

Dipl. Ing. Ali Erhan

„Healing with MMS?“

Chlorine dioxide treatments

According to Jim Humble



MMS-Seminar.com

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Dipl.-Ing. Ali Erhan

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Acknowledgements

I thank my Creator for all that He has given me and for all that has been taken from me. I give thanks for my being. I thank my parents for a well protected childhood. They always wanted me to become a doctor. Now I have become something of a health engineer. I thank Jim Humble for giving my life a new direction. I thank all my so-called "enemies" and those who have stood in my way. It is because of you that I was able to grow and become who I am today. THANK YOU!

Heroes of humanity

Many people have paid a high personal price for the research, development, application and dissemination of alternative remedies and methods. They lost their jobs, their reputations, their fortunes, their homes, their families, their freedom, their health and some even their lives.

Nevertheless, most of them did not stop defending their views and interests until the end. Some names immediately come to mind, other pioneers were active at a time when there was no internet to disseminate their findings or their persecution and suppression. It would therefore be unfair to explicitly mention some names here and thus highlight them.

What drove all these people to continue despite all persecution and threats? Empathy and charity! According to the motto: "I know something that can help many people to alleviate their suffering or save them from a premature death and I cannot sleep peacefully until the whole world at least knows about this possibility".

For this reason, such people are for me "heroes of humanity". We and generations after us owe a lot to these pioneers and we should therefore remember them more often!

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Content of the book / e-book / online offer

The author/lecturer Dipl.-Ing. Ali Erhan is not a doctor or alternative practitioner, but a mechanical engineer and IT specialist. In this book, e-book, in his seminars and workshops, he presents you with a literature summary and statements from his personal MMS trainer training with the discoverer of MMS, Jim Humble.

Furthermore, insights from interviews with, among others, the insiders Dr. Andreas Kalcker, Kerri Rivera, Leo Koehof, and Dr. med. Antje Oswald as well as further research flowed into this book. All this is intended to serve you as a free and self-determined being only as information for self-responsible action. The author/lecturer does not give recommendations to anyone to do or refrain from doing things.

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The author has decided to make the complete book available to the community free of charge as an e-book. The full version is available as a PDF download or on the common e-book platforms and contains all the important facts, current recipes, and application protocols as well as risks and side effects on the subject of MMS.

In addition, you will find interesting information about MMS, some of which has never been published in books before. You can check the table of contents to see if there are any interesting topics for you. The full version is also available as a print version with a hard or soft cover and on all e-book platforms for mobile devices. With the practical e-book version, you always have all the practical MMS knowledge at hand on your smartphone or tablet PC, e.g. when travelling or on holiday.

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Sources and bibliography

All statements in this book are based on studies, publications, or other verifiable statements by third parties. On the website **www.mms-seminar.com** you can also watch the almost 7-hour **webinar "Healing with MMS?"** free of charge. There you will find a direct link as well as a link to an archived version for each source listed at the end of a chapter under "Facts".

ATTENTION: Translations

This book was originally written in German. It was then translated into many languages using translation software, which you can download online at the above platform **www.mms-seminar.com**. You can always recognize manually corrected versions by the letter R attached to the version, i.e. version 5.5.6R. If the automatic translation is inaccurate or misleading, the author is free from liability of any kind. Please check the disputed passages in the other languages or in the original language. If you are very well versed in languages, you are welcome to get the Word version from me and make corrections yourself.

Foreword

MMS applications for humans and animals are becoming increasingly popular. Driven by their successes, MMS is often recommended to others. Thus, more and more interested people are attracted to MMS. They then have a great thirst for knowledge. Unfortunately, old and new information on MMS applications buzz side by side on the Internet and sometimes contradict each other. Some old application protocols are dosed too high and lead more quickly to the avoidable unpleasant side effects.

Jim Humble therefore explicitly recommends not to use the old protocols from his first book "The Breakthrough"! In my seminars, I often experience that beginners work with these completely outdated protocols and have little to no success with them, and give up prematurely in frustration. Unfortunately, there are also many websites with this outdated MMS information. Therefore, this book or e-book aims to bring both old hands and new beginners quickly and comprehensively up to date with the current state of knowledge of the worldwide MMS family. If you have received this e-book from friends or acquaintances, always check at **www.mms-seminar.com** whether you have the latest version and download it free of charge if necessary.

Each new version grows and contains new chapters with basics or new MMS experience reports for application in the fields of human and animal health. Furthermore, the practical tips for the use of chlorine dioxide products in the household, garden, and on holiday also grow. In addition, each new version contains error corrections and extensions of the chapters published so far.

This book / e-book was meticulously compiled in years of detailed work and is the result of a community, the worldwide MMS family. Help us by contributing constructive criticism, meaningful experience reports, or even new MMS tips!

I would like to ask all newcomers to thoroughly study the market overview of chlorine dioxide products, their activation, and the application protocols. This is where the most common mistakes are made. Applications with MMS or chlorine dioxide are not suitable for carrying out one's treatments immediately after a cursory glance at the book. If you know what you are doing, you will

have undreamt-of possibilities with this versatile but also unpleasant smelling and tasting substance.

I wish you healing on all levels according to your will and your soul plan and remain

HerzLicht
Your Ali Erhan

... and we are becoming more and more!

Foreword 2020

The year 2020 brought great upheaval to the entire human race. Suddenly, the health of EVERYONE on this planet was threatened by a pathogen called Covid-19. This pathogen from the family of corona viruses triggered a pandemic almost simultaneously. I do not want to go into the final battle raging in the background between good and evil and the political motives of the individual agitators here. Other authors can certainly do that better. As far as I know, this is a planned pandemic with at least two different dangerous pathogens.

In the first wave, Europe seems to have received almost only the harmless variant. Here, the pandemic was spread more through extreme media exaggerations, PCR tests not suitable for diagnosis, and excessive restrictions on everyday life. In contrast, quite different shocking things were reported from other parts of the world, such as Bolivia and Mexico. Here, according to Andreas Kalcker, infected people and doctors were dying like flies by the thousands. Even special masks for doctors are said to have offered no protection at all. It was only in this distress, with the deadly threat to their own lives, that some doctors remembered the many lectures by Andreas Kalcker in South America on the subject of MMS/CDS/chlorine dioxide. They contacted him and then took it orally and very many survived the serious illness.

Now the pressure of suffering was so great that more and more doctors were using CDS and the successes were spreading like wildfire. According to Andreas Kalcker, this even led to CDS being hastily approved by law in Bolivia for the treatment of Covid-19 patients. As a result, the mortality rate of

those infected was reduced from over 90% to less than 4% within only 2 months.

Chlorine dioxide solutions are now being produced in large quantities by the universities in Bolivia and distributed for the most part free of charge to the population and clinics. Towards the end of 2020, Andreas Kalcker reported that there is now an international medical association uniting nearly 4,000 doctors from over 20 countries and that over 140,000 successful treatments have been reported in Covid-19 sufferers.

After 4 days of oral treatment, all patients were symptom-free and out of danger. The fact that you have most likely never heard of this in your media speaks volumes about the pharmaceutical industry, mass media, and politics and their agendas. There is a simple, cheap, safe, highly effective, and reliable remedy for the worst threat to humanity here with MMS/CDS and this knowledge is being spread very slowly.

Become a hero! Save lives! You don't have to be a doctor or a healer. It is enough if you pass this book on to as many friends and acquaintances as possible. If they do the same, this information will eventually find someone. If necessary, it will help them to save themselves from imminent death and/or to reduce their suffering! He has you to thank for that. This has been my motivation for over 9 years. I was attacked and denounced for it and suffered considerable economic losses. But it still drives me to this day. I trust that you will do the right thing.

1st Healing with MMS?

This is **full version V5.56** of the book/e-book "Healing with MMS?" You can always recognize manually corrected versions by the letter R attached to the version, i.e. version 5.5.6R.

Before you read on, first check whether you have the latest version. You can always download the latest version as a PDF file free of charge at www.mms-seminar.com. The print versions and e-books for Apple, Google Android, and Amazon Kindle are also always up to date and linked there. It is not compulsory, but if you sign up for the newsletter there, you will always receive the latest version and the latest information in good time.

1.1 Orthodox medicine and personal responsibility

Modern orthodox medicine today has two faces for me. The right face is that of surgery and craftsmanship. The development of the last 50 years has been quite rapid. Even in the case of complex and severe injuries, for example, due to a car accident, the functionality of bones, joints, tendons, nerves, blood vessels, and the skin can very often be restored to over 90%. In this respect, I am glad to live in this day and age. Emergency and intensive care medicine has saved many lives.

Unfortunately, there is still the left face of conventional medicine: the extremely lucrative attempt to treat diseases with artificial substances that do not occur in nature. For the last 50 years, there has been nothing but the same old pattern, without any rapid developments or breakthroughs as in surgery. Well-known and highly effective natural active substances are deliberately badmouthed and banned from the market and replaced by artificially produced substances that work poorly or not at all and cause considerable side effects. But because they are new and artificial, they can be patented and thus sold with outrageously high-profit margins (no industry has higher margins!).

Unfortunately, the patient falls by the wayside!

Moreover, in the past, personal responsibility rested entirely in one's own hands. In the last 50 years, we have been re-educated to the effect that we run to the doctor for every little thing and hand over not only our jacket but also

our personal responsibility at the cloakroom in the waiting room. Then we are only in the role of the sacrificial lamb and wait tensely for some lab results and their interpretation by our doctor so that he can judge our further fate.

If you send the same patient with the same symptoms to five different doctors, you will sometimes get five different diagnoses and five different therapy suggestions. Everything from "operate immediately" to the administration of medication to "go home first and observe for a while" can be there. Is this procedure scientifically sound and, above all, where is the exact repeatability in the application of this knowledge? This is not meant to be an accusation against the treating doctor.

The possibilities of influencing the development of diseases are much more complex than is usually taught. Moreover, every person is an individual and has very individual physical characteristics. Furthermore, it also plays a role when the doctor was trained and what horizon of experience he has. But for the patient it often means the difference between "leg off or leg on" or it is a question of survival. In the meantime, **drug side effects and medical malpractice are the No. 1 cause of death**, especially in rich countries (see study "Death by Medicine").

Therefore, today it is again very important to no longer regard the doctor as a demigod in white, but as a good advisor. If one then has the advice of several advisors, one should not let oneself be guided by fear, but by gut feeling, as to which suggested therapy one would like to apply oneself. Because the most widespread disease on this planet, with the highest number of fatalities, is not cancer or cardiovascular disease, but the disease of **FEAR**.

Fear brings you out of your centre, out of balance, and takes away your strength. Only then do germs and diseases have a chance. That is why you will receive the two most important tips for survival from this book right at the beginning:

- 1. always stay in trust and trust your gut instincts and listen to what your heart is telling you, not your programmed subconscious mind**
- 2. take responsibility for yourself and your body again – empower your health with knowledge!**

These can be the most important steps towards your complete healing and often contribute more to your success than reluctantly accepting the supposedly better therapy.

References:

- Death by Medicine" study (death by medication and Treatments)

Sources and bibliography

All statements in this book are based on studies, publications, or other verifiable statements by third parties. On the website www.mms-seminar.com you can book the **webinar "Healing with MMS?"** There you will find a direct link to each source listed at the end of a chapter under "Facts" as well as a link to an archived version.

1.2 What is MMS?

Chlorine dioxide is the strongest viral and bacterial killer known to mankind and has been used worldwide for decades for the thorough and safe disinfection of drinking water, among other things. Thanks to Jim Humble's books, self-treatment of diseases with the non-pharmaceutically approved MMS and its actual active ingredient chlorine dioxide has become known worldwide in recent years.

The US American **Jim Humble** is a colourful personality and has had many professions. After working as an engineer for NASA, among others, he was involved in optimizing the mining processes in gold mines. He also wrote several books on the subject. One day, he was again on one of his expeditions to gold mines deep in the jungle, five days away from any civilization, when two of his co-workers fell ill with malaria. But since there was supposed to be no malaria in the area, they had no palliative medicines (there is no conventional medicine for malaria) with them.

So he made an inventory of the items and remedies they had with them and came across a disinfectant for drinking water. He approached the problem quite logically and then had a brilliant idea and was able to successfully treat malaria with the sterilizer, as later described in his book "MMS - The Breakthrough".

He approached the matter as an engineer - you have to know that engineers are generally lazy people - when a problem needs to be solved, engineers always start by looking for similar, already known problems and see if the solutions already available there can somehow be applied or adapted to the current problem.

Jim Humble's basic idea when discovering MMS was as follows: There is the well-known problem of heavily contaminated water that one wants to use for drinking. The solution that had already been developed was a drinking water disinfectant that reliably killed all pathogens even in heavily contaminated water so that one could drink the water without hesitation. The current problem was that employees had contracted malaria from a pathogen that was causing the disease. The body of these employees (of people in general) consists of approx. 70-80% water. **Logical approach:** Why should a drug that kills all germs in drinking water not be able to kill the disease-causing

germs in water, i.e. in blood or interstitial water of a human or animal? Due to the lack of alternatives and the life-threatening condition of the staff, the theory quickly turned into practice and a diluted solution was taken orally.

Within just 4 hours, all symptoms of malaria, up to and including fever and pain, had disappeared. A few days later, he also fell ill with malaria and was again able to cure himself quickly with this remedy. Only later did he discover the actual active ingredient of this disinfectant, namely chlorine dioxide, and used various formulations to produce it from the mineral sodium chlorite (MMS).

It worked immediately and repeatedly for malaria. Jim spread this knowledge to many African countries and was repeatedly persecuted for it. It was only later that users from all over the world reported to him that MMS could also be used very successfully for many other diseases such as flu, acute or chronic inflammations of the bladder, throat, teeth, and tooth root to food and blood poisoning, as well as intestinal fungi.

Based on the numerous testimonials, germs and poisoning seem to be the cause of many more diseases (e.g. cancer and diabetes) than is known to conventional medicine. Very quickly, with the successes, people gathered around Jim and a worldwide MMS family came into being completely unbureaucratically. This family includes not only active lay people but in the meantime also numerous highly decorated experts from the most diverse disciplines. The goal of this worldwide MMS movement is to spread this healing knowledge.

How quickly this knowledge spread and how many people in the world now know about MMS and use it successfully is illustrated here by a few figures. At the end of 2014, the MMS family had over 2,051 active members in 163 bases in 110 countries around the world. A total of 1,465 people have been trained in the use of MMS and there are currently 82 MMS trainers, of which I was one of the first. In my opinion, the only thing that can bring so many people of so many different races, languages, religions, and cultures together in such a short time is the verifiable and repeatable effect of MMS. In German-speaking countries alone, there are now more than 18 MMS books with a total circulation of over 300,000. In my MMS seminars and workshops, I regularly have doctors, veterinarians, dentists, non-medical practitioners, pharmacists, psychotherapists, but also judges, lawyers, criminal investigators, and pathologists sitting next to interested lay people, who are usually impressed by

the convincing logic of what is presented. The phenomenon of mass imagination can therefore be completely ruled out with MMS.

Let us return to the question of what MMS is. MMS, or rather its active ingredient chlorine dioxide, is not herbal, not organic, and, according to Jim Humble, not homeopathic either. It doesn't really fit into the current trend towards gentle remedies and methods, and yet it is being fully accepted by more and more representatives of these fields.

Chlorine dioxide (ClO₂) is a simple chemical compound of one chlorine and two oxygen atoms and is a highly volatile gas that is heavier than air. Therefore, it is usually produced from the mineral sodium chlorite (not to be confused with sodium chloride = common salt) with the help of an activator acid shortly before use. At room temperature, it is an amber-coloured gas with a pungent, chlorine-like odour similar to that of an indoor swimming pool.

But unlike pure chlorine, chlorine dioxide is non-toxic! This is very important, as dishonest critics like to deliberately confuse it with pure, toxic chlorine or with chlorine bleach! Chlorine dioxide decomposes after a short time, but at the latest when it is used, into the components water, oxygen, and harmless common salt. Chlorine dioxide has been known since 1811, is well researched concerning its broadband effect and harmlessness, and is used worldwide, among other things, as a chlorine-free bleaching agent in the pulp industry and for the disinfection of food and drinking water.

So Jim Humble did not invent anything new, he just used something known differently. Thus, he did not have to prove that it works, nor that it is harmless!

Drinking water disinfection products based on chlorine dioxide are legally available for industry and private use. The health applications described here, i.e. the use of commercially available products for drinking water disinfection for other purposes, are always carried out by everyone on their own responsibility.

