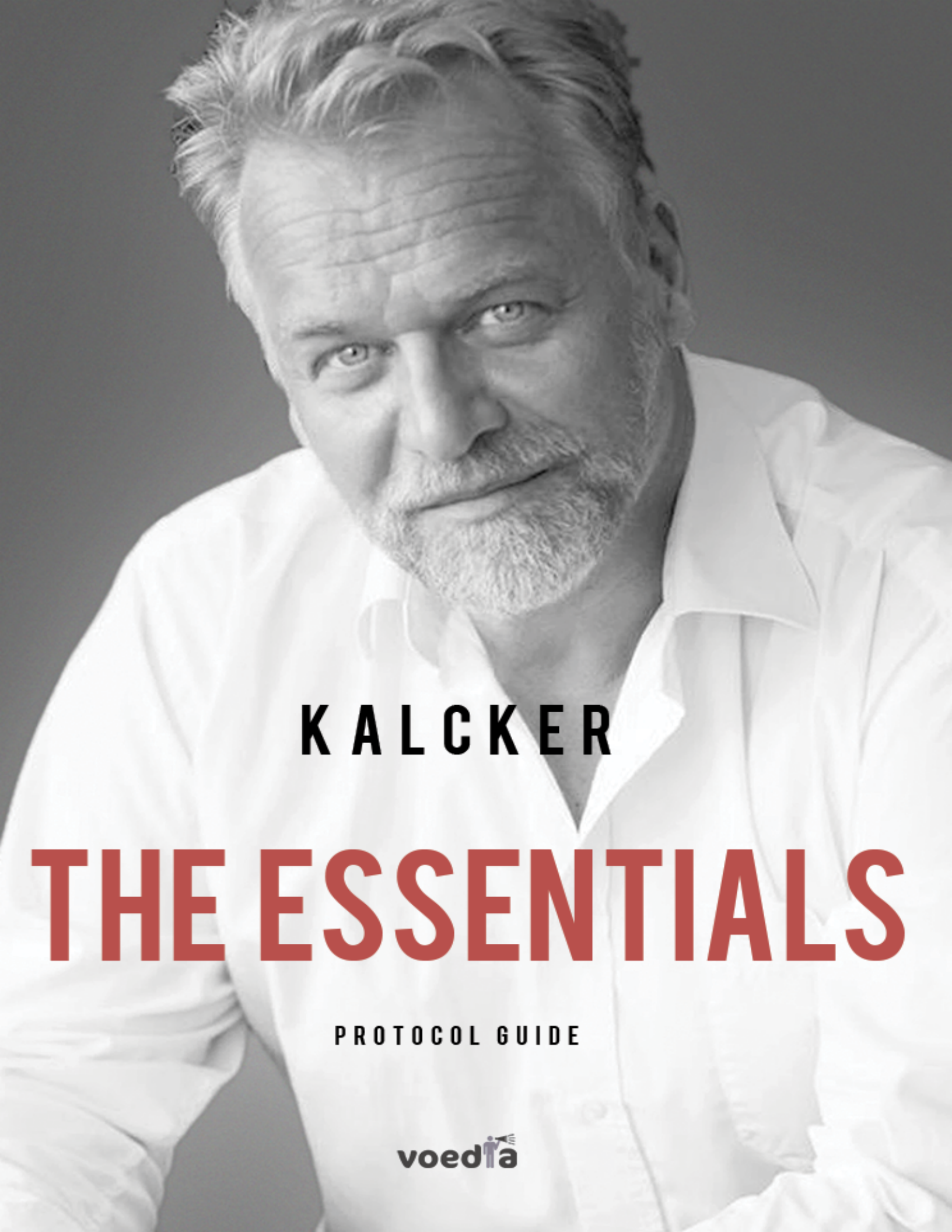

KALCKER

THE ESSENTIALS

PROTOCOL GUIDE

voedia

THE ESSENTIALS

PROTOCOL GUIDE

CDS / CD

(Chlorine Dioxide Solution / Chlorine Dioxide)

A summary of key concepts from the book

Forbidden Health

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This mini-guide is an extract from my book *Forbidden Health*, which has more than 450 pages of information. It is for those who are only interested in the essentials and the protocols. I hope you find it helpful in improving your health and that of your loved ones.

Legal warning:

This document does not represent a recommendation of any medical treatment. It is a collection of data gathered from volunteers and is meant as a foundation for future clinical, university-level, professional research.

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INTRODUCTION

OXIDATION THERAPY?

We live in a world where nothing is what it seems. Much of what we learn when we're young later proves to be wrong, false or even a lie. Thanks to the Internet, we now have access to more information than ever before in history, so the difficulty lies in distinguishing what is true from what is not. The question is: What can be my guide for finding the truth?

Personally, I opt for using logic. Nature is founded on cause and effects based on logic, and there are no reactions without a cause. There is always a reason for everything.

Regarding our health, most people don't realize that we live in a world controlled by rigid medical and pharmaceutical organizations that are themselves controlled by a paper money economic system run by and geared to the interests of a few. For hundreds of years, these organizations have maintained a dark and hidden elite in world power. However, we live in times unlike any before. Truth cannot be easily hidden and, in fact, often comes to light through communication on social media sites and the Internet.

Without these social media sites, it never would have been possible to spread the word about alternative therapies outside government-backed mainstream conventional medicine. Over ten years ago, I experienced this through rheumatoid arthritis, considered incurable by traditional medicine. Today, I can play the piano and guitar again, which was unthinkable ten years ago when I couldn't even lift a frying pan.

"The great changes in the world are the stuff of outcasts".

I have given many lectures worldwide, and I have received incredible and fantastic testimonials from countless people who were also able to change their lives for the better.

I am thankful for the thousands of emails I've received expressing support and thanks, even in the difficult moments when I was attacked by the sensationalist media and others hiding on anonymous websites in the purest

"fake news" style. Although these attacks upset me at first, I now simply ignore them. I haven't watched the news or bought a newspaper in years. I've learned to differentiate opinions from facts, and I've concluded that listening to others' opinions is a waste of our valuable time.

