacques. Boissonade, Irving R. Epstein. Chlorite-iodide reaction: a versatile system for the study of nonlinear dynamic behavior. *J. Phys. Chem.*, 1990, 94 (17), pp 6525–6536
- [101] L. Shi, W. Li, F. Wang, Experimental study of a closed system in the chlorine dioxide-iodine-malonic acid-sulfuric acid oscillation reaction by UV-vis spectrophotometric method *Journal of Solution Chemistry*, May 2009, Volume 38, Issue 5, pp 571–588
- [102] Cohen S, Popp FA. Biophoton emission of human body. *Indian J Exp. Biol.* 2003 May;41(5):440-5.
- [103]] Scherbel, A.L., McCormack, L.J., Layle, J.K. Further observations on

- the effect of dimethyl sulfoxide in patients with generalized scleroderma (progressive systemic sclerosis). *Ann NY Acad Sci* 141:613-629, 1967.
- [104] Engel, M.F., Dimethyl sulfoxide in the treatment of scleroderma. *South Med J* 65:71, 1972.391
- [105] Sobel, D., Klein, A.C. *Arthritis: What Works*. New York: St. Martin's Press, 1989
- [106] Marshall LF, Camp PE, Bowers SA. Dimethyl Sulfoxide for the Treatment of Intracranial Hypertension: A Preliminary Trial. *Neurosurgery*. 1984 Jun;14(6):659-63..
- [107] Noel PR, Barnett KC, Davies RE, Jolly DW, Leahy JS, Mawdesley-Thomas LE, Shillam KW, Squires PF, Street AE, Tucker WC, Worden AN. The toxicity of dimethyl sulphoxide (DMSO) for the dog, pig, rat and rabbit. *Toxicology*. 1975;3(2):143-69.
- [108] de la Torre, J.C., et al. Modifications of experimental spinal cord injuries using dimethyl sulfoxide. *Trans Am Neurol Assoc* 97:230, 1971
- [109] de la Torre, J.C., et al. Dimethyl sulfoxide in the treatment of experimental brain compression. *J Neurosurg* 38:343, 1972.
- [110] de la Torre, J.C., et al. Dimethyl sulfoxide in the central nervous system trauma. *Ann NY Acad Sci* 243:362, 1975.
- [111] Feldman, W.E., Punch, J.D., Holden, P. In vivo and in vitro effects of dimethyl sulfoxide on streptomycin-sensitive and resistant *Escherichia coli*. *Ann Acad Sci* 141:231, 1967.
- [112] <http://www.monografias.com/trabajos41/potencial/membrana/potencial-membrana2.shtml#ixzz3SsPtJheE>
- [113] A.M. Dietrich and R.C. Hoehn; Taste and Odor Problems Associated with Chlorine Dioxide. AWWA Research Foundation, USA 1991
- [114] <http://amazings.com/ciencia/noticias/120308d.html>
- [115] Louisa Kühne, Mathias Konstandin, Yvonne Samstag, Stefan Meuer, Thomas Giese, and Carsten Watzl. WF10 Stimulates NK Cell Cytotoxicity by Increasing LFA-1-Mediated Adhesion to Tumor Cells. *Journal of Biomedicine and Biotechnology* Volume 2011, Article ID 436587, 6 pages. doi:10.1155/2011/436587
- [116] Arshi S Denton, Noel Clarke, Jane Maher. Non-surgical interventions for late radiation cystitis in patients who have received radical radiotherapy to the pelvis. *Cochrane Gynecological, Neuro-oncology and Orphan Cancer Group*. DOI: 10.1002/14651858.CD001773
- [117] https://www.jstage.jst.go.jp/article/yoken/advpub/o/advpub_JJID.2014.294/_pdf
- [118] Srinivasan A, Bova G, Ross T, Mackie K, Paquette N, Merz W, Perl TM. A 17-month evaluation of a chlorine dioxide water treatment system to control *Legionella* species in a hospital water supply. *Infect Control Hosp Epidemiol*. 2003 Aug;24(8):575-9.

- [119] https://cfpub.epa.gov/ncea/iris/iris_documents/documents/subst/0496_summary.pdf
- [120] Robinson M, Bull RJ, Schamer M, Long RE. Epidermal hyperplasia in mouse skin following treatment with alternative drinking water disinfectants. *Environ Health Perspect.* 1986 Nov; 69:293-300.392
- [121] Harrington RM, Shertzer HG, Bercz JP. Effects of chlorine dioxide on thyroid function in the African green monkey and the rat. *J Toxicol Environ Health.* 1986;19(2):235-42.
- [122] http://apps.who.int/iris/bitstream/10665/42274/1/WHO_EHC_216.pdf
- [123] http://www.who.int/water_sanitation_health/dwq/chemicals/chlorateandchlorite0505.pdf
- [124] <http://www.lenntech.es/dioxido-de-cloro.htm>
- [125] http://www.bvsde.paho.org/cd-gdwq/docs_quimicos/Clorito%20y%20clorato.pdf