Any attempts on the part of over-zealous critics to ban MMS or chlorine dioxide as a non-approved medicinal product have already failed several times at the judicial level, since there are also many completely legal areas of application for chlorine dioxide products.

Nevertheless, in connection with smear campaigns in the media, authorities repeatedly try to stop, hinder or intimidate suppliers, in some cases completely illegally, according to the opinion of some specialist lawyers. Here, publicly accessible and verifiable facts should help you to form your own opinion on this topic.

1.3 How does MMS work?

Chlorine dioxide, taken orally or through the skin, enters the body through the blood plasma and not through the red blood cells, as is often assumed. This means that with MMS we suddenly have chlorine dioxide as a second system that can transport oxygen in the body.

MMS or its actual active ingredient chlorine dioxide is an oxidiser, i.e. it takes electrons away from its reaction partners and thus destroys their biochemical structure. Bacteria, fungi, mites, spores, prions (BSE), and small parasites are thus safely killed. In the case of viruses, it seems to stop their multiplication by blocking proteins.

It is interesting that chlorine dioxide (effectiveness: 99.9999%) disinfects about a thousand times more thoroughly than, for example, the well-known household cleaner Sagrotan (effectiveness 99.9%). This extremely high cleaning power seems to have something to do with the fact that a chlorine dioxide molecule can take away five electrons from a reaction partner (germ).

If MMS kills all bacteria, then it must also attack my good intestinal bacteria. This is the most common objection to taking MMS orally. However, the condensed reports of experience show that MMS does not harm the good intestinal flora even when taken continuously for a longer period. This has also been confirmed by the veterinarian Dirk Schrader through stool samples from a dog before and after a CDS treatment.

We have no scientifically proven explanations for this, but we do have plausible and logical explanatory models. Chlorine dioxide is an oxidizer. Hydrogen peroxide and ozone are very strong oxidizers and can destroy body cells as well as good bacteria. The next weaker oxidizer is oxygen. Our body cells and our good intestinal bacteria (redox potential 1.45 volts) can hold their electrons against the strong oxidizer oxygen. This power to hold on to electrons is also called redox potential.

Otherwise, every breath we take would kill many thousands of cells in our body. Chlorine dioxide is a much weaker oxidizer. So if cells can successfully defend their electrons against a strong oxidizer, they can do so even more so against the weaker chlorine dioxide (redox potential 0.95 volts).

Interestingly, most pathogenic germs (by the way, pathogenic germs are often anaerobic and usually do not use oxygen) have a lower redox potential than chlorine dioxide and are therefore attacked first by the MMS. In the MMS application protocols, usually, only concentrations are recommended at which the good intestinal flora is preserved.

Conclusion: Chlorine dioxide attacks neither body cells nor the "good" bacteria!

Quote from the Seegarten Klinik Switzerland, which has been successfully using MMS / chlorine dioxide in the form of the patented dioxychlor for years:

"When touching viruses, bacteria, and fungi, dioxychlor produces atomic oxygen (O¹), which breaks down the protective membranes of most microorganisms (e.g. in the case of the poliovirus, already at a concentration of less than 1 ppm = 1 chlorine dioxide molecule in 1 million water molecules). The effect of dioxychlor also destroys the released ribo- and deoxiribonucleic acids, especially their guanine nucleic bases. This reliably prevents the formation of new generations of microorganisms."

MMS can also eliminate heavy metals and other environmental toxins through oxidation or make them water-soluble through salt formation and thus excrete them through the urine. It, therefore, has a disinfecting, detoxifying, and heavy metal eliminating effect. In addition, it seems to significantly increase the body's overall metabolism on an electrical level by activating the mitochondria.

All body processes are energized and accelerated. Through the elimination of many sources of inflammation and neutralization of the excretory products of these germs that cloud us, it leads to a pleasant clarity and alertness on a mental and spiritual level and thus allows us to work through issues that may have been pent up for a long time in these areas.

In many types of cancer, the sugar-burning power plants of the cells, the mitochondria, are switched off. The sugar is then used for anaerobic respiration, not requiring oxygen, so is akin to a fermentation process. This also leads to severe local poisoning with cell toxins. Similar to Canadian research on dichloroacetate (DCA), a chemical relative of chlorine dioxide, chlorine dioxide, especially here, can stimulate and restore the function of the mitochondria. The tumour cells, on the other hand, then commit suicide, also known as apoptosis or programmed cell death. In contrast to DCA, however,

chlorine dioxide does not cause side effects such as numb legs due to active hydrogens.

The five effects of MMS/chlorine dioxide:

1. Killing of pathogenic germs of all kinds through oxidation
2. Elimination and discharge of heavy metals (salt formation) and environmental toxins
3. Increase in the total electrical turnover of the body (more energy!)
4. Programmed cell death of cancer cells (apoptosis) through Mitochondria activation and additional oxygen in the cell
5. Reduces the over-acidification of the body through additional Oxygen
6. Has a pH-selective effect! It prefers to release oxygen in the body where it is most pH-acidic. Interesting: everywhere there is cancer, it is pH-acidic!
7. Promotes the awakening of spirituality (yes quite right, more on this elsewhere).

Conclusion: MMS has a much more targeted and broadband effect than antibiotics, for example, and has another huge advantage: MMS also kills any genetically mutated germs. **Antibiotic resistance**, such as the current life-threatening spread of MRSA germs in hospitals (or e.g. on frozen chickens), thus lose their terror.

References:

- Book "Healing is possible" Dr Andreas Kalcker
- Cancer doctor Dr Helmut Ehleiter
- Seegarten Clinic Switzerland
- Allgäu Biological Tumour Centre
- Dioxychlor study
- US Army: Chlorine dioxide against Ebola
- Company Chlordisys

1.4 Risks and side effects

When taken orally, chlorine dioxide does not seem to act in the body for more than 2 hours.

After that, it decomposes into oxygen, water, and common salt, all-natural components of the blood.

Thus, there are no residual components left over at all, as is the case with medicines, for example, which have to be broken down or disposed of by the body. The main side effects in case of overdose can be nausea to vomiting and diarrhoea. This is often short-lived. Neither seems to be due to an intolerance of the actual active ingredient, but simply to its being too thorough.

Large amounts of residual waste from killed bacteria and fungi then float in the blood and have to be disposed of. This triggers a poisoning alarm in the body and the body starts its emergency programme in which it lets out everything above and below. MMS is only partially activated sodium chlorite that can continue to activate in the stomach for hours, depending on the acidic conditions, and thus produce further chlorine dioxide. This does not apply to ready-to-use CDS or activated CDSplus.

According to Dr. Andreas Kalcker, the few deaths known in the literature in connection with chlorine dioxide are only due to inhalation of a large amount of chlorine dioxide gas (e.g. defect in a technical system), not a single death is due to oral ingestion of an aqueous chlorine dioxide solution.

I can deduce another side effect from the testimonials reported back to me: Skin rash. In some cases, a detoxification process also takes place through the skin. This can lead to a red, itchy rash. This is only temporary and has so far always healed without permanent damage. Whether these are tiny parasites leaving the body or more aggressive toxins remains to be investigated.

In an animal experiment, rats were given 400mg of chlorine dioxide to drink for weeks. The dose of 400 mg corresponds to 10 times the dose that a human would use. None of the animals died or had any other illnesses. In the control group without chlorine dioxide, a few animals died.

So chlorine dioxide intake increases life expectancy.

So even with a 10-fold overdose, there were no signs of poisoning or deaths. The researchers were surprised that the rats even drank the chlorine dioxide solution voluntarily. No rat got cancer.

So the active ingredient chlorine dioxide is neither toxic nor carcinogenic even at 10-fold overdose.

Later, a rabbit breeder gave several thousand animals 400mg of chlorine dioxide over a longer period of time. There was not a single mutation and there were more and healthier offspring (more birth weight).

So chlorine dioxide is also not mutagenic (gene-altering) and cannot damage fertility.

According to Andreas Kalcker, the dose of 400mg corresponds to about 4 years of chlorine dioxide intake in humans!

Facts:

- Book "The MMS Manual" Dr. med. Antje Oswald
- Book "MMS clinically tested"

1.4.1 Warning of the Federal Office for Risk Assessment

For the sake of completeness and fairness, it must also be mentioned that there is a warning from the Federal Office for Risk Assessment (BfR) on MMS dated 2.7.2012.

BfR Opinion No. 025/2012 of 2 July 2012 (excerpt)

"Miracle Mineral Supplement" ("MMS") is offered for sale on the internet as a solution in two small bottles. According to reports from abroad, this product may affect the health of consumers. There have been reports of gastrointestinal disorders such as abdominal pain, nausea, vomiting, and diarrhoea, sometimes with blood pressure disorders and considerable fluid loss. Direct contact with the undiluted or incorrectly mixed ready-to-use solution can lead to skin and mucous membrane irritation and even chemical burns. In the meantime, individual cases of adverse effects after the consumption of "MMS" have also become known in Germany. Some of the offers contain information that this product can be used to disinfect water. On some websites, proponents of the use of "MMS" point out the possibility of

taking the product orally. The BfR strongly advises against the ingestion and use of "Miracle Mineral Supplement" ("MMS")...."

If you read through this warning in detail, you will find the following: Although by now well over a million people in Germany know about MMS and have been using it for years, this office has so far not considered its own investigations necessary. They only quote warnings from abroad. Actually, all countries only quote the warning of the American FDA (Federal Drug Administration), which, for example, sees no problem at all in the approval of aspartame, which is seriously harmful to health. So the threat level cannot be that high if no own investigations are carried out. In this warning are:

- **No deaths**
- **No life-threatening situations**
- **No permanent damage**

after taking MMS. What remains are temporary disturbances of well-being. These are nausea to vomiting and diarrhoea, as they have been mentioned in every MMS book so far. On the other hand, there are thousands of reports of success even with diseases that are considered incurable. This means that everyone must weigh up the arguments for themselves.

In short, the above warning of the Federal Office is the best package insert for MMS/CDS/chlorine dioxide. The Bayer company would like to have such a harmless package insert for its bestseller "Aspirin". Unfortunately, it says such ugly things as permanent blood count changes and stomach bleeding. Dr. Friedrich Hagenmüller of the Asklepios Clinic in Hamburg estimates the number of deaths caused by the aspirin side effect "stomach bleeding" in the Federal Republic of Germany alone at 1,000 to 5,000 people, and the number of unreported cases is probably much higher. Since he also doubts the usefulness of the "all-rounder" in the treatment of pain, he advocates a restriction of trade. According to Phillip Mimkes (The Aspirin Lie), the drug was one of the 15 most frequent causes of death in America in 2000, with 16,500 deaths.

So what potential hazards are we talking about here with MMS / chlorine dioxide?

References:

- Book "Healing is possible" Dr Andreas Kalcker
- Warning of the Federal Office for Risk Assessment BfR
- Hamburg clinic: warning against aspirin
- Study Phillip Mimkes

1.5 Interactions and contraindications

Those who have an extremely rare chlorine allergy should not use MMS, or only use it with great caution. In addition, MMS has a slight blood-thinning effect. Marcumar patients must take this into account, especially before an operation.

MMS and vitamin C, an antioxidant, cancel each other out in their effect. If you have taken too much MMS, you can reduce the unpleasant side effects by taking vitamin C or corresponding juices. Theoretically, reactions with food in the stomach and medicines would be conceivable, but so far, despite years of worldwide MMS applications, practically no concrete interactions have become known.

According to Dr. Andreas Kalcker, people with the following characteristics should nevertheless not use MMS, MMS2, or CDS or should approach the treatment with great caution:

- **With long-term medication**
- **known chlorine allergy**
- **with liver dysfunction**
- **Bleeder**
- **Treatment with anticoagulants**
- **Traumatic experience with gas poisoning**

I like best the recommendation of Dr. Klinghardt (www.ink.ag) to take the MMS in the morning until approx. 18:00 and to take the necessary medicines or food supplements (NEM) 3-4 hours apart, i.e. after approx. 21-22:00. Concrete interactions with other pharmaceutical drugs are not known so far. In case of doubt, a time interval of 2-4 hours should be chosen.

Antidote for overdose and severe side effects:

You can dissolve a teaspoon of sodium bicarbonate (also called sodium hydrogen carbonate, sodium bicarbonate, caesar soda, or Bullrich salt) in a glass of water and take it or eat an apple, for example. Alternatively, it is also possible to take vitamin C.

Drainage Remedies

When using chlorine dioxide internally to eradicate microorganisms, they will release a number of toxins in the process of dying. These toxins need to be eliminated from the body through the detoxification organs such as the liver, kidneys and lymphatic system.

Often people who have been sick for some time, or are not drinking enough water, or eating unhealthy, refined foods, will tend to have blocked detoxification organs.

This is where they can benefit from taking drainage remedies to help open the detox channels.

One good herbal drainage remedy is called LAVAGE, which in French means *drain*. I will talk more about all of these detox remedies and measures in my second book.

References:

- Book "The MMS Manual" Dr. med. Antje Oswald
- Book "MMS clinically tested"
- LAVAGE remedy – www.detoxmetals.com

1.6 Market overview of chlorine dioxide products

1.6.1 First stage of development: Classic MMS

Chlorine dioxide products are legally approved for drinking water disinfection under certain boundary conditions and are legally available on the market. Chlorine dioxide is a gas that is heavier than air and escapes quickly. Therefore, it cannot be stored for long and is often produced by a chemical reaction shortly before use. This requires a sodium chlorite solution NaClO_2 and an activating acid.

Jim Humble first took lemon juice for this. Then he recommended an initial 10-percent and later 50-percent citric acid with different mixing ratios. Other suppliers also offered MMS with tartaric acid and lactic acid as activators. However, such a recommendation has never been issued by the Jim Humble Group and is therefore not supported here!

After a long time of trying and the positive experiences of Kerri Rivera about the much better tolerance with the especially sensitive autistic children, there is now a new current recommendation. Here, only a 4-5% hydrochloric acid is recommended as an activator, as this is the only inorganic acid (without a carbon residue molecule) legally permitted for drinking water treatment.

Since February 2013, Jim Humble has only recommended the following MMS formulation:

**25% sodium chlorite solution (NaClO_2) and
4-5% hydrochloric acid (HCl) as activator
the mixing ratio is always 1:1
the activation time is always 45 seconds**

Don't worry, you don't have to dispose of your existing MMS kit now. Chlorine dioxide is chlorine dioxide and it works. But you should make sure in future purchases that we all use only the same formulation. This way we have repeatable application protocols and the same chlorine dioxide concentrations, and the many case distinctions and queries from users about how to do it with this set and how with that one can finally be dispensed with.

Activation and dosage



Dosages for MMS are given in all books and application protocols in the number of "activated drops", but **one "activated drop" actually consists of two drops, one drop of sodium chlorite, and one drop of activator acid.**

Standard activation of MMS:

1. Take a dry and clean glass (ceramic yes, but no metal)
2. Drop e.g. 3 drops of sodium chlorite solution (25% NaClO₂) into the glass.
3. Drop the same amount of activator hydrochloric acid (4-5% HCl) into the glass.
4. Hold the glass at an angle so that the drops meet and react with each other
5. Wait approx. 45 seconds until the mixture turns yellow-brown and smells like an indoor swimming pool.
6. Now fill the glass with the desired amount of water (approx. 150-250ml).
7. Use this solution immediately, because the chlorine dioxide gas will escape quickly.

Warning: Please do not go so close to the glass with your nose and try to avoid inhaling the gases that are released.

If water is already in the glass, no chemical reaction takes place. It does not matter which of the two components you drop in first. The amount of water you use is up to you. If you like it very diluted, then you have to drink more liquid. If you can't drink as much liquid, the taste will be stronger. The amount of chlorine dioxide taken is always the same.

Backgrounds

Pure chlorine

This reaction not only produces chlorine dioxide, but also always a small amount of pure chlorine. Pure chlorine, in turn, is very reactive and minute amounts of toxic chlorates can be produced. This "micro-poisoning" could be another reason for sensitive people to feel nauseous earlier.

Strongly acidic

Contrary to previous statements in the relevant MMS books, the activating acid is not consumed in the production of chlorine dioxide. Therefore, no "residual acid" remains, but the full acid content, i.e. the solution produced is very acidic in pH value (2.5-3). Chronically ill people are often very over-acidic and for this reason, among others, tolerate the classic MMS less well. Here, the following further developments such as CDS and CDSplus are very helpful.