The reality is:
Only facts and actions count.

I've realized that things are not what they seem, even in medical science, where we cling to the concept of "the good, the bad and the ugly" without understanding that everything in the body is related and that our entire anatomy is communication and energy.

When we ask ourselves what we are, the answer is simple:

"We are a cognizant electric field."

The difference between life and death is electricity. The moment the electroencephalogram goes flat with no electrical impulses, they diagnose us as brain-dead.

Before this extreme, we typically first fall ill and ask ourselves:

WHAT IS DISEASE?

From my perspective of natural biophysics, disease is a lack of energy. This lack of energy may have numerous causes. Pathogens such as bacteria, fungi, viruses or parasites often rob us of energy or flood us with toxins that impede the energy flow in our bodies.

We should keep in mind that pathogens aren't the only things that produce toxins. Also to blame are our food, which contains increasing levels of agrochemical toxins, and pharmaceutical drugs with their long-term harmful side effects for people, animals, soil and water.

At the same time, we shouldn't focus solely on external agents that rob us of energy. Our mental state may be the very cause of the problem. When we are under stress, our body releases cortisol. This hormone affects our thyroid, which regulates our hormones and mucous membranes and is also responsible for proper digestion by producing stomach acids and enzymes

that help us digest our food. While our body can cope with this disorder in the short term, it causes chronic disease over time.

In recent years we have seen a chilling increase in gastrointestinal disorders and more and more people with food allergies and intolerances. At the same time, there has been an upsurge of mental illnesses such as depression and autism.

Food is not the only culprit. Our mindset plays a role. Conventional medicine dismisses it as psychosomatic trauma, ignoring that our thoughts can cause blockages in organs, such as the stomach and intestine, depleting our energy and allowing passage to pathogens and disease.

If a disease is a lack of energy, how do we achieve energy in our body?

1. **Through the process of combustion.**

   Our primary source of energy is our food. We ingest sugars, fat and proteins, which, after digestion, are the fuel for our cells.

   Inside our cells are other smaller cells known as mitochondria. These organelles act like electrical generators, converting sugars and oxygen into energy. They need fuel for this process in the form of carbohydrates and oxygen. Due to our sedentary lifestyle, we don't have access to the same amount of oxygen that we had a hundred years ago when we walked on average fifteen kilometers a day. Statistically, today the average is only 800 meters.

2. **There is no fire without oxygen.**

   As a child, I loved firefighters with their red trucks, saving so many lives. I liked them so much that when I was only three, I ran away from home to look for them (which did not amuse my parents in the least). After the whole family searched for me in panic for hours, the firefighters themselves took me home in one of their shiny red trucks. I loved it!

How do firefighters put out fires?

They do this by restricting oxygen while preventing the fire's advance (oxidation) with water or antioxidant foams.

Firefighters extinguish fires by removing oxygen.

If our bodies work through combustion, why should we take antioxidants?

Antioxidants prevent oxidation and, therefore, combustion in the mitochondria in our cells.

It all started in 1956 with a simple theory about free radicals and oxidative stress. Scientists in a laboratory noted that too much reactive oxygen damaged cells. They established the view that reactive oxygen species (ROS) are harmful to cells since these are the body's most abundant radicals.

What are the most common causes of oxidative stress?

Lack of food or physical exercise causes oxidative stress.

Wait a minute! If oxidative stress theory were true, wouldn't obese people who don't exercise be the healthiest in the world?

As a result of this theory, we now have a pharmaceutical vitamin industry that sells billions of antioxidant supplements supposedly to improve our health. For the most part, no one seems to realize that they again use fear tactics to sell: "If you don't take this, you'll get sick." Oh, and you'll have to take it your entire life starting in childhood.

The best-known disease from oxidative stress is scurvy. This illness was common during the Middle Ages when people were malnourished and overworked like slaves. To date, I do not know of any doctor in Europe who has diagnosed a patient with scurvy.

No one wonders why people who exercise are **healthier** than those who lie around on the sofa all day channel surfing and barely moving.

Einstein said,

"Two things are infinite: the universe and human stupidity."

I'm not so sure about the universe.

Note: *Phytonutrients and minerals in fruit should not be confused with vitamin supplements. Of course, fruits are an essential and delicious part of our diet. It's simply unnecessary to live off of pharmaceutical pills.*

ALKALINIZATION OF THE BODY

Lately, many websites declare that we need to alkalinize our bodies, usually with the pretext of selling some foodstuff.

We should first ask ourselves how the body is alkalized:

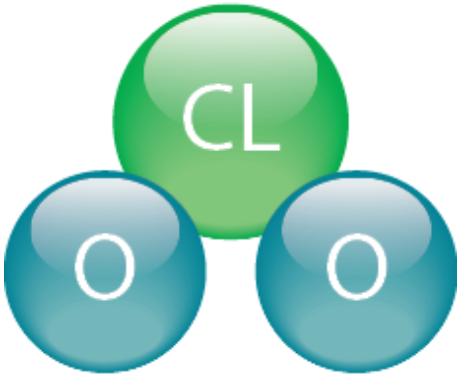
It is through breathing.

The pH of venous blood is approximately 7.31. When enriched by oxygen in the lungs, it rises to pH 7.41. Our red blood cells transport this oxygen to all of our organs and release it according to need and acidity. The more acidic the environment or organ, the faster they release oxygen. In medicine, this is called the Bohr effect.

Our primary source of alkalization is our breathing. Food is important but secondary. Warning! A proper diet is essential. Poor eating habits facilitate acidification, causing the loss of vital energy.

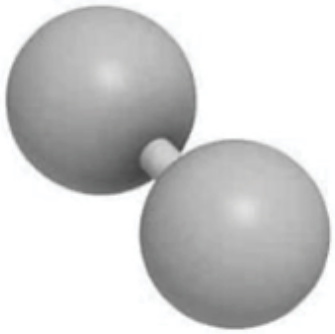
Chlorine dioxide is an oxidant composed of one chlorine atom and two oxygen atoms.