1.6.2 Second stage of development: Ready-to-use CDS solutions

Dr Andreas Kalcker came up against the limits of MMS when treating farm animals. Ruminants such as cows cannot be given classical MMS orally in large quantities due to the biochemical boundary conditions in their stomachs. The bacterial digestion could come to a complete standstill and thus lead to the death of the animal.

Up to now, it has not been possible to inject the classic activated MMS because of its very low pH value (2.5-3). Therefore, he produced a pH-neutral chlorine dioxide solution (pH 5.5-7 at 3,000 ppm) for intramuscular administration in a distillation process. He called this CDS (Chlorine **Dioxide** Solution). In the distillation process, classic MMS is activated without the subsequent addition of water. The resulting gas is then introduced into a second vessel with cold water until it turns yellow.

Warning: Laypersons should not use the manufacturer's procedures for CDS given in YouTube. On the one hand, it is difficult for a layperson to adjust the actual chlorine dioxide concentration. On the other hand, if the wrong material is selected or the concentration is too high, an explosive gas concentration may well occur. If you breathe in too much chlorine dioxide gas, you can get life-threatening cyanosis.

Conclusion: This CDS in-house production is better left to the technically experienced!

Ready-to-use CDS solutions are supplied in only one bottle with yellowish contents. Activation is no longer necessary here.

The recommended standard concentration for CDS is 3,000 ppm or 0.3% solution. For legal reasons of product declaration, most suppliers stay just below this (i.e. e.g. 0.29%).

Advantages of CDS:

0. - pH-neutral
1. - Less odour
2. - less flavour
3. - Much better tolerated
4. - can be dosed significantly higher
5. - fewer side effects

On the other hand, there are also some disadvantages. Many influences such as temperature, pressure, and time affect the distillation process. The chlorine dioxide concentration can only be measured with test strips by dilution and in a very narrow range. Other measurement methods require expensive laboratory equipment. This is one reason why the chlorine dioxide concentrations (from 800 to 5,000 ppm) vary greatly between the individual suppliers and products.

In addition, the freshly filled bottle must already be stored in a cool place at the supplier's so that the escape of the gas chlorine dioxide is at least slowed down. Theoretically, the cold chain must also be maintained during shipping in summer. However, this is rarely done for practical reasons. If the user then opens the bottle immediately after receipt without having placed it in the refrigerator for at least 6 hours beforehand, a large proportion of the chlorine dioxide escapes again.

Moreover, regardless of whether the bottle is used, its shelf life is limited to 3 to 4 months in the refrigerator and cannot be extended in any other way. It is therefore often **not** worthwhile to buy several bottles of ready-to-use CDS for stockpiling or as a crisis precaution. The concentration of the active ingredient therefore steadily decreases right after the manufacturing process, during storage, delivery and at the customer.

Conclusion: For a CDS application protocol that is always the same and repeatable worldwide, it is thus unfortunately difficult to always achieve the same dosing with the same chlorine dioxide concentration with the ready-to-use and well-tolerated CDS.

Backgrounds

Fluctuating and decreasing concentration

Unfortunately, all this often leads to the fact that the users always work with an unknown and constantly decreasing chlorine dioxide concentration in the ready-to-use CDS, which inevitably leads to different dosages and results.

Pure chlorine

Since most ready-to-use CDS solutions are obtained from activated classic MMS after the distillation process, there is the same minor contamination with free chlorine. During distillation, not only the desired chlorine dioxide gas goes into the solution, but also small amounts of pure chlorine. The same possible disadvantages for particularly sensitive people apply as with classic MMS.

Not stabilised

According to a study by the University of Marburg, CDS produced by distillation is not very stabilised and disintegrates quite quickly (even in the refrigerator).

UPDATE: Dosage of ready-to-use CDS

In the beginning, many mistakes were made in the dosage of CDS. Dr. Andreas Kalcker knows from experiments with pig stomachs at several universities in Spain that after taking MMS, up to 7 times the amount of chlorine dioxide can be reproduced by the stomach acid. For this reason, the first conversion factors MMS to CDS with 1:4 or 1:7 on a drop basis were much too weak. The specification of a scientifically correct conversion factor is also not possible, since it is a dynamic process on which many parameters such as temperature, density, etc. affect.

Dr. Andreas Kalcker recommends dosing CDS only in millilitres and NOT with a drop count. For uniform dosing worldwide, a dosing pipette with ml labeling (plastic syringe without cannula) is recommended.

The rough conversion factor MMS to CDS is:

For external applications:

3 activated drops of MMS correspond to approx. 1ml CDS (for CDS with approx. 0.3% chlorine dioxide solution, i.e. 3,000ppm).

For oral use (with the effect of gastric acid):

1 activated drop of MMS corresponds to approx. 1ml of CDS (for CDS with approx. 0.3% chlorine dioxide solution, i.e. 3,000ppm).

So if up to now one had taken 3 activated drops of classic MMS orally, then when using CDS this is now 3ml, i.e. 3 times the amount!

1.6.2.1 NEW: CDSpure® ampoules

Since mid-2021, there has been another trend-setting new development in which I played a major role:

CDSpure® is a high-purity chlorine dioxide solution with **2,990ppm**, as from 3,000ppm onwards it is necessary to put significantly more warning labels on the product.

For this purpose, pure chlorine dioxide gas is dissolved in thoroughly demineralised and nano-filtered water in a special manufacturing process. **CDSpure®** is **pH-neutral** and, like CDSplus®, **chlorine-free** (contains no elemental and therefore toxic chlorine).

CDSpure® is initially supplied in 5 ml glass ampoules. Due to the glass ampoule, these can be kept unrefrigerated (!) for at least 5 years. In addition, the glass ampoule is made of clear glass so that the yellow shade and thus the chlorine dioxide content of the CDS solution can be seen directly.

CDSpure® is a ready-to-use CDS solution and is dosed and applied in the same way as conventional CDS/CDL solutions or CDSplus®. Compared to the CDS solutions, it has the advantage of being stable for years without refrigeration.

***Legal notice:**

CDSpure® and CDSplus® are registered trademarks of AQUARIUS pro life Limited (www.aquarius-prolife.com).

1.6.3 Procedures no longer recommended

In the following, some other methods for the production of CDS solutions are briefly described, but due to their complexity, susceptibility to errors, and newer and better solutions, they are not further recommended for the broad mass of users.

With the classic activation of MMS, there is always an excess of acid. Attempts were therefore made very early on to neutralise this, e.g. by subsequently adding a pinch of sodium bicarbonate (also called sodium hydrogen carbonate, Kaiser soda, Bullrich salt or baking soda). It foams up briefly in the process. In the meantime, the Jim Humble Group has moved away from this worldwide, as it seems to impair the effectiveness of the chlorine dioxide. Now sodium bicarbonate is used as an antidote for overdoses of MMS. In addition, there are now better methods and means of obtaining a pH-neutral solution.

In the so-called **Gefeu method**, the sodium chlorite is completely activated with an amount of acid that is calculated separately depending on the activator, to achieve the highest possible yield of chlorine dioxide gas. The solution is not pH-neutral, however, and the advantages did not make sense to me.

Since an MMS set can be purchased quite cheaply anyway and usually lasts for a family for more than 2 years, the intended cost savings can only be minimal. That fully activated MMS works better in a still pH-acidic environment or is better tolerated, there is not enough clear experience about that.

In addition, the post-activation of MMS in the stomach found by Dr. Andreas Kalcker may contribute to its better effect (retard). Furthermore, the Gefeu method is also recommended with tartaric acid and other acids as activators, which Jim Humble never mentioned or recommended. Organic activators are also explicitly excluded in the drinking water disinfection, which is very precisely regulated by law because then a residual molecule remains in the solution and the whole thing also becomes germy again more quickly.

There are also alternative practitioners who explicitly warn against the use of tartaric acid in particular. Also, completely different concentrations and dosages are recommended than in the MMS-/CDS-1000 protocols by Jim Humble. I wonder where the large experience base was gathered before such recommendations were made publicly?

The many questions of understanding that keep coming up in the forums or my seminars encourage me not to recommend this method to the masses. On the one hand, this independently developed side arm distances itself from Jim Humble, but on the other hand, it credits the successes with the same diseases to its method. The Gefeu method is also, as far as I know, completely unknown outside Germany in the worldwide MMS community.

CDH was the MMS group's attempt to make the CDS solution obtained by distillation last longer. For this purpose, sodium chlorite was repeatedly added to the CDS after measuring with test strips. This is something for professionals and is too complicated for the general public and only leads to a solution that is not pH-neutral.

CDI (Chlorine Dioxide Injections) is for the intramuscular or intravenous injection of a chlorine dioxide solution. Dr Andreas Kalcker injects the chlorine dioxide gas into diluted seawater. Thus it is pH-neutral and also has the same salt content as blood. In addition, cold and finely filtered seawater seems to have a very invigorating and healing process accelerating effect, as was presented at the Spirit of Health Congress 2014 by Francisco Coll, manager of Laboratories Quinton International Alicante.

CAUTION: Infusions with chlorine dioxide solutions are reserved for doctors, alternative practitioners, and otherwise trained medical personnel. These should always be carried out under supervision! All commercially available MMS, CDS, and CDSplus variants are NOT suitable for infusions.

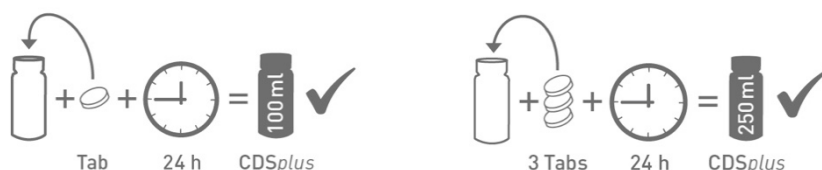
Sources of supply:

see on www.mms-seminar.com under "Sources of supply"

1.6.4 Third stage of development: CDSplus - durable and stable CDS

The third and latest stage of development, here only called "**CDSplus**", combines the advantages of classic MMS with the better tolerance of CDS. Here you also get only one bottle with a liquid component and a separate precisely coordinated activation tablet. Due to the low concentration, this liquid component is not dangerous and not corrosive (as is the case with MMS). In the non-activated state, this product can be stored unrefrigerated for years, just like the classic MMS.

Activation CDSplus:



If necessary, throw the activation tablet from the sachet into the liquid component, close and shake the bottle briefly and wait for the specified activation time. At room temperature and above, this is approx. 24 hours.

Thus, the entire contents of the bottle are activated at once and completely. The activation process itself is also very safe, as there is neither a spontaneous, violent chemical reaction nor the formation of gas or pressure.

After activation, you have completely normal, but fresh stabilised CDS and with a standardised concentration of 3,000ppm.

Immediately after activation, it is pH-neutral, odourless and tasteless, and thus excellently tolerated. Just like the ready-to-use CDS, it should be stored in the refrigerator after the activation time (according to the manufacturer, it can be kept for approx. 6-9 months) and is also dosed in the same way as the previous ready-to-use CDS.

The big advantage besides the shelf life is that after activation, you always get fresh CDS with a standardised chlorine dioxide concentration. This means that it is now finally possible to always produce a repeatable, identical dosage

worldwide. The development of the CDSplus is protected by patent* but is nevertheless available from more and more dealers worldwide.

UPDATE: Dosing of CDSplus

Since after activation CDSplus is almost identical to ready-to-use CDS solutions, all the following explanations and dosing instructions for CDS also apply to CDSplus.

For external applications:

3 activated drops of MMS correspond to approx. 1ml CDS (for CDS with approx. 0.3% chlorine dioxide solution, i.e. 3,000ppm).

For oral use (with effect of gastric acid):

1 activated drop of MMS corresponds to approx. 1ml of CDS (for CDS with approx. 0.3% chlorine dioxide solution, i.e. 3,000ppm).

So if up to now one had taken 3 activated drops of classic MMS orally, then when using CDS this is now 3ml, i.e. 3 times the amount!

For uniform dosing worldwide, a dosing pipette with ml labeling (plastic syringe without needle) is recommended.

Backgrounds

Activation

With the CDSplus, one-time activation of the entire bottle is necessary before use.

Standardised concentration

The simple and safe activation of the bottle provides a completely fresh chlorine dioxide solution when required. Due to the exact coordination of the liquid component and the activation tablet, the chlorine dioxide concentration is always very precisely 0.3% or 3,000 ppm, as desired. Only through this concentration, which can always be produced in the same way by any layman, is repeatability as with the classic MMS application protocols given.

Pure chlorine

The formulation and activation process of CDSplus is the only process I know of where no free chlorine can be measured immediately after activation. Thus, the possible "micro-poisoning" with chlorates as with MMS and CDS cannot occur. This property of CDSplus seems to have been completely underestimated so far, as the first field reports further down show.











































Stabilised

The patented buffer system used in the CDSplus also ensures that the chlorine dioxide solution produced is stabilised and thus generally has a longer shelf life than the ready-to-use CDS solutions (produced by distillation). Nevertheless, storage in the refrigerator is preferable in order to extend the shelf life to 6 to 9 months, if necessary.

***legal notice:**

CDSplus® is a registered trademark of AQUARIUS pro life Limited (www.aquarius-prolife.com).

1.6.5 Comparison of the chlorine dioxide products

| CIO ₂ products | Stage 1: MMS | Stage 2: CDS | Stage 3: CDSplus |
|----------------------------------|---|--|--|
| Activation necessary |  yes |  no |  yes |
| Shelf life before activation |  up to 5 years |  6 months from production |  up to 7 years |
| Shelf life after activation |  max. 24 h in glass bottle |  6 months from production |  9-12 months |
| Solution stabilised? |  no |  no |  yes |
| Store refrigerated |  no |  yes, always |  no |
| Hazard due to chemicals |  yes |  no |  no |
| Chlorine dioxide-Concentration |  Exactly repeatable |  fluctuates strongly |  always exactly 0.29%/3,000ppm |
| pH value according to Activation |  Very acidic (2-3) |  pH-neutral (6,5-7,0) |  pH-neutral (6,5-7,0) |
| Taste |  strongly |  mild |  mild |
| Smell |  very strong |  mild |  mild |
| Chlorine-free* after activation |  no |  no |  yes |
| Danger due to chlorate formation |  yes |  yes |  no |
| Compatibility |  45-50% |  80-100% |  90-100% |
| Price |  2x100ml approx. 18-22 € |  100ml approx. 15-30 € |  100m approx. 25 € 250ml approx. 49€ |

Explanations

*Chlorine-free: Contrary to previous assumptions, not only the desired active ingredient chlorine dioxide is produced when classic MMS is activated, but always small amounts of pure chlorine as well. Pure chlorine reacts very aggressively with almost every reaction partner and there is a danger of chlorate formation.

Chlorates such as Weed-Ex, for example, in these small amounts can be one reason for why there is a worse tolerance of MMS, besides the violent smell and taste. CDS produced by distillation (from activated MMS) thus also contain small amounts of free chlorine. This free chlorine can be bound quite well by always adding at least 1 drop of DMSO to every MMS or CDS dose shortly before taking it (see chapter on DMSO). With the new CDSplus, on the other hand, the formation of pure chlorine during activation is safely excluded by the patented process.

1.6.6 When do I take what?

So, with all these advantages, should I only use CDSplus? No, I continue to use MMS, e.g. for foot and full baths (CDS/CDSplus would be much too expensive here) and everywhere where you want to fumigate and thus disinfect wounds or rooms and objects.

Generating large quantities of chlorine dioxide gas only works with the classic MMS. For oral intake, on the other hand, I mainly use CDSplus. From the seminars, I know that 5 to 6 out of 10 newcomers break off an MMS cure prematurely because of smell, taste, and/or nausea. With CDSplus, on the other hand, all 10 usually stay until the end.

In addition, with CDSplus one can take much higher doses for acute illnesses without the slightest side effects (previous experience). Due to the long shelf life without cooling (before activation) and the repeatable equal chlorine dioxide concentration, the more practical CDSplus will probably prevail over the ready-to-use CDS products in the medium term, and hopefully, the price will come down as well. In many countries with long hot summers, the ready-to-use CDS would not be shippable for many months.

1.6.7 First experience reports with CDSplus

Dr Andreas Kalcker sees the advantages of CDS, among other things, in the fact that it can be dosed much higher, i.e. a larger amount of chlorine dioxide can be introduced into the body per day than with the classic MMS. With these quantities, diarrhoea would occur as a side effect with the MMS simply because of the over-acidification. In his book "CDS/MMS - Heilung ist möglich" (CDS/MMS - Healing is Possible), he reports about a woman with terminal breast cancer who achieved an otherwise extremely rare spontaneous healing within 6 months through high daily doses of CDS. The properties of CDS can be transferred to CDSplus.

Kerri Rivera, the authors of the book "Healing Autism", is excited about the simplicity of producing standardised CDS with the tablet-activated CDSplus. The long shelf life in the non-activated state was previously only known to her from the classic MMS. Only the repeatable exact production of a 3,000 ppm chlorine dioxide solution without knowledge of chemistry and without measuring strips makes a worldwide standardised application possible. She also attributes the significantly better tolerance of the CDSplus possibly to the complete absence of pure chlorine. Until now, this was not possible with MMS and CDS by distillation. For them, even total doses of up to 50ml per day of CDS are now possible.

Dr. Wassil Nowicky, developer of the alternative cancer remedy **Ukrain** derived from celandine, reported on his own experience. He had been surprised that his old warts had already fallen off after 3-4 days of oral intake and rubbing with CDSplus. With his **Ukrain**, he had found that the cleaner a body was, the more intensively the **Ukrain** could work (up to 500 times!).

Unfortunately, after the efficient initial administration of **Ukrain**, the effect decreases with subsequent doses due to the decay products that are formed. For this reason, he has now combined his **Ukrain** protocol with the administration of CDSplus.

First a patient is given **Ukrain** for 5 days, then CDSplus for 5 days 20ml/day with the oral CDS-1000 protocol. Then the patient gets 10 days of **Ukrain** and another 10 days of **Ukrain** with high-dose vitamin C. Then, during the 20-day treatment break from **Ukrain**, the CDS-1000 protocol is taken with 20ml/day of CDSplus. This means that 20 days of **Ukrain** are alternated with 20 days of

CDSplus. Note: Ukrain is currently only available from him in Vienna and only for medical study purposes.

Dr Dietrich Klinghardt, an internationally recognised alternative physician with clinics in the USA and Germany, was surprised by the high purity (100% chlorine-free directly after activation) of CDSplus. The Herxheim reaction explains only some cases of indisposition after taking chlorine dioxide solutions. The proportion of pure chlorine in the activated MMS and distilled CDS and the possible formation of chlorate associated with it could be a much more reliable explanation. With this pure product, much higher dosages are now possible without the known side effects. Dr. Klinghardt is one of the first globally known and renowned alternative physicians who firmly integrate MMS/CDS applications, especially enemas, into his treatment protocols.

1.6.8 MMS for crisis preparedness

There are many reasons why a crisis can occur even in the heart of Europe: the pandemic currently being deliberately fomented, the alleged terrorist threat, natural disasters, currency collapse, civil war, changes in solar activity, or the climate.

In the event of a crisis, electricity is often cut off for an indefinite period. Many Ukrainians can tell you a thing or two about this. Few know the true extent of this fact in pampered Europe. Without electricity, no pumps work and there is no water pressure. The water may still run out of the tap on the ground floor for a certain time, but all floors above have to get their vital water from elsewhere.

In addition, according to a crisis study, no more than 2% of the petrol stations in Germany have an emergency generator, which means that no more fuel can be pumped or refueled. In the next few days, this will mean that no more trucks will be able to bring food and drink into the city, and rubbish will also be left lying around.

People can usually go up to 30 days without food, but not 3 days without drinking water. Now the task is to collect rainwater or draw water from a nearby river or pond and store it. Water that is stored, however, begins to algae and germinate after a few days and forms dangerous biofilms. Consumption would then be life-threatening without boiling.

Here, a mobile MMS set is very useful to sterilise water from sources of unknown purity and to store it safely. However, since personal hygiene and kitchen cleaning are also restricted by the lack of water, there is also the threat of diseases due to poor hygiene. Here, too, as a preventive measure, e.g. fumigation of the flat (see MMS tips) or spraying the body or objects with MMS spray can be very useful.

If one has to leave the flat in case of a longer-lasting crisis, no stationary water filters that only work with water pressure will help, but our two easily transportable MMS vials will. So you don't have to be an advocate or active user of oral MMS applications to use drinking water treatment products sensibly.

Even in more "normal" times than outlined above, one cannot rely one hundred percent on the quality of the drinking water from the tap. Unfortunately, at the end of 2013, there were hundreds of sick people and ultimately at least three deaths in Warstein due to legionella in the drinking water. The brewery's wastewater was heavily contaminated with germs and the subsequent sewage treatment plant was not able to clean it completely.

Conclusion: For me, an MMS set belongs in every household just for crisis preparedness. It is inexpensive, durable, takes up little space, and can be used multifunctionally like a Swiss Army knife.

1.6.9 Sources of drinking water products

Chlorine dioxide products are legally approved worldwide for drinking water disinfection, among other things, and are legally commercially available.

However, please do not ask providers for the MMS application protocols according to Jim Humble!

For legal reasons, they are not allowed to and will not provide any information about this. The same applies to suppliers of calcium hypochlorite (MMS2) as a pool cleaner. This "other kind" of application as a medicine is not approved and such self-treatments are always carried out on one's own responsibility.

As described in the chapter "MMS for crisis prevention" and in the MMS tips further on, for me MMS belongs in every household, even if one does not want to do any health applications according to Jim Humble.

As many requests for sources of supply for chlorine dioxide products come from many countries where there are locally different manufacturers, suppliers, formulations and qualities, and as we cannot test all of them all the time, we are announcing the following source of supply for drinking water products of the AQUARIUS pro life brand:

www.aquarius-prolife.com

The products are manufactured entirely in accordance with the strict German Drinking Water Ordinance, comply with the latest formulations and development stages (including the CDSplus), are securely packaged and come with instructions in 11 languages. In addition, the web shop can be operated in over 11 languages and, above all, delivers worldwide.

We know the quality of these products. There are certainly other sources with decent quality and similar naming, but we have no experience and do not comment on them. The product information and safety data sheets of the respective manufacturers should always be observed. Please also note the warnings regarding outdated products and formulations in the chapter "Important Warnings" below!

1.6.10 Important warnings

Many users keep asking questions that indicate that something has been misunderstood or done wrong. Therefore, here are some important warnings.

Do not use MMS and CDSplus components separately

Please never use one of the components alone with 2-component products (e.g. classic MMS or CDSplus)! Please also never swallow the activation tablet for CDSplus. It serves exclusively to activate the special liquid component supplied. This liquid component is not pure water!

Products with higher concentrations than 3,000 ppm or 0.3%.

Some suppliers offer CDS solutions with concentrations above 0.3% or 3,000 ppm. At significantly higher concentrations, the gas concentration above the liquid level in a bottle can reach explosive values. In addition, it is easy to get confused with the conversion to the application protocols with 3,000 ppm and apply too little or too much.

CDS/CDL products that are not pH neutral at 3,000 ppm

Moreover, many of these products advertised as CDS or CDL are not pH-neutral at 3,000 ppm concentration and thus you are actually only buying a few drops of very expensive activated conventional MMS. According to Dr. Andreas Kalcker's definition, the main property of CDS is the **pH neutrality of the chlorine dioxide solution at a concentration of approx. 3,000 ppm.**

Do not produce CDS distillate yourself!

Please never make CDS distillate yourself according to the Andreas Kalcker films on YouTube. Simply choosing the wrong tube material can cause the tubes to stick together. This creates an ever-increasing pressure, which can then lead to the vessels bursting. Other distillation methods (e.g. the refrigerator method with float glass) only produce a weak 300 ppm concentration and you then have to convert again for all protocols.

Activate a maximum of 30 drops of MMS at once

Never activate more than 30 drops of the classic MMS. Even if you need more, e.g. to sterilise a large rainwater cistern, activate a maximum of 30 drops and add them to the water to be sterilised. Then activate another 30 drops and

add them to the water and so on. Always work with these quantities of more than 30 drops in well-ventilated rooms. It is better and safer to reach the goal in stages than to activate everything at once.

In case of spillage, always dilute with water

If you have spilled activated classic MMS, always rinse and clean it with plenty of clean water, as it is pH-acidic. The same applies to a lesser extent to CDS/CDSplus solutions. CDS/CDSplus is pH-neutral, but the chlorine dioxide could still have a slightly oxidising and thus discolouring effect on fabrics and surfaces.

Other processes and recipes

There are also many other methods of producing chlorine dioxide, especially from two purely dry components. But as far as I know, these are approved for other technical applications and not for drinking water treatment in Germany.

Do not use industrial container sizes

To use chlorine dioxide products in industrial container sizes, you should have undergone extensive training in handling chlorine dioxide. The danger of explosion or the possibility of suffocation from cyanosis is simply very real with these large quantities of active ingredients. The cost savings are not that great to take these risks.

DMSO brings everything into depth and decolours garments

The use of the enhancer DMSO (dimethyl sulphoxide) should also be done with care. DMSO is a strong organic solvent, i.e. it decolourises many substances. Whenever DMSO is spilled, it should be absorbed or washed off with plenty of water. DMSO can dissolve rubber (e.g. rubber gloves), but it is not corrosive. DMSO brings not only chlorine dioxide but everything into deeper tissues, including dirt. So always work cleanly in the area of application.

1.7 Further aids

1.7.1 MMS2 - Calcium hypochlorite

To expand the application possibilities for the severe diseases where MMS1 i.e. sodium chlorite and an activating acid or CDS solutions did not help or did not help enough, Jim Humble had recommended the MMS2. MMS2 is also based on a chemical that is approved for drinking water disinfection. The calcium hypochlorite is taken as granules in a capsule. The activator in this case is the water. This is how the hypochlorous (hypochlorous acid) is formed in the body.

The body's immune system normally uses this hypochlorous acid itself to kill germs. The white blood cells surround a pathogenic germ and then break it down with this acid. Now the theory is that chronically ill people produce too little of this acid because, for example, they have run out of the raw materials for it. In fact, a specialist doctor had reported to Dr Andreas Kalcker that people who have a deficiency of myeloperoxidase (MPO) in their blood would have such a weakness in killing enough germs. This should definitely be researched further.

Intake protocol for MMS2 capsules

Jim Humble recommends drinking up to 4 x 1 capsules daily, each containing 400mg of calcium hypochlorite, with 2-3 large glasses of water. Ideally, the MMS-2000 protocol should be used. Here, the alternating intake of a capsule is threaded into the MMS-1000/CDS-1000 protocol, so that one takes MMS1/CDS once and MMS2 capsules the next hour. Dr. Oswald advises significantly lower dosages per capsule.

CAUTION: Do not take damaged capsules! In case of contact with the granules, wash everything thoroughly with plenty of water!

If a capsule is broken if swallowed or if you feel unwell after taking a capsule, you should always **drink more water**. Diluting helps best here!

I myself had to burp more than 20-30 minutes after taking a capsule, and the smell was akin to me having drunk a whole swimming pool. Many workshop participants also reported this, but it is rather funny than unpleasant or

dangerous. A few felt slightly nauseous, but this was quickly remedied with another large glass of water. No other side effects have been reported so far.

Experience with MMS2

All our MMS knowledge is ultimately based on the condensed experience knowledge of the users and their feedback. We have about 100-200 times less experience reports with MMS2 than with MMS1. After all, it is not taken for daily trivial infections, but when the illnesses are life-threatening.

Nevertheless, the experience reports reported to me are very promising. Especially in cases of severe illnesses, where orthodox medicine simply could not diagnose a known disease, I have two users who were able to stop the further course of their illness and even began to heal. I also know a user who has been taking MMS2 for months for a scattered prostate cancer and feels much better with it and has largely stopped the conventional medicine.

A lady from Berlin has pretty much all kinds of parasites from *Borrelia* to *Trichomonas* and *Morgellons* and was very ill. With MMS1 and MMS2 her condition improved steadily. She hasn't fully recovered yet, but she says without MMS2 she can barely get through the day.

Interestingly, I get a lot of reports of successes with horses. For example, the owners dissolved the contents of the capsules in a large amount of water and gave it to the animal to drink. It recovered from a very severe infection although the vet recommended putting it to sleep after his futile measures. In the case of laminitis (aseptic inflammation of the hoof corium), which is very common, there was also resounding success when the hooves were placed in a bucket with a small amount of dissolved MMS2 granulate.

Sources of supply / Shelf life

There are fewer and fewer sources of supply for capsules with calcium hypochlorite, as the legal requirements demand a trained safety officer in the company offering the product. In addition, the shelf life of MMS2 is limited, as the capsules quickly become brittle and crumble due to the oxidative content.

Sources of supply:

see on www.mms-seminar.com under "Sources of supply"

Something completely different ...

If I had a swimming pool, a rainwater cistern or my own well, which is always contaminated with bacteria and algae, I would always buy calcium hypochlorite as granules in a small bucket. According to my internet research, the product **melchlorite 70/G** (e.g. at www.melkam.de) is of the best quality.

Please be sure to specify that it is only for your rainwater cistern.

One kilogram costs only about 10€, but the shipping costs for chemicals are somewhat higher! With other suppliers, up to 15% of insoluble components were measured in the laboratory. This product from Japan has only 1.6% and is therefore probably the purest and safest granulate on the market. If you then buy gelatine or, better still, cellulose empty capsules, e.g. size 0, on eBay, you can fill your "disinfection balls" fresh yourself. The nice thing about this is that you can start dosing with quarter-filled or half-filled capsules, depending on your needs, and only make as many capsules as you need.

CAUTION: Safety glasses and gloves should be worn when handling and processing calcium hypochlorite and the room should be well ventilated.

The gases from such a small bucket of granules can irritate the eyes and respiratory tract. Please act on your own responsibility and at your own risk and follow the respective safety data sheet of the product!

... I don't know why I came up with this topic now.

1.7.2 MMS2 substitute based on sodium hypochlorite

Recently, a weak ($<1\%$) sodium hypochlorite solution has become available as an MMS2 substitute. This also ultimately produces hypochlorous acid in the body like the MMS2 based on calcium hypochlorite. This solution is dosed in droplets instead of the capsules known from the MMS2. Here, too, water is the activator.

The WHO (World Health Organisation) and with it many health authorities worldwide recommend disinfection with 5.25% sodium hypochlorite solution in case of contamination with the Ebola virus (rooms, beds, clothing, etc.). Interestingly, sodium hypochlorite is a relative of MMS2 (calcium hypochlorite), which is also used to disinfect drinking water.

If sodium hypochlorite can kill the Ebola virus thoroughly, then chlorine dioxide, which is 15 times more effective (§11 of the Drinking Water Ordinance 2001), is even more so. But chlorine dioxide with a redox potential of 0.95 V definitely cannot harm healthy body cells with a cell voltage of 1.4 V, while sodium hypochlorite with 1.49V could. but here, too, it certainly depends on the concentrations.

I also got myself a bottle, but have not yet tried it out due to lack of time. Since I lack my own experience and a sufficiently large experience base of users, I cannot and do not want to make a recommendation here. I assume that due to the much lower concentration of active ingredients than in the MMS2 capsules, more of this solution can be used (e.g. 2x 10 drops in the morning and evening). But I will stay on it!

This solution has not become established.

1.7.3 Active enhancer DMSO

DMSO (dimethyl sulphoxide) is a natural compound, an organic solvent that is clear and smells slightly foul like garlic. DMSO is produced during the extraction of pulp from tree wood. This substance is already extraordinary and fascinating in terms of its physical and chemical properties.

However, these are clearly surpassed by its diverse biochemical properties and modes of action. It combines the effects of many individual drugs and remedies in an amazing way in a single solution.

First of all, DMSO is about five times less toxic than table salt and thus a very safe therapeutic agent. The only known side effects are actually skin redness and irritation, but these are always temporary. Very rarely, people may be intolerant to DMSO, which can be ruled out with a simple test before any application. To do this, rub a few drops of DMSO on the arm and wait for 2-3 hours. Only if there is a clear liver pain or skin reactions, it is not advisable to continue using DMSO. DMSO can be applied externally and internally.

During the degradation process in the body, MSM (methylsulfonylmethane), which is known as a food supplement, is also produced in the meantime. It is probably this methylated sulphur component that is so beneficial for many therapeutic applications.

Properties of DMSO

DMSO penetrates living tissue quickly and deeply without causing any damage. This is why it is used in cryopreservation, among other things. Cells are frozen without bursting due to the expansion of the cell water that has become ice. This is why organs for transplantation are very often placed in DMSO solutions. It is also used in ointments as a means of transport and as an active ingredient.