Some are now going to say, "Chlorine, my God!" I can reassure you, chlorine dioxide (ClO_2) is not the same as the chlorine (Cl_2) tablets used for swimming pools. In fact, chlorine is a significant component of our body in the form of sodium chloride, known as common salt. All of our body fluids, whether tears, blood or urine, are saline.



Our bodies cannot survive without sodium chloride. That is to say, salt.

Chlorine dioxide is a gas with one chlorine ion and two oxygen ions. It dissolves very easily in water. So easily that if I bubble this gas through water, it becomes trapped in the water, which changes to a bright yellow color.



However, this gas evaporates at 11° C. It should be stored in the refrigerator, preferably in a brown glass container with a tight lid that is neither metallic

nor rubber. If the container is full and hermetically sealed, it can be transported because the gas does not evaporate. The container will only lose gas if it is less than full. Similarly, a two-liter soft drink bottle will lose carbonation more quickly once started.

Chlorine dioxide (ClO_2) is commonly used to disinfect drinking water, and health agencies worldwide have approved it for this purpose. In fact, for the past one hundred years, millions of tons of this product are used every year because it fights viruses, fungi and bacteria without creating resistance.

Unlike antibiotics that work by "poisoning," chlorine dioxide (ClO_2) works by "oxidation." That is to say, combustion.

Oxidation is the same mechanism that the body and its immune system use. Especially in phagocytes, this system has worked for millions of years to eliminate pathogens and allow healing.

In fact, the use of chlorine dioxide (ClO_2) is often mandatory for ambulance disinfection and even for sterilizing stored blood products to prevent the transmission of diseases such as HIV from donor blood. However, this does not make it a drug. Chlorine dioxide (ClO_2) is not even on the list of university pharmaceutical active ingredients, which is why you have to start from scratch if you want to make it into medicine.

Our small research group is currently immersed in the work of obtaining authorization, which typically takes seven to ten years for each disease. To date, we have completed about fifty percent of the journey. We welcome any millionaires out there who wish to help finance our investigation and speed things up.

Joking aside, there are scores of sick people who do not have the option of waiting another five or ten years for medical approval of the product. That is my ethical dilemma.

If I recommend chlorine dioxide (ClO_2) as a treatment, it is supposedly "illegal," and if I don't, it is a "failure to help." Both actions are punishable by law.

I have decided to follow my conscience and help everyone I can. I believe that my conscience takes precedence over absurd laws.

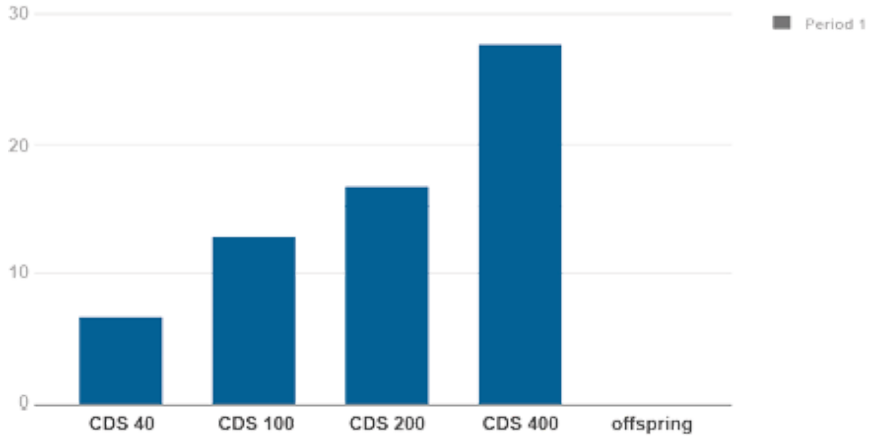
Toxicity study for chlorine dioxide as CDS solution administered orally

Toxicity reference: Tests at the Norbert Wiener University gave CDS to 54 mice in five separate doses (40, 100, 200, 300 and 400 milliliters) of Cl2 in two liters of water.

The rats showed no rejection to the CDS in any of the concentrations administered, and no rejection due to toxicity from ingestion was observed.

The study concluded that oral administration of CDS es tolerable in rats of the Rattus norvegicus type in both sexes. No lethality was found, even with very high doses.

The rats took the CDS over a period equivalent to four years for humans. Surprisingly for the researchers, depending on the group and the quantity, the rats had an abundance of offspring.



I want to thank Chief Investigator Mario Hugo Guido Basurto, Medical Research Advisor, José Días R., and their entire team for their effort and outstanding work in this study.

In terms of oral toxicity, CDS was also administered (at the same high dose) to 1,300 gestating rabbits. These had 12,000 (!) healthy offspring with no malformations. The mortality rate of the parturient rabbits decreased by an average of 40 to 6.

Of course, no drug is without risk or unknown interactions. Keep in mind that aspirin kills more than 3,000 people every year.

Concerning chlorine dioxide (ClO_2), to date, there has not been a doctor-documented fatal case of ingestion of chlorine dioxide in 100 years. There are five cases of intoxication from the precursor, sodium chlorite ($NaClO_2$), in which people took quantities up to 100 times the recommended dose. Still, none were fatal nor left any permanent damage.

The objective of my book is to avoid harmful mistakes. Above all, I want to clarify and emphasize the necessary precautions for anyone deciding on self-therapy, such as those terminal cases abandoned as hopeless by conventional medicine.

In the United States, the President just endorsed legislation allowing terminally ill patients to use products without FDA approval if they first sign an agreement with their doctor. Activist groups, including the American Cancer Society, opposed the bill.

Patients seeking access to “investigational medicinal products” now only need approval from a doctor and the drug manufacturer. The new bill protects doctors and companies from the legal risks of allowing unapproved treatments unless these intentionally harm a patient. It maintains the policy requiring patients to exhaust first all other approved clinical trial options and treatments.

This change opens the door for chlorine dioxide treatment in the future and can save thousands of lives.