Here is a partial list of the effects of DMSO:

- Quickly penetrates living tissue without damage
- transports other substances deep into the tissue
- analgesic (faster and with fewer side effects than Aspirin)
- decongestant
- Anti-inflammatory
- germicidal
- Accelerates wound healing
- brings order to the tissue (see MMS tip "scar solution")
- neutralises free radicals
- increases the permeability of the cells and enables better cell detoxification
- alleviates allergic reactions
- dehydrating
- muscle relaxing
- can also almost completely regress old scar tissue

It has been shown to be excellent for scleroderma, burns, inflammatory and pain conditions, sports injuries such as bruises and haematomas, arthritis and rheumatoid arthritis, sinus infections, interstitial cystitis, herpes and shingles, multiple sclerosis, systemic lupus erythematosus, sarcoidosis, thyroiditis, ulcerative colitis, leprosy, cancer and other disease conditions.

DMSO has been known for almost 150 years and its therapeutic benefits have been researched for over 60 years, and one would think with over forty thousand studies and articles, it is well known and recognised. Nevertheless, its official approval as a medicine is still limited to a few diseases (therapy of interstitial cystitis, a painful inflammation of the urinary bladder). In addition, everywhere in the world where radiation therapy is used to treat cancer, DMSO must be kept available as an emergency remedy. This is because radiation damage to the skin and tissues can be quickly alleviated and effectively treated.

In the MMS/CDS applications according to Jim Humble, DMSO is a welcome aid. On the one hand, 1-2 drops of DMSO can bind the small amounts of unwanted pure chlorine after the activation of classic MMS and on the other hand, it is a significant effect enhancer. It can be used in both external and internal chlorine dioxide treatments.

In this case, DMSO quickly brings the chlorine dioxide into deeper tissue, where it can take effect or be absorbed through the bloodstream and distributed throughout the body. This can be seen very clearly with the MMS/CDS mouth rinse. While the pure MMS/CDS application here only disinfects the surface of the oral mucosa, the tongue and the teeth, deeper inflammations of the gums, the jawbone and the roots of the teeth can also be treated efficiently by adding DMSO. Oral MMS or CDS applications are also significantly intensified by combination with DMSO.

However, DMSO may only be added after a complete activation of the classic MMS (i.e. mix 1:1 drops, wait 45 seconds and add water) and only directly before the actual application. If you prepare a bottle with 1 litre of water with activated MMS for an MMS-1000 cure in the morning, for example, the DMSO must not be added. Instead, each time a portion is poured out, it should be dripped into the water shortly before taking it. In the short term, chlorine dioxide and DMSO support each other, but in the long term, when mixed together, they tend to work counterproductively. As a rule, always add exactly as many DMSO drops as MMS drops have been activated.

The amazing possibilities of DMSO can only be touched upon superficially here. If you want to know more, you cannot avoid the DMSO manual by Dr. Hartmut Fischer.

Caution: DMSO becomes crystalline and solid below 18 degrees. So it is quite possible that you will get a "hard" bottle in winter. Please warm it up in a warm water bath (no microwave!) and then store it at room temperature (not in the refrigerator!).

All external treatments with DMSO should be done with DMSO solution diluted to approx. 70% (7 parts DMSO 99.9% and 3 parts water). The area to be treated must be clean and not covered until the solution is completely absorbed. DMSO can dissolve the colour out of the textiles and also bring it into the fabric. Likewise, anything made of rubber, e.g. rubber gloves, should be kept away from DMSO, as it also dissolves rubber and carries its components with it into the skin.

Sources of supply:

see on www.mms-seminar.com under "Sources of supply"

Facts:

- Book DMSO Handbook Dr. Hartmut Fischer
- Lecture "DMSO" Dr. Hartmut Fischer
- Book "DMSO- Nature's Healer", engl. transl. Dr. Morton Walker
- "DMSO a misunderstood miracle cure" Nexus Magazine
- Chlorine dioxide toxicity

1.7.4 Zeolite and bentonite

In connection with the MMS protocols according to Jim Humble, other supporting auxiliary substances are often used. Zeolite and bentonite can absorb and hold large amounts of other substances due to their microporous structure and electrical charge. Here, these properties are used to bind and eliminate heavy metals and other environmental toxins. In cooperation with the alternative practitioner Ekkehard Sirian Scheller, I have developed an optimal mixture of both substances that significantly enhances their individual effects.

On the one hand, the grain size is so fine that the effective surface is maximised. On the other hand, it does not contain any nanoparticles! This is how **GAIAgold was created**. This was additionally infopathically informed and energised according to alternative practitioner Ekkehard Sirian Scheller (imparting information for holistic self-correction of disturbed and irritated systems).

Add 1 teaspoon of the powder to a glass of water in the morning and in the evening, stir the powder and drink the solution. Only a plastic or wooden spoon should be used, as metal negatively affects the electrical charge and thus the binding ability of these powders.

You can drink a glass of dissolved "sand" or "volcanic ash" like this in the morning and in the evening as a last drink. Side effects and even overdoses are not known. Recently, **GAIAgold CAPS** are also available in vegan capsules. Here 3-4 capsules per dose are sufficient.

Both substances and their diverse application possibilities are described in detail in the second book "Back2Balance".

***legal notice:**

GAIAgold® is a registered trademark of AQUARIUS pro life Limited (www.aquarius-prolife.com).

1.8 The external MMS application protocols

1.8.1 Mouthwashes

The mouth is probably the most contaminated place in the entire body due to its constant contact with food, heat and moisture. A certain form of myocarditis is also attributed by orthodox medicine to a specific germ from the oral cavity. Jim Humble claims that there are hundreds of diseases that originate from the mouth and the teeth. For this reason, he recommends an MMS mouth rinse 3 to 4 times a week as a preventive measure.

With MMS:

Take **6 activated drops of MMS** and fill the glass half full with water (150ml) after activation.

With CDS/CDSplus:

Use a dosing pipette (K water (150ml). plastic syringe), add approx. **2-3ml CDS or CDSplus** to a glass of water (150ml).

Take one sip at a time and gargle and rinse the mouth for up to 3 minutes. Let the solution sizzle between your teeth. You can also use your toothbrush without toothpaste and massage your gums and palate at the same time. Bad breath and superficial germs will be removed quickly and thoroughly. It also works very reliably against gingivitis and bleeding. add a few drops (or exactly as many drops as MMS) of the organic effect enhancer DMSO (dimethyl sulphoxide) to the ready activated solution.

DMSO brings the MMS up to 2 cm deep into the tissue. This can be used to successfully treat dental root infections with 3 to 4 rinses per day in 1 to 2 days. If you rinse your mouth very often, you should change from MMS to CDS /CDSplus, as too much acid can attack the tooth enamel in the long run.

1.8.2 Foot and full baths

MMS is an excellent additive for foot and full baths. For a full bath, **initially** activate upto **60 activated drops of MMS** (CDS/CDSplus would be too bad and too expensive here) and put them into a clean bathtub filled only with water - always without any other soaps or bath additives.

Bathe in it for about 20 minutes at a pleasant but preferably low temperature. Note that if the bath is too hot, the gas chlorine dioxide will escape completely after a few minutes and will no longer be effective.

For foot baths, use the correspondingly smaller quantity (10 to 20 activated drops). In the case of MMS baths, the chlorine dioxide enters the bloodstream through the skin and can thus help to quickly increase the tolerance of the oral intake of MMS in particularly sensitive people.

1.8.3 The MMS gas bag

I learned about this interesting MMS application from Jim in the Dominican Republic. The aim is to get the chlorine dioxide into the blood and thus into the body, bypassing the gastrointestinal tract completely. This is especially important for people who cannot tolerate MMS/CDS orally at all, or who can no longer take it due to the progression of their disease. Make sure you have a large plastic bag in which you could completely disappear up to your neck while standing.

If necessary, tape two large bags together on the opening side and cut out the bottom on one side. You should avoid going to the nearest DIY store and asking for plastic bags that can hold a whole person. This could lead to you being arrested as a threat to humanity, as well as to strange looks.

In addition to the bag, you will need a medium-sized glass or ceramic bowl. Activate 40-60 drops of MMS in this bowl and do not use water. CDS and CDSplus do not work with fumigation protocols. Place the bowl in the middle of the opened bag and get into the bag undressed so that the bowl is between your legs and cannot be tipped over. Now pull the edges of the bag up to your neck and close the opening with your hands at the lower neck.

In this position, only your head should be sticking out of the closed bag. This is important because the gas produced should reach your skin and not your lungs. Nevertheless, carry out this application in a well-ventilated room. Try to stay wrapped up like this for about 10 to 15 minutes. Don't worry, it doesn't hurt, it's the boring standing that is the real strain here.

If you have problems with this, you can also put a stool in the bag and sit on it. Then get out of the bag, pour the solution into the sink with plenty of water and air the room. You can also take a shower afterwards, although you can't really get any cleaner or more germ-free than that. The MMS gas bag is one of the most intensive applications I have personally experienced.

1.8.4 Eye, ear and nose drops

Inflammations in the eye (e.g. conjunctivitis), in the ears (e.g. middle ear infections) and in the nose or sinuses can be treated very easily and efficiently with MMS. First of all, we prepare a diluted basic solution that we can use for all three applications.

with MMS:

Put **2 activated drops of MMS** into a glass or vial with approx. 150ml of water. However, MMS should only be taken in an emergency because of its acidity.

with CDS/CDSplus:

Add **1-2 ml CDSplus** to a glass or vial with approx. 20 ml water. So dilute 1:10 or more.

Here I would always prefer the pH-neutral CDS/CDSplus, which cannot irritate the skin or mucous membranes. With this diluted chlorine dioxide solution, the treatments listed below can begin.

Eye drops

Lean the head back and form the lower eyelid into a pocket with one finger. Then drop **1 to 2 drops of the solution diluted above** into this pocket with the pipette. Then close the eyelid and move the eye back and forth. In the case of acute inflammation, this can be repeated every hour up to 12 times a day, but usually you are successful after the third application.

The slight burning sensation right at the beginning does not seem to come from the MMS, but from the fact that we use water without keeping the salt content of the eye fluid. With a 0.9% isotonic salt solution instead of water, this should also be remedied. This should be mentioned for the sake of completeness, but is not absolutely necessary for the treatment of an inflammation.

Please never drip any MMS component alone or undiluted into the eye!

Ear drops

Here it is important that the **2 to 4 drops of the basic solution diluted above** reach the eardrum in order to also reach an inflammation behind it. First treat one ear and remain lying sideways for 1 to 2 minutes, then treat the other ear, otherwise the solution will run out of the ear again too quickly. For acute inflammations, this can be repeated every hour up to 12 times a day.

Dr. Andreas Kalcker gave me a good tip when people have problems getting the drops to the eardrum. Activate about 6 drops of classic MMS in a glass whose opening can completely enclose the ear. Now you do not add any water, but place your head sideways on the upright glass in such a way that the ear is completely sealed by the rim of the glass and stay in this position for about 1-2 minutes. The chlorine dioxide gas produced can thus go directly into the ear without any liquid. The activated substance always remains in the glass and never comes into contact with the ear. This is then a so-called local ear gassing, a special variant of the local partial gassing of body parts with the chlorine dioxide gas.

Nasal drops

When treating the frontal and sinus cavities, you can use considerably more drops of the pH-neutral CDSplus than for the eyes and ears. To do this, lie down with your head hanging over the edge of the sofa so that the solution can flow into the right frontal or sinus cavity. After dripping, stay in this position for 1 to 2 minutes and then turn to the left side. Alternatively, you can buy nasal rinsing sets at the pharmacy. Instead of salt water, you can fill them with water containing 1 to 2 ml of CDSplus and rinse them.

This application can also be done several times a day if necessary. Here, too, the possible slight burning sensation at the beginning seems to have to do with the lack of salt content of the water and not with the MMS/CDS. With MMS inhalations, one nebulises this solution in a pump spray bottle and then inhales the aerosol with the air. With these MMS **aerosol treatments**, lung and bronchial infections can be tackled quickly.

1.8.5 Bowel and vaginal enemas

Enemas are generally considered unpleasant, but they have a very great effect because the chlorine dioxide is absorbed into the blood very quickly. Especially for people who have problems taking MMS orally or if the infection is also localised in the intestine or vagina. Pharmacies offer plastic enema sets with end pieces for intestinal and vaginal enemas. It is best to lay a warm blanket on the floor in the bathroom and hang the water container of the enema set on the radiator with a hook at about belt height.

You will then need some lubricating gell such as K-Y Jelly to insert the end piece. The water should always be at body temperature, as any deviation is perceived as unpleasant and the enema cannot be held in the body as long as necessary.

For intestinal enemas, 2 to 3 enemas with water only (and 1 teaspoon of table salt if necessary) should be given first to empty the intestines. It is more practical to use the Reprop Clyster, which allows you to do an enema standing up (see below).

MMS:

Initially add **2 activated drops of MMS**, later up to **12 activated drops to the** water container of the enema set. Dr. Dietrich Klinghardt even recommends increasing to **20 activated drops per litre** and has not noticed any noteworthy side effects on intestinal activity.

CDS/CDSplus:

Here, too, I prefer the pH-neutral CDSplus and initially add **1 ml later up to 4 ml CDSplus to the** water container of the enema set. Here too, according to Dr Klinghardt and Dr Andreas Kalcker, even up to **10 ml per litre is** possible.

Now lie on your back and carefully insert the end piece and slowly open the valve. When the entire amount of water has entered the intestine/vagina, raise the pelvis slightly and hold this position for 1 to 2 minutes. For bowel enemas, you can also lie sideways to reach all the contusions of the intestine. You can do 2 to 3 enemas per session and 2 to 3 sessions a day. Then empty the bowel or vagina again.

Sources of supply:

- Reprop Clyster (better enema set than in German pharmacies)
see on www.mms-seminar.com under menu "Sources of supply"

1.9 The internal MMS application protocols

Chlorine dioxide solutions smell very strongly of chlorine and taste very strong. Unfortunately, this is exactly the active ingredient and if the smell and taste are eliminated, then usually the desired effect is also eradicated. In the past, it was recommended to mix the solution with juices, teas or other drinks to make the intake more bearable.

This has now been completely abandoned, as most juices can have a weakening effect on the chlorine dioxide solution. All current protocols for internal use are therefore only taken diluted with water. This is the hurdle that everyone has to overcome themselves if they want to benefit from the possible effects. With CDS and CDSplus, the smell and taste have become much more bearable. But primarily this is probably due to the lack of acidity in these solutions. When handling MMS, always ensure good ventilation.

UPDATE:

For oral use (with effect of gastric acid):

1 activated drop of MMS corresponds to approx. 1ml CDS (for CDS with approx. 0.3% chlorine dioxide solution, i.e. 3,000ppm).

So if up to now one had taken 3 activated drops of the classic MMS orally, then with the oral use of CDS this is now 3ml, i.e. 3 times the amount! (Andreas Kalcker)

1.9.1 The MMS-1000/1000+ protocol

The protocol 1000 for oral intake is sufficient in more than 90 % of cases of application, whether for a one-time basic cleansing of the body, for the removal of heavy metals, as a preventive measure or in the case of an acute to severe infection/illness.

In the first MMS books, fewer high single doses per day were recommended. However, after it was discovered that the chlorine dioxide usually does not act for more than 2 hours in the body and then decays, these recommendations were revised. The extremely high doses led to many intolerances and non-compliance by people self-treating.

With the modern Protocol-1000, significantly lower individual doses are taken more often during the day. This ensures that the body is continuously flushed with chlorine dioxide. This is much more tolerable and efficient than the old protocols. The aim is to take a single dose of 1 - 3 activated drops per day about eight times a day.

For practical reasons, so that one does not, for example, activate one's "smelly" mixture every hour at the workplace in front of one's astonished colleagues, the entire daily dose is mixed in the morning, filled into a tightly sealable glass bottle with water and drunk throughout the day. This cure should be kept up for at least 3-4 weeks, or longer in the case of acute illnesses.

MMS-1000 protocol

For example, start with $8 \times 1 = 8$ activated drops. After the activation time of 45 seconds, add a little water and then fill this mixture into a sealable glass bottle with about 1 litre of water. Now try to drink this bottle in about 8 portions throughout the day. As long as it is good for you, increase the number of drops daily until you reach $3 \times 8 = 24$ activated drops and continue this procedure for 3-4 weeks.

Sources of supply:

see on www.mms-seminar.com under "Sources of supply"
e.g. for Ikea glass bottle

The MMS-1000+ protocol

In the case of very severe or stubborn diseases, the same number of DMSO drops is added to the above ready-activated MMS mixture at the end and then drunk orally. However, the DMSO may only be added to the dose that will be drunk and not the complete bottle that will be drunk throughout the day. This has proven to be very effective for herpes or candida fungi.

In addition to this cleansing cure, there are a few other recommendations.

Up to the **age** of 60, 2 single doses per week with 6 activated drops are useful as a preventive measure for healthy people, and 6 activated drops daily from the age of 60. Even in **pregnancies** (after the 3rd month), according to Dr. Andreas Kalcker, an application of MMS up to a maximum of 6 activated drops per day is possible, e.g. instead of antibiotics.

For **children and adolescents**, the maximum dose is 1 activated drop of MMS per 12 kg body weight per day. For **babies, the maximum** initial dose should be 1/2 activated drop of MMS. How do you prepare half drops? You activate 1 drop of MMS with 1 drop of hydrochloric acid and add about 150ml of water. Now you only use half of this solution and thus you have a 1/2 dose. This trick must also be used for strong dilutions for small **animals**.

1.9.2 The CDS-1000 / CDS-101 protocol

Since the CDS/CDSplus is much better tolerated, the dosage can be set a little higher. Start with 3 ml and increase up to 10 ml, which you add to 1 litre of water with a pipette (plastic syringe). Many people can start with 5 or 10 ml without any side effects. This bottle is also drunk in about 8-14 doses over the course of the day. As with the MMS-1000 protocol, the application period is 3-4 weeks.

In the case of life-threatening diseases, up to a total dose of 50 ml of CDS per day can be given.

1.9.3. The CDS 115 protocol (dengue protocol)

This protocol was developed by Karl Wagner, Carla Perez and Dr. Damaris Reyes, a microbiologist, from the worldwide MMS family specifically for viral diseases such as dengue fever. It is important to know that malaria and dengue can be transmitted by mosquitoes. In dengue, a virus is the pathogen and in malaria, it is a parasite. While the malaria parasite is killed with a large shock dose, the virus takes a few hours of continuous ingestion. Fortunately, this makes no difference for chlorine dioxide, which effectively kills both pathogens.

In the CDS 115 protocol, 1 ml of CDS/CDSplus at 3,000 ppm is added to some water every 15 min and taken orally. In severe cases, one can add 1 drop of 25% sodium chlorite solution (from the set for classic MMS) per ml of CDS/CDSplus. In the old MMS dengue protocol, a dose of 6 drops was taken once at the beginning and then 3 activated drops were taken every hour thereafter.

1.9.4 The 5/5-100 protocol (intensive protocol)

The next step is the intensive protocol 5/5-100 according to Dr. Andreas Kalcker. This protocol also uses DMSO (dimethyl sulphoxide) in a 70% concentration.

If necessary, 99.9% DMSO should be diluted with water in a ratio of 7:3 (7 parts DMSO + 3 parts water).

At the beginning, 5ml of this diluted 70% DMSO solution with 100 ml water is taken orally as a pre-dose. Then add 5ml of CDS/CDSplus to about 100ml of water and drink this portion. Repeat this combination of pre-dose DMSO and intensive dose CDS/CDSplus approx. every 1-2 hours and up to 12 times a day. As with all protocols, it is advisable to reduce the dose if you feel unwell or nauseous.

1.9.5 The 2000 Protocol (MMS1+MMS2)

In this protocol for acute life-threatening diseases, MMS1 drops and MMS2 capsules are taken alternately throughout the day. MMS1 is our well-known MMS set with chlorine dioxide as the active ingredient.

MMS2 is based on the starting substance calcium hypochlorite, which is converted into the active substance hypochlorous acid by activating it with water. Calcium hypochlorite is also approved for drinking water disinfection and is often sold as a pool cleaner.

MMS2 applications have already been explained in detail separately. Basically, one performs a normal MMS-1000 protocol with the MMS1, except that instead of taking the chlorine dioxide solution every other time, one drinks an MMS2 capsule with 2-3 large glasses of water. Jim Humble suggests up to 4 capsules a day, each containing up to 400mg of calcium hypochlorite. This should be seen as the absolute upper limit, Dr. Antje Oswald recommends much smaller amounts in the capsules. The MMS2 and this protocol were developed for severe to life-threatening diseases such as cancer.

1.9.6 Protocol 3000 (MMS1+DMSO external)

Protocol 3000 is recommended by Jim Humble for almost all skin conditions such as acne, athlete's foot and eczema. This protocol was originally also developed for people who could not take oral MMS.

Here, the chlorine dioxide solution (20 activated drops of MMS to 50ml of water) is applied to certain areas of the body every hour up to 10 times a day approximately. 70% DMSO solution (7 parts DMSO + 3 parts water) is applied over it. This combination is applied alternately to a different part of the body with each application (left arm, then right arm, then left leg, abdomen, back and again from the front).

In this way, the chlorine dioxide, with the help of the DMSO booster, reaches the deep tissues and the bloodstream and is then absorbed everywhere in the body. After that, there should be a one-day break every 3 days. One of the reasons why the protocol is no longer used so often is that with CDS and CDSplus there are compatible and pH-neutral solutions that are also well tolerated by more sensitive people.

1.9.7 The Protocol 4000

The single intake of MMS2 capsules several times during the day is sometimes also called **protocol-4000**. It is best to prepare the capsules with the calcium hypochlorite yourself. This way you can determine the amount to be filled and slowly increase it up to about 400mg per capsule. This is described in detail elsewhere.

1.9.8 The Malaria Protocol

There are 5 known parasites that can trigger malaria (also called swamp fever or alternating fever). Mostly they are triggered by a bite of the Anopheles mosquito. Most experience in the treatment of malaria is with the classic MMS.

Adults get 18 drops and children 9 activated drops of MMS to drink in a high single dose.

In very rare cases, a second equally high dose is necessary. The parasites are completely eliminated in the body with a high shock dose. *This high single dose is much too high for healthy people.* It must therefore be ensured beforehand that a malaria infection is present. Quick blood tests can also be used for this purpose.

1.9.9 Clara's 6+6 protocol (shock treatment)

In the case of certain non-life-threatening infections, such as a tightening cold, the 6+6 protocol according to Clara is the first choice.

One takes two doses of 6 activated MMS drops at intervals of 2-4 hours.

This works best in the evening and before going to bed. This is a convenient way to sleep through any possible nausea. With this protocol, the explosive multiplication of infectious germs is quickly and clearly stopped and the immune system quickly regains the upper hand. In most cases, nothing remains of the donning cold in the morning. If this is not enough, you can repeat this protocol the next day with 7 + 7 drops, but please do not take for longer periods. Afterwards, you may have to switch to the classic MMS-1000 or CDS-1000 protocols.

1.9.10 CDI - Injections with chlorine dioxide IM/IV

CDI (Chlorine Dioxide Injection) is for the intramuscular or intravenous injection of a chlorine dioxide solution. Dr Andreas Kalcker injects the chlorine dioxide gas into diluted seawater. Thus it is pH-neutral and also has the same salt content as blood. In addition, cold and finely filtered seawater seems to have a very invigorating and healing process accelerating effect, as was presented at the Spirit of Health Congress 2014 by Francisco Coll, manager of Laboratories Quinton International Alicante.

For mammals up to 80 kg live weight, 2-5ml CDI 3,000 ppm in 1:5 with seawater or saline solution is recommended for intravenous or also intramuscular applications.

Dr. Hartmut Fischer, on the other hand, activates MMS drops in an upright syringe (needle pointing upwards) and thus only bubbles the chlorine dioxide gas into a ready-made infusion bag with 0.9% saline solution and thus also

obtains a pH-neutral chlorine dioxide solution adapted to the salt content of humans.

Caution: The solution obtained in this way is not usually used pure. If you want to draw up an IV or IM administration with a syringe from a chlorine dioxide solution already prepared in this way, Dr. Fischer recommends inserting a nanofilter with a pore size of 245 nm. This filters out pyrogenic substances (such as dust and suspended particles) that could lead to fever and other irritations of the body. The syringe contents are then injected into a new infusion bag containing saline solution. This diluted solution can then be given i.v., or a syringe can then be drawn up from this bag for i.m. or subcutaneously. I myself have received such a CDI infusion i.V. without any noticeable side effects.

ATTENTION:

Infusions with chlorine dioxide solutions are reserved for doctors, alternative practitioners and otherwise trained medical personnel. They should always be carried out under supervision! The exact areas of application and the advantages and disadvantages of such treatment with chlorine dioxide in humans have not been sufficiently researched to be able to make reliable statements.

In any case, the CDS infusion (under the supervision of Dr. Hartmut Fischer) did me no harm and the calves of Dr. Andreas Kalcker (book "CDS/MMS Heilung ist möglich") no harm either. On the contrary, the breeder was able to save immense costs for vaccinations and antibiotics for his animals and was able to raise more healthy animals until slaughter.

1.10 MMS FAQs - Questions and Answers

Question: What is the shelf life of the chlorine dioxide solution and how can I tell?

The chlorine dioxide is dissolved in water as a brown-yellow gas. The solution usually looks yellowish. If the container is open, the gas escapes quite quickly and a clear solution remains. The clearer the solution, the less chlorine dioxide it contains and the weaker the effect of the solution. You can prolong the shelf life by closing the container and cooling it (e.g. in the refrigerator). As a rule, CDS does not last as long as CDSplus.

Question: I have this and this disease or this and this symptom. How should I dose or take MMS/CDSplus?

Excuse me, but I cannot, must not and will not answer this question. Our philosophy is to provide everyone with the information she/he needs to decide for herself/himself and then, if necessary, to carry out a self-treatment with chlorine dioxide on her/his own responsibility or not.

We do not want to advise or dissuade anyone here and certainly do not want to make decisions for anyone. This is the same old thinking as in orthodox medicine: "You doctor decide what, when and how much of what I have to take. I'm just the sacrificial lamb." Even doctors find this system overwhelming for them most of the time.

Chlorine dioxide taken orally has a very broad-spectrum effect and is usually very well tolerated. To my knowledge, no one has ever suffered permanent damage. The protocols MMS-1000 and CDS-1000 are completely sufficient in more than 90% of cases of application, from prevention to moderate inflammation to chronic disease. If necessary, they can be combined with external applications such as baths and enemas.

For life-threatening diseases such as cancer, many also use the 1000 or 2000 protocols, but often increase the CDSplus daily doses by 3-5 times. All other intake forms and protocols are only necessary in very rare cases. Malaria, for example, is one of the few infectious diseases where we can eliminate the pathogen in just 4 hours by taking a single high dose (18 activated drops for adults and 9 activated drops for children). This question is not a question of knowledge, but of responsibility, namely personal responsibility!

Question: What about my "good" gut bacteria?

If MMS kills all bacteria, then it must also attack my good intestinal bacteria. This is the most common objection to taking MMS orally. However, the condensed reports of experience show that MMS does not harm the good intestinal flora even when taken continuously for a longer period of time. We have no scientifically proven explanations for this, but we do have plausible and logical explanatory models.

Chlorine dioxide is an oxidiser. Hydrogen peroxide and ozone are very strong oxidisers and can destroy body cells as well as good bacteria. The next weaker oxidiser is oxygen. Our body cells and our good intestinal bacteria (1.45 volts) are able to hold on to their electrons in the face of the strong oxidiser oxygen. Otherwise, every breath we take would kill many thousands of cells in our body.

Chlorine dioxide is a much weaker oxidiser. So if cells can successfully defend their electrons against a strong oxidiser, they can do so even more so against the weaker chlorine dioxide (0.95 volts). This power to hold on to electrons is also called redox potential. Interestingly, most pathogenic germs (by the way, pathogenic germs are often anaerobic and do not use oxygen) have a lower redox potential than chlorine dioxide and are therefore attacked first by the MMS. In the MMS application protocols, usually only concentrations are recommended at which the good intestinal flora is preserved.

Chlorine dioxide attacks neither body cells nor the "good" bacteria!

Question: With MMS, can I first put water in the glass and then the NaClO₂ and activator drops?

NO! Water slows down the reaction tremendously and the mixture will be weak and useless! Please follow exactly the sequence according to the instructions above! NEVER add the MMS drops to water – they MUST remain by themselves to react for 45 seconds BEFORE adding water.

Question: How much water should I use for an oral portion of MMS/CDS?

This is basically irrelevant. If there are 3 activated drops of MMS or 1ml of CDS (which is the equivalent) in a glass of water and you drink the whole glass, you will take the same amount of chlorine dioxide. If there is little water in the glass, e.g. 100ml, it tastes stronger. If there is a lot of water in the glass, e.g. 250 ml, it tastes milder, but you have to drink more liquid.

Question: What is the mixing ratio for citric acid 10% or 50% or tartaric acid or other similar questions?

This question is no longer answered, as we have only settled on the best tolerated 4-5% hydrochloric acid as activator. Here the ratio is always simply 1:1.

Question: With which fruit juices, coffee or tea can I take MMS/CDS?

Only the intake of MMS with pure drinking water is recommended. Even in apparently pure fruit juices, artificial vitamin C (mostly obtained from genetically modified maize) is added via E-numbers and labelled as a stabiliser in order to drastically increase the shelf life of the juices. This should be avoided!

Since vitamin C and chlorine dioxide cancel each other out in their effect, Jim Humble and also Dr. Klinghardt recently recommend taking MMS/CDS only with water, NEVER with Vitamin C.

A tip: Those who find the taste and smell of MMS too harsh should hold their nose when taking it or switch to the much better tolerated and pH-neutral CDSplus.

Question: There are instructions on the internet to neutralise the residual acid in the activated MMS with sodium bicarbonate, should I do this?

NO! You should strictly refrain from it, as it can **impair** and weaken the effect of MMS.

In fact, Dr. Oswald has recommended taking a sodium bicarbonate solution as an ANTIDOTE in case of MMS overdose.

Question: When should I take MMS and with which foods should I rather not?

When MMS was still taken in few and high single doses, this question was important for a better tolerance. Since the MMS-1000 and CDS-1000 protocols are now taken in much smaller doses and up to eight times a day, it is now relatively unimportant whether one takes it before or after eating.

Eight times a day on an empty stomach would then only be possible on a fasting diet. I simply regard my CDS bottle as a drink. I also don't bother to

check every food to see if it can limit the effect of MMS. Even if I ate a pineapple once, the effect of one of my eight doses a day was slightly weakened. This does not play the slightest role in this protocol, which is designed for 4-6 weeks. So in this case, just don't worry about it and get on with the protocol.

Question: Can I stop for a while in the middle of Protocol 1000?

Yes, because this is a cleansing programme, you don't jeopardise all the success like you do with antibiotics just because you had to stop for personal or professional reasons. Just continue when you can again.

Question: Are products in glass bottles better than in plastic bottles?

At the beginning of the MMS movement, some manufacturers/suppliers had filled sodium chlorite and the activator in PET (polyethylene terephthalate) bottles out of ignorance. These became brittle over time and burst. Today, I know of no supplier in the German-speaking world who makes this mistake. HDPE (high density polyethylene) is an approved material for these products and so most manufacturers also offer their products in HDPE bottles. HDPE bottles have the advantage that they are very light and, above all, unbreakable. This is also very sensible and important with alkalis and acids as ingredients.

Suppliers with glass bottles often give the impression that these products are somehow cleaner or healthier. In this regard, it is important to know that sodium chlorite and hydrochloric acid solutions in food-grade quality are always produced, stored and supplied by the chemical industry only in HDPE canisters or HDPE drums. Filling them into glass bottles at the supplier's end, does not really improve the quality.

Dr. Andreas Kalcker specifically warned against DMSO offers that come in a glass bottle with a glass pipette. The plunger on the glass pipette is made of rubber or rubber substitutes, all of which are not suitable for **DMSO**. This plunger would dissolve and the toxic components would go into solution with it and, in the case of external treatment, would also be introduced into the skin.

This would also apply to some **CDL** offers with a glass pipette, which are provided with a rubber-like plunger. For the short-term administration of eye, ear and nose drops, the use of such droppers with plungers is perfectly fine, but the chlorine dioxide solution should not be stored permanently sealed with such a dropper.

Question: Why then is a sealable glass bottle always recommended for the protocol-1000?

The suppliers of chlorine dioxide products now know the difference between PET and HDPE very well. However, not every layman can immediately recognise this difference and makes mistakes, for example, if he wants to use any empty plastic beverage bottle at home. Therefore, we play it safe and recommend a sealable glass bottle such as the one from IKEA for the daily dose of the 1000 protocol ;-)

Question: What about the simultaneous intake of food supplements or medication and MMS/CDS?