I have over ten years of experience with a single chemical substance and have received thousands of positive testimonials. It gives me great peace of mind to be able to affirm that the following protocols are safe.

Resonance is love, and love is the greatest force in the universe.

I hope that this little book will be helpful to you.

Andreas

ABBREVIATIONS

I want this book to guide all those thinking about using chlorine dioxide or other yet-be-approved substances, to avoid errors or misuse. We list precautions and warnings and 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.

CD = Sodium chlorite ($NaClO_2$) + hydrochloric acid as activator at 4%
CDI = Chlorine dioxide solution, ClO_2, in saline solution (NaCl at 0,9%)
CDS = Chlorine dioxide solution, 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 = $Ca(ClO)_2$
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%

METHODS FOR ADMINISTERING CHLORINE DIOXIDE (CD)

1. Drinking

Drinking is the most common method. We mix sodium chlorite (NaClO2) 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.

2. 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. It helps to remove acidic toxins since oxidation causes alkalinization.

3. Spray

The activated solution can be used with water 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.

4. Bath

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

5. Adding DMSO

Another form of administration uses DMSO (Dimethyl sulfoxide), a transport 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 first by putting a drop of DMSO on your arm to check for any potential allergic reactions.

6. 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.

7. Gas (bag or glass)

Our skin is the largest organ we have, and it can absorb the gas from chlorine dioxide 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.

8. Inhaling CD (not recommended)

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

9. 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 certified professional licensed 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.

10. Humidifier

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

PRECAUTIONS

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

Precaution 1

Although it contains "chlor" in its denomination, sodium chlorite is 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 potent and highly toxic gases. This 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 amounts 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 mixture obtained by activating sodium chlorite with an acid, resulting in chlorine dioxide. Never use chlorine dioxide in its concentrated form. Always wash with abundant water any liquid that falls on skin or clothing.

Precaution 4

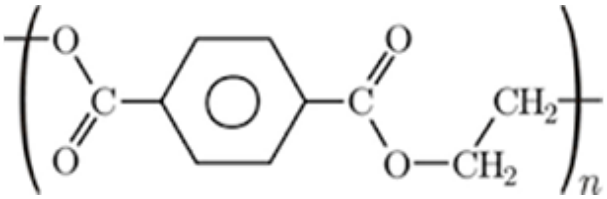
Never use metal containers! Metal containers react to chlorine dioxide and rust. These include stainless steel—an alloy made up of several metals, including nickel and chrome.

Precaution 5

Don't use rubber droppers. They don't have enough resistance to sodium chlorite's alkaline pH. 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. These materials are resistant to both alkalinity and acidity (pH 13/pH 1), maintaining their properties for many years. We do not recommend PET translucent plastics to store concentrated sodium chlorite for an extended period. In the long term, they disintegrate and leave residue in the sodium chlorite solution.



PET (Polyethylene terephthalate) contains carbon atoms (the C in the drawing). Due to its similarity to oxygen, it has a low electron density. It readily reacts to sodium chlorite (NaClO2) due to its high pH, and the polymer chains disintegrate over time.

How can you tell if the sodium chlorite is not in 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. The CD/MMS activated color must always be translucent yellow-amber before diluting it with water. You should never use PET (transparent plastic bottles) with sodium chlorite due to its pH_{13}. These 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). We never us this mixture 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 by the reaction.

Precaution 8

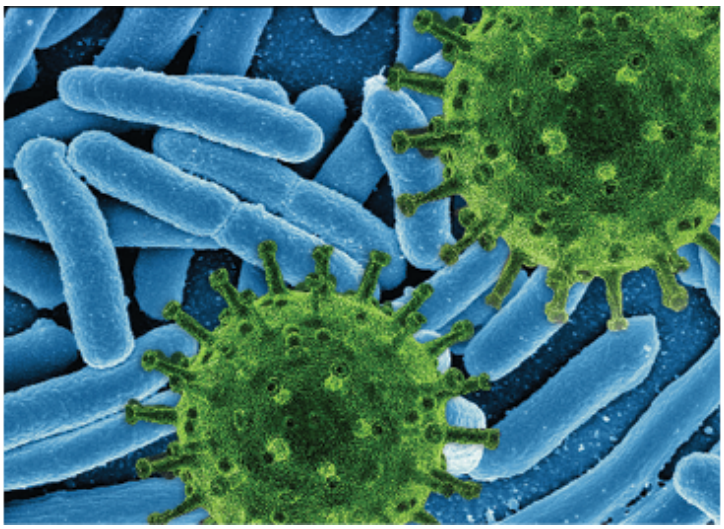
To neutralize sodium chlorite/chlorine dioxide in emergencies, use only baking soda and never vitamin C (ascorbic acid) as previously recommended.

In case of emergency (if a significant amount of sodium chlorite or chlorine dioxide has been ingested), the affected person should drink 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 undesirable.

TYPES OF PATHOGENS

Each pathogen must be treated according to its particular nature. In general, we can use the following guide:

1. **Viruses:** Multiple small doses, due to the viruses' ability to reproduce quickly.
2. **Bacteria:** Higher doses, at longer intervals.
3. **Fungi:** Repeated 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 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 taking prescription drugs for their "chronic" ailments experienced enough improvement 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 ClO2 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 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 long term, as indicated in clinical trials performed with mice and bees over two years. 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 (NAClO2) provokes a second reaction in the stomach, unlike CDS. A study of each case will determine which protocol to apply, depending on the urgency. For sensitive patients, always start with CDS.
9. When activated with citric acid, CD 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 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:

1. Many pathogens eliminated at once.
2. 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 taking 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.

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

1. Wait 30 minutes before and after meals and one or two 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

The following tips may disguise the flavor of CD and especially its smell.

- CDS has hardly any flavor and is easy to drink. 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.