So far, we are not aware of any interactions except for the mutual neutralisation of MMS or chlorine dioxide and vitamin C / sodium bicarbonate. Dr. Klinghardt recommends the MMS-/CDS-1000 protocol in the morning until e.g. 6:00 p.m. and then after 3-4 hours, i.e. from 9-22:00 p.m., all food supplements and any necessary medication. Since chlorine dioxide usually only acts for 1-2 hours in the body before it decomposes into salt, water and oxygen, this time interval should be sufficient to avoid previously unknown but possible interactions.

Question: Can I also take MMS with amalgam fillings in my teeth or an artificial prosthesis made of metal in my body?

Probably due to the small amount and short duration of action, no damage to dental fillings, bridges, dentures and implants made of metal in the body has been reported to us so far. If MMS were used, it would oxidise the mercury released from the amalgam filling into a water-soluble metal salt that can be excreted through the kidneys and urine. CDS or CDSplus seems to be even less harmful than MMS because of its neutral pH value.

The only thing I know about **amalgam fillings** is that **most chelators that remove heavy metals would pull mercury from amalgam fillings**. There are natural chelators, however, that would not do this such as HMD™ (www.detoxmetals.com).

Question: Why do I have very strong nausea or vomiting or diarrhoea even with the slightest intake of MMS/CDS?

This is actually rare and can have various causes. On the one hand, there may be a very rare chlorine allergy. On the other hand, the body may be very heavily contaminated and this one dose of MMS/CDS has killed many more

germs than in other people. This will result in large toxic releases from the dead microbes and the body's detoxification organs may not be able to eliminate all these toxins. As they circulate in the body, the toxins cause various symptoms. In such cases taking a natural, herbal „drainage remedy“ such as LAVAGE that helps to open the detoxification organs such as the liver, kidneys and lymphatics (www.detoxmetals.com).

A further cause can be the activator if you have used citric acid, tartaric acid etc. instead of the recommended hydrochloric acid. Some people are very over-acidified and also react very violently to the residual acid in the MMS, in this case it is better to switch to the pH-neutral CDSplus.

The last possibility is that you have a parasite infestation. Parasites react very violently to chlorine dioxide, start to multiply massively and panic-strickenly pour out their toxic poisons into our bodies as they begin to die. These excretory products of the parasites such as ammonium, formaldehyde, histamine, manilin are neurotoxins and adversely affect our immune system and can therefore trigger the severe side effects. Here, a parasite cure would be indicated, e.g. according to Dr. Andreas Kalcker (see book "Back2Balance").

2. MMS successes in humans

There are many reports of experience and success, e.g. with colds, flu, EHEC, swine flu, bird flu, AIDS, hepatitis, herpes, tuberculosis, blood poisoning (sepsis), food poisoning, tetanus, contagious children's diseases, athlete's foot, intestinal fungus, diabetes, open leg, cancer, hair cell leukaemia, inflammation of the mouth, throat and especially the teeth.

In the meantime, so many reports are available worldwide, which unfortunately have not yet been systematically collected and evaluated by anyone. This sometimes shows the limits of a private health movement. I myself have also been told of repeatable successes with several laboratory-confirmed malaria infections by a staff member of aid projects in Africa.

I also have a very well documented case of complete healing of a life-threatening hair cell leukaemia from a workshop participant. Even in the case of diseases such as the chikungunya fever that is currently rampant in the Caribbean, where conventional medicine has no cure so far, there are encouraging reports of success.

2.1 MMS and cancer

For orthodox medicine, cancer develops through family disposition (genetic) and through risk factors in lifestyle such as eating, drinking, sport, alcohol, nicotine and, more recently, stress. Apart from these rather general and meaningless statistical statements, conventional medicine has not been able to present a consistent, detailed and logical model of how cancer develops.

I ask myself: If one does not know the origin of a problem, how can one develop a meaningful treatment therapy? Long before the MMS movement, however, there were many plausible theories about the origin of cancer in the field of alternative medicine. Almost two hundred years ago, Louis Pasteur postulated the model of the healthy germ-free body and the evil germs from outside that could invade and make people sick. In contrast, his adversary at the time, Pierre Jacques Antoine Bechamp, was much more correct in saying that microbes were everywhere and made life possible and constituted it.

It was the internal milieu that would drive certain microbes to proliferate and actually change their morphologies in something that Bechamp called „pleomorphism“..

However, even Pasteur, on his deathbed, proved his adversary right with the sentence "The microbe is nothing, the environment is everything".

Instead of fighting the germs with antibiotics (which, as we know, only leads to antibiotic resistance), one could create the basis for these germs not to develop or multiply in the first place by regulating the milieu.

The internal milieu refers to the properties of our internal environment, such as level of toxicity, level of inflammation, pH changes in the tissues, degree of parasitic and microbial loads, electromagnetic fields such as 5G and the like. All these factors can change the internal milieu of our bodies and encourage microbes to change forms from benevolent to virulent or pathogenic (disease-causing).

These ideas were later developed further by some researchers. Prof. Dr. Günther Enderlein discovered pleomorphic (shape-shifting) germs in the blood, which, depending on the environment, could develop from an innocent bacteria into a fungus and then a virulent virus – this cycle can also be reversed when the internal milieu returns back to balance.

The alternative practitioner Ekkehard Sirian Scheller discovered that there were also camouflaged fungi and parasites in the blood. In many types of cancer, these also seemed to be causally involved in the development. The cancer doctor Dr. Tulio Simoncini discovered a long time ago that *Candida Albicans* fungi were actually found in the core of the tumour in many types of cancer and treated them successfully with a fungus-killing 25% sodium bicarbonate solution.

Too many fungi develop due to a disturbed environment. The body can neither eliminate nor digest them sufficiently, nor can it eliminate them with its detoxification organs of liver, kidney, lung, intestine and skin. So the body decides to make an ingenious life-prolonging move: it encapsulates the fungi. This way, both humans and fungi can live side by side longer without endangering each other. This intelligent solution of the body, the encapsulation, is then called a degenerate tumour by orthodox medicine and aggressively attacked.

Interestingly, many surgeons have found that a tumour only spreads when you cut at it. According to conventional medicine, cancer cells break free from their three-dimensional masonry, migrate through the body and form new metastases somewhere else. Many researchers admit they have never seen these migrating cancer cells. But if you have a fungal culture in a Petri dish in the lab and you scrape it, new fungal colonies will form everywhere. So it is much more likely that these "broken out" fungi form new colonies, which in turn become encapsulated by the body to form new "metastases".

The many MMS success stories with different types and stages of cancer suggest that Prof. Enderlein and Dr. Simoncini were right. Because MMS also reliably kills fungi in the body. Then it can also be explained why a tumour (the encapsulated fungi) shrinks when MMS is applied.

However, MMS seems to lead to a clear improvement in several ways, especially with many types of cancer. On the one hand, one has to know that cancer patients rarely die from cancer directly, it is more likely from the toxic chemotherapy and cancer-causing radiation treatments that will overwhelm other healthy cells, as well as place a huge burden on the detoxification systems of the body.

In addition, people who have received chemotherapy have a completely weakened immune system, so that many such side infections form in the body, which produce toxic cell toxins as excretion products. These make the patient feel even sicker and weaker.

MMS quickly eliminates these side infections and thus oxidises and eliminates many of the waste products and cell toxins. In addition, we are oxidative beings as we breathe oxygen and thus burn sugar. However, the energy balance in chronically ill people, especially cancer patients, is at a very low level. MMS activates the mitochondria, the power plants in the cells, so that the oxidative processes get going again and the person has more energy available again.

The prime cause of cancer being the replacement of respiration in normal cells by the fermentation of sugar.

In cancer cells, the mitochondria are injured and the cells gain their energy through fermentation of sugar in the absence of oxygen and produce cancer growth-promoting acidification of the surrounding tissue. However, the mitochondria activation by MMS seems to lead to programmed cell death (apoptosis) in the cancer cells themselves. This effect has also been observed in experiments with dichloroacetate (DCA), a relative of chlorine dioxide.

Although this mechanism of self-destruction is built into every cell by nature so that degenerated cells kill themselves, it is blocked in cancer cells. All modern approaches for new cancer therapies try to specifically induce this apoptosis without damaging the healthy cells. MMS seems to perform this task with its released active oxygen. Many people use MMS for cancer in parallel with their conventional medicines, but then with a time interval of 2-4 hours.

These multiple effects of MMS seem to be the reason why many chronically seriously ill and cancer patients are already clear in mind and full of energy and fighting spirit again after the first few days of self-treatment. Of course, the cancer is not gone in three days, but the many debilitating secondary infections with their toxins are neutralised and thus the liver and kidneys are relieved.

In addition, there is much more oxygen and thus much more energy in the body.

MMS thus provides more quality of life and lifetime in the short term.

How long the applications with MMS and if necessary MMS2 should last in alternation in order to defeat the cancer, of course always depends on the individual case. In addition, further accompanying measures on a physical but above all on a spiritual level should always be included in the therapy. Very often a mental-emotional conflict or a trauma is the actual trigger of the disease.

With MMS one can possibly make a tumour disappear, but is one then considered cured? Many people had already been treated in a completely healthy way by conventional or alternative medicine and then often had relapses after 1-2 years, so-called recurrences. This usually happens when you have only treated the body and the original problems still exist and favour the development of the disease again.

In my second book, "Back2Balance", I would like to go into detail about a holistic cancer therapy that I have put together. The third book, "Back2Health", will deal with spiritual-emotional techniques and how they can be used to find and dissolve the causative old burdens. Fortunately, there are more and more techniques in this area that can now achieve dramatic results in a very short time.

In the case of cancer, there are still some current findings to consider. For one thing, according to the developer of the PSA test, it says nothing about a connection with cancer. However, orthodox medicine has used precisely this test to decide whether a prostate cancer requires treatment or not.

Thousands have been frightened and treated completely unnecessarily in the past years. The misdiagnosis and thus unnecessary treatment of breast cancer seems to have been similarly high. Here, "prevention" seems to have been more of a marketing tool to better utilise expensive equipment economically.

In my experience, however, the most important step towards recovery from cancer is to get out of the illusion of fear. Fear brings one out of one's centre and balance and thus out of one's strength. Moreover, due to the power of thoughts, repeated negative thoughts also lead to self-fulfilling prophecies with a negative outcome.

Facts:

- Wikipedia entry on Prof. Dr Günther Enderlein
- Book "The unrecognised friend or the ... " Maria-M. Bleker

- Book "Candidalism" Ekkehard Sirian and Sabine Scheller
- Book "Cancer is a fungus" Dr Tulio Simoncini
- PSA prostate cancer screening is a dangerous hoax
- Article "Millions falsely treated for "cancer"".

2.2 MMS and Alzheimer's disease, Parkinson's disease and dementia

According to the latest findings, especially by the world-famous alternative physician Dr. Klinghardt, but also by the well-known healer Uwe Karstädt, one does not have to search long for ominous new models of origin for these epidemic-like spreading diseases. It is highly probable that they are simply caused by poisoning with heavy metals, aluminium, glyphosate (insecticide) and other environmental toxins.

Since our food and environment are now even more contaminated with these toxins, the sick are also getting younger and younger, because the barrel is literally full faster. The first-born child automatically receives about half of the mother's heavy metal load. Mercury accumulates, for example, in nerve and brain cells and destroys their insulating coating of fat.

As a result, these nerves no longer fire at all or in a completely uncoordinated way. MMS has an oxidising effect on heavy metals and can transform them into water-soluble salts that can be excreted through the kidneys. However, there are better means and methods for heavy metal elimination, which are explained in the second book "Back2Balance".

One completely natural and scientifically-researched product that is an intracellular chelator (pulls toxic metals from inside the cells) is called HMD™ and works gently and effectively to remove heavy metals. It has been on the market for over 12 years and has been well-tested by many practitioners worldwide (www.detoxmetals.com).

According to a new study, special rod bacteria are said to be involved in the development of Alzheimer's, diabetes and heart attacks. This would again explain the broadband effect of MMS/chlorine dioxide on so many diseases.

Facts:

- Book "Detoxifying instead of poisoning" Uwe Karstädt
- Book "The poison in our brain" Dr. med. Dietrich Klinghardt

2.3 MMS in mental disorders burn-out and depression

When the so-called rubble women came home after the Second World War, the house had often been bombed away, the husband had fallen and the son was missing. On top of all this mental suffering, there was also nothing to eat. Yet only a few of these women had mental disorders. Humans by nature can already endure quite a lot.

Today, you only have to look at many contemporaries a little sharply and they immediately have "burn-out", depression or other mental problems. This is not necessarily because today's people are less resilient, they are just poisoned. Especially if, in addition to heavy metal poisoning, the intestines are also damaged, e.g. by an imbalance of the microbiome or the health gut bacteria, or leaky gut syndrome, SIBO, Candida and more.

I have noticed on my own body that in times of a severely damaged and thus sensitive intestine, my psyche was also very thin-skinned and sensitive. With the improvement of the situation in the intestine, my psyche also strengthened again. In addition, a parasitic burden should always be expected in this area.

Here, too, I have been told of cases where the smallest parasites left the body after an MMS/CDS-1000 cure and then a clear improvement occurred. Here, too, MMS/CDS should only be used in connection with a heavy metal detoxification and a build-up of the intestinal flora. MMS also seems to have a clearly improving effect on bipolar disorders.

Facts:

- DVD, 'The Aluminium File
- Book "Detoxifying instead of poisoning" Uwe Karstädt
- Book "The poison in our brain" Dr. med. Dietrich Klinghardt

2.4 MMS and autism

When Kerri Rivera's son was diagnosed with autism, she didn't want to admit it. She worked very hard on this issue and started a support group. Over the years, she refined her diets there and got two children in the group almost symptom-free. Since this should not be possible according to the previous explanations of orthodox medicine on the development of autism, she felt encouraged on her way.

Then she met Jim Humble and Dr. Andreas Kalcker in the MMS group. First they found out that most parents always noticed the autistic traits only after the children had been vaccinated. There was obviously a connection here (see also the chapter on "Dangerous vaccinations"). But it was only in twins, only one of whom developed autism after the vaccinations, that Dr. Andreas Kalcker was able to discover the second trigger, a parasitic pre-disposition.

A special parasite cure with conventional medicine combined with alternative parasite remedies and daily MMS/CDS enemas then brought the breakthrough. This parasite cure is dealt with in more detail in the second book "Back2Balance". With this cleansing of the children, their ATAC value, a measurement for the degree of autism, also decreased.

In the meantime, over 150 children worldwide have been freed from autism and can go to school normally again or for the first time and return the love of their parents. Neither the drug cure nor the alternative remedies nor the colon enemas with chlorine dioxide solution are in any way painful or harmful, according to my own experience. Instead of celebrating this sensational breakthrough, the media representatives seem to come up with nothing but far-fetched horror scenarios and even accuse the parents of child abuse.

In America and Italy, for example, several lawsuits for damages were successfully brought against vaccine manufacturers and a connection between autism and vaccinations was also admitted by the American FDA.

By the way: According to Andreas Kalcker, many symptoms in autistic people, such as flapping of the hands, come from parasites. These produce too much ammonia and the livers of autistic people cannot break it down properly. The dietary supplement L-ornithine helps very well against this. This is also the main active ingredient in the medication HEPA Merz as ornithine aspartate. It

can be dissolved as a powder in water and drunk, and is also administered intravenously in emergency medicine. This immediately puts an end to the constant flapping of the hands. However, it must be taken regularly, as ammonia is produced every day during the digestion of food.

Facts:

- Book "Healing Autism Part 1" Kerri Rivera
- Book "Healing Autism Part 2" Kerri Rivera
- Book "Healing is possible" Dr Andreas Kalcker
- Book "Detoxifying instead of poisoning" Uwe Karstädt

Lectures at the Spirit of Health 2014 Congress in Hanover

- "Autism, Environmental Pollution & Detoxification" Dr Dietrich Klinghardt
- "Chlorine Dioxide, Vaccinations & Autism" Dr Andreas Kalcker
- "Healing Autism" Kerri Rivera

2.5 MMS and overweight / yo-yo effect

When it comes to obesity, many people think first and foremost of a weakness of character, of not being able to exercise moderation with what one eats and how much one eats. This may be true to a certain extent. However, there is also another very interesting explanatory model why some people have such a "fat" behaviour or why they have to deal with the yo-yo effect despite all diets and tend to gain weight.

This model assumes heavy metal poisoning. Our body has no digestive enzymes against heavy metals and the detoxification organs liver, kidney, lung, intestine and skin cannot dispose of them or not to a sufficient extent. Now the body has a problem because the high concentration of heavy metals in the blood and tissues interferes with almost every biochemical reaction, making it life-threatening.