PROTOCOLS

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

Protocol A: as in Amateur, for the beginner
Protocol B: as in Basic, formerly protocol 1000
Protocol C: as in CDS, formerly protocol 110
Protocol D: as in Dermatology, for skin afflictions
Protocol E: as in Enemas
Protocol F: as in Frequent, formerly the 115 CDS protocol
Protocol G: as in Gas, in which only the dioxide's gas is used
Protocol H: as in Home, to avoid the spread of infections

Protocol I: as in Insects and Bites
Protocol J: as in Joyful mouthwash
Protocol K: as in Kit, combined with DMSO at 70%
Protocol L: as in Lavatory, or bath protocol
Protocol M: as in Malaria, with high doses
Protocol N: as in Nippers or Children
Protocol O: as in Opthalmology, for eyes, ears and nose
Protocol P: as in Parasites, intense protocol
Protocol Q: as in Quenching Burns
Protocol R: as in Rectal
Protocol S: as in Sensitive, with very small, progressive doses
Protocol T: as in Terminal, for very serious diseases
Protocol U: as in Urgent, formerly Clara's 6 + 6 protocol
Protocol V: as in Vaginal, using a pump
Protocol W: as in Wow! You can also use it for…
Protocol X: as in detoX, to remove heavy metals
Protocol Y: as in HYpodermic CDI injection
Protocol Z: as in Zapper (Biotrohn®, frequency generator)

PROTOCOL A — 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.

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

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

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: Follow day 2, 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 — 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 (general instruction 12) to avoid 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.

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 before 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 — CDS (FORMERLY, PROTOCOL 101)

Protocol C, or CDS, is a universal, easy to follow protocol with practically no side effects, making 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 — 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 causing irritation.

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.

Fill a spray bottle with cooled CDS < 0.3% (=3000ppm) and apply it to the affected area.

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:

1. In the unlikely event of feeling heat or burning, we recommend washing the area with water.
2. 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.
3. For deeper skin penetration, you can combine the treatment with DMSO at 70%.
4. 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.
5. Due to its neutral pH, undiluted CDS 3000 ppm in a spray is the best option.
6. The treatment can be repeated several times per day (up to once every hour).

PROTOCOL E — 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 to travel via the portal vein, directly to the liver. Therefore, the protocol is highly indicated for all hepatic disorders, 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 bag or container, which we hang 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 lying down on the right side to aid the flow of water.
6. When the valve is opened, the colon starts to fill with water. The procedure can be done in several short sessions or all at once, depending on the person's condition and comfort.
7. The patient should 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 pump.

Notes:

- Most diseases originate in the gastrointestinal system.
- CD removes toxicity and disintegrates adherences. 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 — FREQUENT (FORMERLY THE CDS VIRAL PROTOCOL 115)

Protocol F 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.

1 ml of CDS every 15 minutes for 1 hour and 45 minutes
in 8 intakes
= 8 ml of CDS en 1 liter of water.

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.

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

Notes:

1. 15 minutes after the last dose (2 hours after the start of protocol F), you can continue with protocol C, if needed, until recovery.
2. If you leave home, you can carry the treatment with you, preferably at a cool temperature in a thermos.

3. 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.
4. Do not follow the treatment on an empty stomach. If necessary, the protocol can be repeated a few hours later.

PROTOCOL G — 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 the 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 more than 5 minutes.

Chlorine dioxide gas applied to a sore on an arm.

The treatment usually takes 1–3 minutes and can be repeated as many times as necessary, at one-hour intervals.

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

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.

Applying chlorine dioxide gas to the inner ear.

- Chlorine dioxide gas is extremely effective for disinfecting the ear canal.Chlorine dioxide gas used to treat a cat's ear.
- 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.

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. The patient should fit inside comfortably and be covered entirely, except for their head, which must always remain outside the bag to avoid inhaling the vapors.
2. Patients should remove their clothes before getting into the bag to allow the gas to reach everywhere.
3. Activate 30 drops of CD in a glass or porcelain container, without adding any water, and place the glass inside the bag.
4. The patient steps inside and pulls the bag up around their neck, closing it firmly from the inside

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 repeated up to a maximum of three times a day.
- 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 — HOME (TO AVOID THE SPREAD OF INFECTION)

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 the glass in the room, where the gas evaporates slowly.
2. Place the CD about 2 meters away from the sick person.
3. 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.

Notes:

- 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.
- 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 — 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.

PROTOCOL J — "JOYFUL" MOUTHWASH (MOUTH PROTOCOL)

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 to use as a mouthwash and gargle 3–4 times per 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 since its neutral pH 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.
- For acute tooth pain, you can increase the dose by 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 with water.

PROTOCOL K — KIT (COMBINED WITH DMSO 70%)

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

Oral treatments are not always tolerated or may be insufficient. 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.

DMSO can be administered topically, orally or intravenously (for more information, see chapters 2, 6 and 7 of the book *Forbidden Health*.

- 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. Preparation for topical application:

a. 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.
b. If using CDS at 3000 ppm, apply it directly with the DMSO.
c. 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 acceptable.

Topical application:

a. Always apply on clean skin, free from perfumes and other chemicals.
b. 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.
c. 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.
d. Repeat the procedure up to ten times a day, three days a week, letting the skin regenerate on the other four days.

1. Oral administration:

a. If using CD, mix the same number of drops of DMSO and CD.
b. 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.

3. Intravenous administration: For qualified health professionals only.

Warnings:

- If the skin gets too dry, dilute the solution 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.
- The skin may feel slightly hot, or may be momentarily itchy or red. This condition is normal and should disappear completely.
- DMSO must not be kept in bottles with rubber droppers, which could dissolve and contaminate the solution. It should only be kept in polyethylene (PE, HDPE) or glass bottles.
- DMSO is not used in enemas since the toxins in the intestines would get reabsorbed.
- A side effect is 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 — 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 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 ClO2 enters the body fluids and interstitial tissue. 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 CIO2 gas for 20–30 minutes. For some people, this technique has provided the definitive experience.

Procedure:

4. Always use a clean bathtub. Do not put any soap or other chemical products in the water.

5. 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. Use more chlorine dioxide for a larger bathtub.
6. 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.
7. Add the activated CD to the bathwater and stir to mix it well. The amount of water does not reduce the amount of CIO2 gas released.
8. 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.
9. You can add hotter water later. The heat dilates the pores and aids the penetration of CD into 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. Those 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 — 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 (see the following table).

Advanced malaria CD protocol	
• 8 drops of CD (hour 1)	• 6 drops of CD at hour 6
• 5 drops of CD at hour 2	• 8 drops of CD at hour 8
• 5 drops of CD at hour 4	• 8 drops of CD at bedtime
Daily total: 40 drops	

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.

PROTOCOL N — 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 100–200 ml of water.

Watch for any adverse reactions: fatigue, nausea, belly pain, vomiting, etc., and 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.

5 kilos:	3 drops a day, divided into 10 intakes. The drops may be mixed with rice milk.
15 kilos:	6 drops a day, divided into 10 intakes.
30 kilos:	8 drops a day, divided into 10 intakes.
40 kilos:	12 drops a day, divided into 10 intakes.
60 kilos:	Adult dose.

Notes:

- Avoid antioxidants and Vitamin C.
- Keep all products our of the reach of children.
- Try to use child-proof containers.

PROTOCOL O — OPTHALMOLOGY / (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 the efficacy decreases after a few days.

EYES:	Apply 5 drops of the solution to the affected eye every 2 hours.
EARS:	**CDS:** Add 2–4 ml of 0.3% CDS (3000 ppm) to 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. **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 internal ear afflictions. Place a glass with CD 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.

Procedure for cleaning nasal passages:

- Lean over a sink and turn your head so that the left nostril is facing down.
- Insert the solution into the right nostril using a syringe. Water will flow through the left nostril.
- Cover the nose to ensure the solution flows into the nostrils.

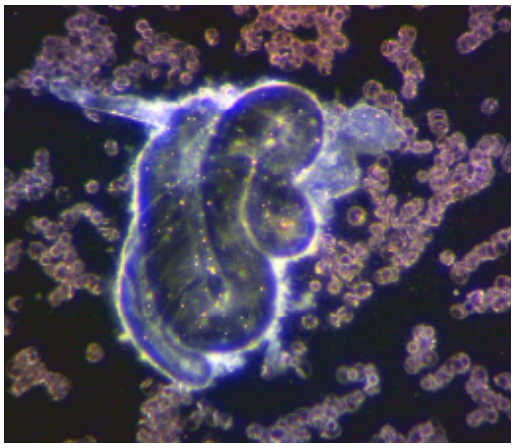
- Lower your head move it up and down.
- Turn your head to the side again and uncover your nose and let the fluid flow.
- Repeat the same irrigation process with the left nostril.

For more information on how to clean the nasal passages, see the following video: https://youtu.be/orpf63wsLyo

PROTOCOL P — 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.

This photo of a twisted specimen in a blood sample proves the opposite: they do indeed exist, especially in chronic diseases.



Parasite in a blood sample.

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 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 to eliminate 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.

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.

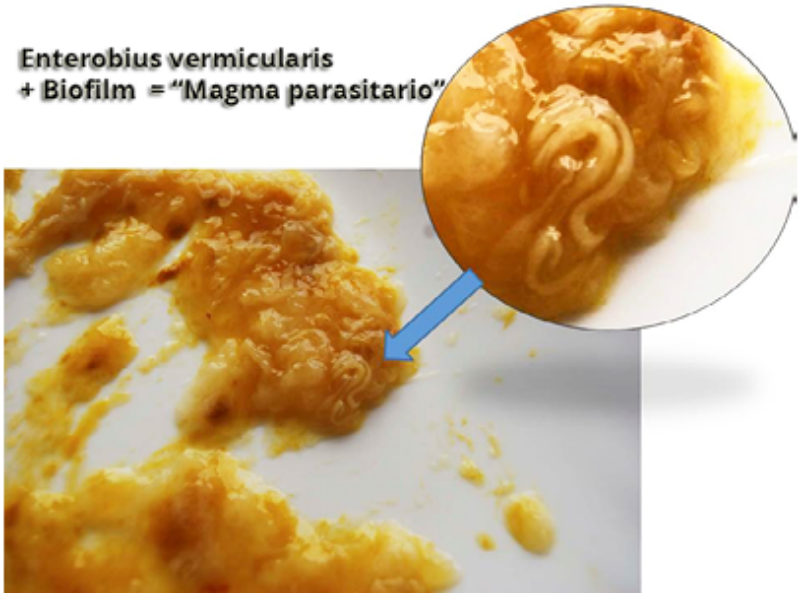
The same thing happened with patients of many other chronic, supposedly incurable diseases. Although the efficacy of this protocol is undeniable, further research is needed to obtain scientific evidence, and I am seeking financial and academic support.

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.



Parasites inside biofilm, also called "rope worm".

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 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.

Photograph of biofilm or rope worm eliminated from a human intestine.

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.

Days 9–18 (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.

Days 9–18 (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.

Days 9–18 (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.

Days 19–30 of each month (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 into 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. Since ancient times, many cultures have used enemas as 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 when the parasite 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 (Lomper, Vermox) does not interact with chlorine dioxide, but it does interact with:

• Amoxicillin	• Zithromax	• Carbamazepine
• Tagamet	• Ethotoin	• Mephenytoin
• Flagyl	• Penicillin	

Very important!
Drug interactions with Mebendazole (Vermox):

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.

The second important interaction with Vermox is Tagamet (cimetidine). This is not a serious interaction, but it could result in a reduction of mebenzadole'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. For 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 shards that are harmful to parasites, fungi, candida, worms, and amoebas. These shards 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 one 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.

- 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 it has been a part of Ayurveda medicine 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. Indian authorities now authorize its use in medicine. Neem is one of the most potent purifiers and detoxifiers in existence today. It has been used to fight all forms of parasites in the body, both internal and external.

1. Boil four leaves (the contents of a bag) in one liter of water for 5 minutes (if necessary, add stevia to reduce 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

Other plants and herbs can be used 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

In case of a parasitic infestation, we should avoid certain food groups, such as dairy products, refined sugars (sucrose, fructose corn syrup), flours (especially refined ones) and most excessively sweet foods.

On the other hand, there is a list of beneficial foods and plants that promote the correct internal balance of the organism, acting as our allies. No parasite survives for long, where there are adequate production levels of stomach acids and bile and enough healthy bacteria. Parasites 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.

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.

1. Adult dose: Mix a tablespoon of fresh green papaya juice with the same amount of honey and 3-4 spoons of hot water.
2. Two hours later, take a dose of castor oil mixed with warm milk.
3. Repeat this treatment for two days, if needed.
4. Children aged 7-10: Administer half this dose.
5. 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.

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 antiparasitic activity of propolis. It is recommended for treating giardia, amoebas, and Ascaris, as well as for intestinal infections caused by gram-positive bacteria.

1. Take 3 drops per kilogram of weight, or 3 capsules, 30 minutes before each meal.
2. For the treatment of parasites, take propolis for seven days on an empty stomach, diluted in water or fruit juice.
3. Seven-day cycles are recommended with a 7-day treatment period followed by a 7-day resting period.
4. 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 "punicin," 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 sollium.

Administer a cold decoction of the bark, preferably fresh. The decoction is mainly used to expel the Taenia sollium.

1. Adults: 90–180 ml, three times with 1-hour intervals between intakes. Take a laxative after the last glass
2. 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. Some of the most effective are turmeric, pepper, tarragon, thyme, cinnamon, cayenne pepper, and cloves.

PROTOCOL Q — 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 — RECTAL (WITH PUMP)

Protocol R is specially designed for rectal application using a rubber irrigator or pump, with an approximately 100–150 ml capacity.

1. Activate 6 drops of CD in a glass.
2. Add 150 ml of water at body temperature.
3. Absorb the solution into the pump, squeezing out the air.
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 adherences.
- 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 — 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.

1. Add 1 ml of CDS to 500 ml of water and drink it little by little the first day.
2. 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 — 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:

- 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 — 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.

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

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 — VAGINAL (WITH A PUMP)

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 spermatozoids.

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 (pump) from the pharmacy or with a simple, clear plastic water bottle.

There are two methods:

1. With a vaginal irrigator (pump): activate 10 drops of CD or 10 ml of CDS for 1 liter of lukewarm water.
2. With a ½ 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.

NEVER 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 — 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.

- **Foot baths (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 (NaClO2) without activating it, just on top of the wart, and don’t wash it afterward.
4. 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.
5. The next day, the wart will be a reddish color and will soon fall off.
6. It should heal in 14 days, and the skin should look normal in a month, with no scars.

PROTOCOL X — 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 — HYPODERMIC (CDI 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.

A description of how to prepare the correct concentration for this method can be found in chapter 5 of the book *Forbidden Health*.

Protocol Y is also used to treat serious diseases such as Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's disease. This degenerative neuromuscular disease causing progressive muscle paralysis usually results in death when treated with conventional medicine.

To make intravenous injections (by Dr. G. León):

1. Start with an oral treatment for at least a month, to detoxify.
2. CDI must not exceed 5% of the injectable solution or serum.
3. The application must be increased progressively and slowly, starting with 5 ml in 100 ml of solution, every five days, three series.
4. Increase to 12.5 ml in 500 ml of solution, for three series, every seven days.
5. Increase to 25 ml of CDI in 1000 ml of solution every seven days.
6. Infusion time should be as long as possible to increase the exposure period.
7. It's a good idea to take Acetylcysteine and Silymarin every six days.
8. 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). The treatment stabilized the disease, and Dr. León no longer requires assisted respiration at night. At this time, he can even stand on his own again.

PROTOCOL Z - 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 a vast disparity in quality and efficacy. 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. It is probably still the most professional device on the market, with impressive efficacy 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: viral, bacterial, fungal and parasitic. The programs combine perfectly with all the protocols in this book. 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 efficacy with no harmful side effects.

In the end, I think all that we are and feel can be reduced to electromagnetic frequencies.

SUMMARY AND MAINTENANCE PROTOCOL

1. 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.
2. 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.
3. The correct dosage is the one that doesn't cause discomfort, nausea or diarrhea. If this happens, reduce the dose but continue treatment.
4. Many repeated small doses are more effective than larger doses taken only mornings and evenings.
5. 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.
6. Follow an appropriately healthy diet to protect your immune system.
7. 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 from 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 parasites. That is why an accompanying deworming treatment is vital, especially for 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 prevents 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".

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").

ClO2 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 CD?

Sodium chlorite is mixed with the activator at a 1:1 ratio.

One pack contains two bottles: one with sodium chlorite (NaClO2 at 25%) and the other one with reduced hydrochloric acid (HCl at 4%).

When we mix both substances in equal parts (using HCl at 4% and adding water), they neutralize each other to a pH 5.

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 AS THE ACTIVATOR?

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 ClO2 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.

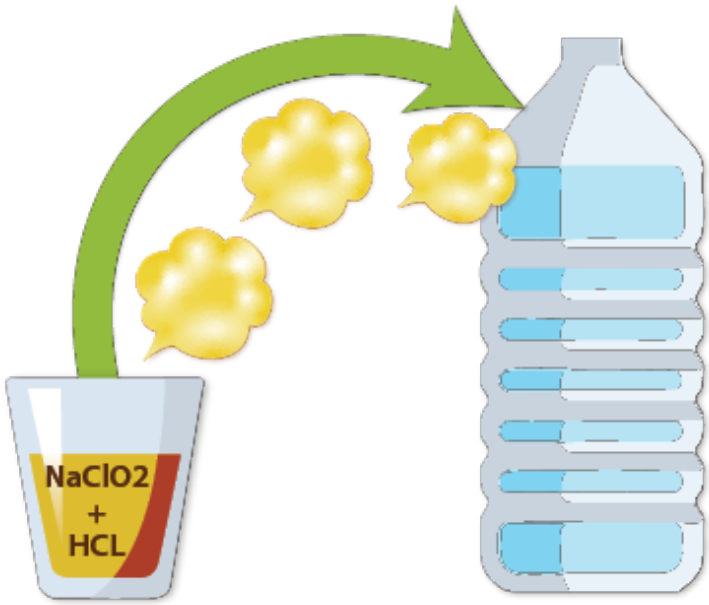
Frequent administration of small doses, up to once every hour, has proved more effective than taking bigger doses once or twice a day. The reason for this is that it doesn't matter if the quantity is large or small. Regardless of its size, it mostly turns into oxygen and common salt in just one or two 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 (~3000 PPM = 0,3%)

As we describe in Protocol C, 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

There are two primary ways to prepare CDS:

1. With citric acid at 50% as the activator

(Only when hydrochloric acid at 4% is not available)

- 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.
- Seal the mason jar with its glass lid and store it in a cabinet for 12 hours.
- 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!).
- The water in the jar will have turned yellow and is now ready to use as CDS concentrate. Dilute this concentrated liquid with water, following Protocol C.

2. With hydrochloric acid at 4% as the activator

- 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.
- Seal the mason jar with its glass lid and store it in a cabinet for 12 hours.
- 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!).
- 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%. Seal the jar and store it in a cabinet for 12 more hours.
- The water will have turned yellow and is now ready to use as CDS concentrate. Dilute this concentrated liquid with water, following 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:

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, which 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 is a disinfectant and can't get contaminated with bacteria.
3. 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.
4. 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.)
5. 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.
6. Store the jar for 12 hours in a dark place at room temperature.
7. After 12 hours, carefully place the jar in the refrigerator to cool it down. Make sure not to spill the contents of the glass.
8. Once chilled (2–3 hours), we repeat the same process (hence the name, "double infusion"). 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 (the water in the jar)to 3000 ppm (= 0.3 %) is now ready to use.

Notes:

- Always store the CDS) 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?

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, 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 more money you'll save. The chlorite values aren't that important. It depends on how the mix is 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.

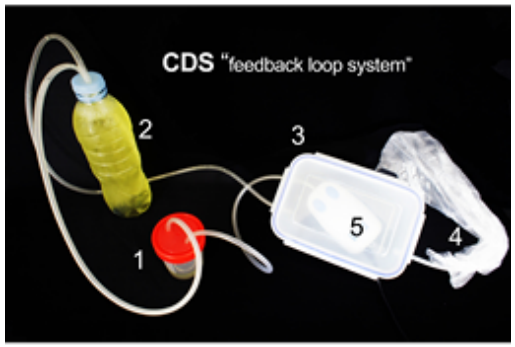
To prepare CDS with this technique, we need::

1. An aquarium air pump.
2. 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.
3. An air-tight reactor container (a lab glass bubbler is ideal, but you can also use a plastic PET bottle.
4. Two or three receptor containers filled with cold water (a lab glass receptor is ideal, but you can also use clear plastic water bottles).
5. 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.**Note:** If you are only going to make CDS in one receptor bottle, there is no need to make two holes in the cap. One is sufficient.

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 a 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.
7. Once the fluid in the reactor bottle is almost completely discolored, the process is finished.
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 it is difficult or impossible to get them to swallow CDS. CDI can also be useful in case of emergency, if we happen to be far from a hospital facility after a venomous 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 wild animal bites 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 venomous snake bites 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. Sterilization is not a major concern 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.

1. 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 only the gas is used, it doesn't matter which activator we choose.

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 and 6 drops of the activator 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.
5. 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.
6. Leave the needle on, extracting the syringe, letting air in so that more dioxide gas can be generated.
7. 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.
8. 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 one syringe to another, with one being the mix reactor and the other the receptor with the saline solution.

WHICH IS BEST? CD, CDS, CDH, OR NON-ACTIVATED CHLORITE?

Many people ask me what is 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 is a gas, so its effectiveness is based on its ability to penetrate tissue and mucous membranes.

Sodium chlorite has a very high pH. It is dense and lacks this penetration capacity, so it must react before reaching deep tissues. Furthermore, 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 when there is contact with stomach acids. The main advantage of CD is that the reaction in the stomach lasts longer, since not all the gas is released 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 non-activated chlorite does. At the same time, it can be useful for treating 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 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"**, which delays its absorption and causing it to remain 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 one day ahead of time. There is no second reaction in the stomach, since the chlorite reaction is completed beforehand. The main advantage is that since it doesn't cause a second reaction in the stomach, it is gentler 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.

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. Its main disadvantage is that it can easily provoke vomiting, especially when ingested on an empty stomach. More than three drops can also cause diarrhea since the reaction's remaining chlorite reaches the duodenum and the small intestine, with a different pH. This pH differential is usually the cause of diarrhea.

On the other hand, for treating the duodenum or small intestine directly, this version could be the best option.

Stabilized oxygen is chlorite at 2.5%, so it is equivalent to ingesting a 10% concentration. 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.

Summary

	Pros	Cons
CD Chlorine dioxide	• Longer reaction in the stomach (releases the gas slowly). • Beneficial in pancreas, duodenum or bile duct.	• Strong color and taste. • 2nd reaction in stomach, causing digestive problems. • Acidic pH. • High doses = diarrhea.
CDS Chlorine dioxide solution	• Taste. • Fast absorption. • Gas does not pass through the stomach, so no 2nd reaction. • Neutral pH.	• Evaporates quickly. • Shorter time inside the body.
Stabilized CDS (CDS+sodium chlorite)	• Delayed absorption, remaining more time in the body.	• Reacts with stomach acids which can cause digestive discomfort.
CDH (CD + time)	• Gas does not pass through the stomach, so no 2nd reaction. • More tolerable in digestive tract.	• Acidic pH. • Color and flavor. • Takes longer to prepare.

	Pros	Cons
Non-activated chlorite Stabilized oxygen (chlorite at 2.5%)	• Taste. • Beneficial for treatment of duodenum area.	• Causes vomiting • > 3 drops = diarrhea • Smaller amount of CD in the body.