So if the body cannot excrete or neutralise these substances that are toxic to it, the only strategy left is safe storage. So the body forms fat cells under the skin, as far away from the heart and brain as possible, and stores the heavy metals in them. The fat is stored around the heavy metals and deactivates their harmful effects as far as possible.

The problem would now be solved for the time being, if it weren't for the human being and the mirror or the scale. People think they are too fat and start fasting and exercising. A person who is not poisoned by heavy metals can very quickly reduce their body weight significantly with diet and exercise and also maintain this weight without any problems after a diet. A person poisoned with heavy metals, on the other hand, will not notice any effect from the diet for a long time.

Only when he tightens up the diet and does even more extreme sports will the first successes be seen, because the body does not want to dissolve the unwelcome fat cells and release the heavy metals back into the blood. So either the poisoned person gives up fasting prematurely and lives with the excess weight or intensifies his measures. Once he has lost a lot of weight and ends the depriving diet, the pounds will come back again very quickly.

It does not matter at all whether one was strong or weak in character afterwards. The body desperately wants to put the fat cells back on in order to

safely deposit the heavy metals again. The only thing that helps here is a heavy metal detoxification. MMS can also oxidise heavy metals when taken over a longer period of time and thus make them excretable via the urine, but there are other more effective methods for this. These are described in detail in the second book "Back2Balance" about measures for cleansing on the physical level.

Facts:

- Book "Detoxifying instead of poisoning" Uwe Karstädt

2.6 MMS and diabetes

Numerous cases of success in curing diabetes mellitus are also very well documented. However, it is not because MMS can do anything specifically against this disease. MMS only cleanses the body or the body fluids of pathogenic germs. If this leads to the diabetes mellitus also being cured, then germs and an inflammation of the pancreas were most likely responsible.

Once the germs and thus the inflammation have been eliminated, sufficient insulin is usually produced again and the external addition of insulin can be dispensed with more and more. If you would like to see one of the many international case studies, you should search for "MMS and diabetes" on Youtube.com or watch our more than 400 video testimonies on the website mms-seminar.com.

Facts:

- Video Testimonial Cure for Diabetes

2.7 MMS and malaria

At the end of 2012, a malaria study was documented by three independent international camera teams at a Red Cross station in Uganda. Within four days, 781 people were examined, 154 of whom were infected with malaria. The infection was first determined with a conventional malaria rapid test and then each positive suspected case was clearly confirmed by blood tests under the microscope. Some even had a double infection with two of the five possible malaria pathogens.

All adults were given a single dose of 18 activated drops and all children were given 9 activated drops of MMS to drink. After 24 hours, only 11 of the 154 confirmed malaria patients had tested positive for malaria. All others were symptom-free. The 11 who were still infected said they had not drunk it all or had vomited shortly after taking it. They were given a second dose of the same amount under supervision and were all also malaria-free the next day.

However, this well-documented malaria study was questioned in a TV report. It was claimed that there was no proof that MMS cured malaria within 24 hours, as no doctor had been present to confirm this. This claim can be completely refuted by signatures, photos and available documents. On the other hand, it was admitted in the TV report that after taking MMS all malaria patients were actually "symptom-free". How should this have happened? Even today, orthodox medicine does not get malaria patients symptom-free in this short time.

Facts:

- Malaria Study 2012 Uganda

2.8 MMS and flu

The flu is a special case here. I asked Jim Humble personally why MMS or CDS can lead to a quick cure of the flu for many, but hardly improves anything for others. Jim explained that there can be two different causes of flu. One cause is actual germs and MMS can help to beat this infection quickly. The other cause often has to do with overexerting oneself physically and mentally for far too long and not allowing the body to recover.

This flu also feels similar in terms of symptoms, but in this case the body would insist on getting the necessary rest. There is really only bed rest left. In fact, I later had such a case myself. At the first signs of flu, I took the Clara 6+6 protocol in the evening before going to bed. Many times I had been able to simply stop an attacking flu with it. This time, however, the headaches and aching limbs remained and the nose continued to run.

2.9 Dangerous vaccinations

The dramatic increase in previously not so common diseases such as sudden infant death syndrome, ADHD, autism, neurodermatitis, allergies and intolerances point more and more clearly to a direct connection with multiple vaccinations. This needs to be looked at more closely.

According to the theory, a person is vaccinated with parts of the killed viruses, develops an immune reaction without getting sick and is then protected against a later real infection. Apparently this did not work at all, because in the meantime people have quietly switched to "live vaccinations", i.e. nowadays they are injected with viruses grown out of chicken eggs while they are still alive. This doesn't seem to have worked very well either, because now so-called effect enhancers have to be added to the vaccinations in order to provoke a reaction in the body at all.

However, these enhancers consist of allergy-causing aluminium and mercury compounds and are used in concentrations that are 200 times higher for babies and children than the limit values for adults for these substances. Even this still does not seem to have sufficient effect and therefore up to three vaccinations are given with the same active ingredient.

The associated consequences, especially for a growing body, are actually foreseeable and yet are completely denied. Since MMS / chlorine dioxide is able to safely kill all known viruses, the sense of vaccinations is thus completely questioned. Do all healthy children have to be vaccinated against all known pathogens despite the statistically low probability? Or is it enough if only the few who are ill are treated with MMS?

Critical questions about vaccination:

Why are vaccination opponents or vaccination refusers ostracised and classified as dangerous? If vaccinations really work, how can the unvaccinated endanger the vaccinated?

Why don't they show me the package insert for the vaccinations?

Why should doctors no longer be allowed to see this package insert in future?

Why were almost all sick children properly triple-vaccinated during the last measles outbreaks?

Why did Obama pass a law protecting all vaccine manufacturers from any liability claims?

Why are the vaccines introduced into the body in a way that is untypical for these viruses (by injection)?

Why are babies vaccinated at all before the age of two? Their own immune system, which could learn something from the vaccinations, has not yet been formed!

Why are children under 2 years of age vaccinated at all if their blood-brain barrier is not yet developed and thus the heavy metals can reach the brain directly?

Why were tens of thousands of soldiers force-vaccinated with the active ingredient squalene and today suffer from Gulf War Syndrome?

Why are so many vaccination advisors currently being trained by the state in the FRG?

Why did Bill Gates' first vaccinations secretly contain hormones that made African women infertile?

Why does Bill Gates want to vaccinate the third world against malaria, when a cheap and 100% effective therapy with MMS is available?

Facts:

- Book "We don't vaccinate!" Michael Leitner

- Video "We don't vaccinate!" Michael Leitner

2.10 List of diseases with MMS successes

This is an incomplete list of reported successful internal and external healing treatments with MMS, CDS, CDSplus, chlorine dioxide and DMSO. It shows that most of the epidemic spreading diseases of civilisation are probably due to infections, deficiency symptoms and poisoning.

AIDS /HIV

Acne

Actinic keratosis

Allergies

Allergic bronchial aspergillosis

Alzheimer's disease

Amyotrophic lateral sclerosis ALS

Amoebic dysentery

Angina

Ankylosing spondylitis

Anemia

Anthrax

Aphthae

Apoplexy

Arthritis

Osteoarthritis

Asthma

Atheroma

Autism

Eye and vision disorders

Autoimmune diseases

Tapeworm infections

Basalioma

Pancreatic diseases

Pancreatic cancer

Bazin disease

Bartonellosis

Beta thalassaemia minor

Bipolar disorders

Bladder infections

Blood sponge

Bruises
High blood pressure
Lyme disease
Bronchitis
Breast cancer
Mastitis
Candidamycosis
Chickungunya infection
Chronic Pelvic Pain Syndrome CPPS
Chronic depression
chronic obesity
Chronic fatigue syndrome
Chronic kidney disease
Chronic lymphocytic leukaemia
Cervical syndrome
Ulcerative colitis
CORONA COVID-19 infections
Cushing's syndrome
Dacriocystitis
Colorectal cancer
Diarrhoea
Dengue fever
Diabetes mellitus type I and II
Diverticulitis
Plantar warts
Circulatory disorders
Eczema
Eppstein Barr Virus Disease
Cold
Erythema nodosum
Fibromyalgia
Fever
Boils
Cervical cancer
Joint pain / inflammation
Yellow fever
Giardia Lamblia
Gout
Gonorrhoea

Flu

Shingles

Hearing loss

Hair loss

Haemorrhoids

Sore throat

Urinary tract infection

Skin rash

Skin fungus

Skin cancer

Yeast infections

Helicobacter

Hepatitis A,B,C

Herpes labialis, genitalis

Herpes zoster

Palpitations

Cardiac arrhythmias

Inflammatory heart disease

Hay fever

Human papillomaviruses HPV

Meningitis

Hyperthyroidism

Ichialgia

Idiopathic dilated cardiomyopathy

Interstitial cystitis

Insect bites

Caries

Carpal tunnel syndrome

Cataract

Jaw inflammation

Bone pain

Bone cancer

Laryngitis

Knee pain

Conjunctivitis

Condyloma

Headache

Varicose veins

Various cancers

Food poisoning

Paralysis

Leishmaniasis

Leprosy

Leukaemia

Leukocytosis

Leukytosis

Pneumonia

Lung cancer

Lupus erythematosus

Lymphomas

Lyme disease

Gastric ulcers

Gastrointestinal infections

Malaria

Tonsillitis

Megaesophagus

Melanoma

Meningitis

Metastases in bones

Metastatic breast carcinoma

Migraine

Crohn's disease

Cushing's disease

Morgellons

MRSA infection

Dupuytren's disease

Mosquito bites

Fatigue

Multiple myeloma

Multiple Sclerosis (MS)

Muscular rheumatism

Muscle tension

Muscle pain

Muscle strains

Muscle tension

Myasthenia Gravis

Myocardial infarction

Mycoplasma diseases

Myoma
Nail fungus
Nail diseases
Scar problems
Nasal congestion
Sinusitis
Hives
Neurodermatitis
Neuropathy
Kidney diseases
Kidney stones
Kidney failure
Kidney inflammations
Norovirus infection
Edema
Open leg
Ear infections
Oesophageal diseases
Osteopenia
Osteoporosis
Osteosarcoma
Ovarian cyst
Periodontal diseases
Parasite infestation
Parkinson's disease
Parvovirus
Pfeiffer's glandular fever
Pimple
Fungal infection of the paranasal sinuses
Fungal diseases
Pollen allergy
Polyarthritis
Prostatitis
Psoriasis
Q fever
Restless Legs Syndrome
Irritable bladder
Irritable bowel syndrome (IBS)
Retinoblastoma

Rheumatic pain
Rubella
Ruhr
Sarcoidosis
Scarlet fever
Thyroid diseases
Bursitis
Heavy metal poisoning
Scoliosis
Psoriasis
Swine flu
Sepsis
Shigellosis (dysentery)
Sickle cell anaemia
Sinusitis
Heartburn
Sun allergy
Mouth thrush
Genital thrush
Spinal canal stenosis
Tension headache
Ankylosing spondylitis
Vocal fold paralysis
Frontal sinusitis
Syphilis
Tuberculosis TBC
Tetanus
Thrombocytopenia
Tinnitus
Tonsillitis
Trigeminal neuralgia
Tumours
Typhoid
Overweight
Intolerances
Burns of the skin
Scalding of the skin
Poisonings
Atrial fibrillation

Warts
Nappy rash
Chickenpox
Wound healing disorders
Bleeding gums
Gum inflammations
Tooth root inflammation
Tick bite
Cirrhosis
Cysts
Cystic fibrosis

This list is neither technically correct nor complete. However, it shows that most illnesses are due to germs or poisoning. Chlorine dioxide can safely address both. At first glance, one would doubt that a remedy should be such an all-rounder. But MMS actually only purifies the body water and most diseases disappear.

I do not claim that if you have one of the above diseases that MMS will work 100% for you. This would require numerous evidence-based double-blind studies in each individual case. Moreover, the reasons for the development of a disease are often very diverse and individual. What helps one person wonderfully, helps another a little and a third not at all. More about this elsewhere.

However, there are many individual reports or summarised reports of experiences that can at least give hope. Everyone should at least be aware of these experiences. If one decides for or against such a self-treatment with MMS, everyone decides on his or her own responsibility.

Conclusion: There are indeed numerous proven and successful treatments with MMS / chlorine dioxide in clinics worldwide. However, there are few evidence-based double-blind studies, partly because everyone could immediately distinguish the chlorine dioxide solution from the ineffective reference solution by taste and smell.

Facts:

- Seegarten Clinic Switzerland
- Malaria study

- Book "The MMS Manual" Dr. med. Antje Oswald
- Book "MMS clinically tested"

2.11 CDS and the Corona Pandemic

Background to the crisis

The year 2020 began with bad news from China. There, people were dying like flies in the streets. Allegedly, a mutated pathogen had jumped from a bat to humans at a weekly market for animals in Wuhan. Then it happened very quickly and suddenly we had a worldwide pandemic with considerable restrictions on daily life. We are not interested in the political background here, but in the health aspect.

Many sick people died of respiratory syndrome. The lungs are the focus here and the oxygen uptake in the alveoli was probably disturbed. Towards the end of 2020, the situation was as follows: In many European countries, and especially in Germany, we had a media pandemic rather than a health pandemic. All the media were reporting ever-increasing numbers of infected people and deaths. Yet the PCR test used - according to its inventor - is at no time capable of detecting an infection, a disease or a risk of infection.

Also, the number of all deaths in 2020 in Germany was statistically not higher than in the years before. This was also true for many other European countries. Many experts protested, but were not heard. People stubbornly continued with the lockdown programme, so that many called this pandemic a "**Plandemie**". The hospitals and emergency rooms were completely empty in the first wave. So there couldn't have been a dangerous virus on the way here. Some compared it more to a normal flu with complications.

However, I received completely different reports from other countries in South America, such as Mexico and Bolivia. Here, tens of thousands of people, including thousands of doctors, are said to have died. Even their professional mouth protection had apparently done them no good. Clearly, there must have been another cause here. Whether this was another variant of the Corona virus, another biological or chemical weapon, or even caused by radiation, even I cannot say for sure at this point.

The most modern mobile phone standard, 5G, can also transmit in the 60 GHz range. A frequency at which oxygen uptake in the alveoli is known to be severely impaired. In any case, most patients were in danger of suffocating from lack of oxygen. Here, some doctors remembered the many MMS lectures given by Andreas Kalcker in most South American countries. They contacted

him and he confirmed that CDS could help and would definitely do no harm to the patients.

Only when some doctors, politicians and generals became seriously ill themselves and all recovered by taking chlorine dioxide solutions orally, did the breakthrough for MMS come. In Bolivia, a law was hastily passed that explicitly allowed chlorine dioxide for the treatment of covid-19 patients. Universities now began to produce chlorine dioxide in large quantities and distribute it widely among the population. From 160 deaths per day, this eventually led to only 6 deaths per day. Andreas Kalcker was then interviewed on almost every TV station in these countries. The Argentine TV presenter Viviana Canosa drinks chlorine dioxide solution at the end of her programme and says: "I'm not recommending, I'm showing you what I'm doing."

Over 4,000 doctors from 20 countries founded the international association [www. COMUSAV.com](http://www.COMUSAV.com) because all doctors had successfully used CDS chlorine dioxide solution on over 150,000 COVID-19 patients! They achieved almost 100% cure of these patients within only 4 days and this without any side effects! What do you need a worldwide vaccination for if you can successfully treat only the sick?

My conclusion: There are at least two different triggers for this pandemic. One of them is life-threatening to fatal. Whether this is contagious or triggered by the spread of warfare agents or radiation is ultimately irrelevant. One can preventively and acutely avert the danger with chlorine dioxide and safely survive this attack.

Therefore, as of now, I advise everyone reading this to stock up sufficiently on classic MMS and CDS/CDSplus. When the future lockdowns start again, the parcel services will be overloaded or will simply be shut down for some countries as they were in the first wave. So secure your stock now!

Does chlorine dioxide really work on corona viruses?

Whether you believe in MMS/chlorine dioxide or not, here are some applications that anyone - even the most adamant MMS critic - can do to protect themselves and their family. That chlorine dioxide can safely kill corona viruses at a very low concentration of **40ppm (update: not 3ppm)** (parts per million) was proven in a Chinese study. The study, entitled "Study on the resistance of severe acute respiratory syndrome-associated

coronavirus", (see link below) is from June 2005 and only involved all corona viruses known up to that time.

Yes, the study only proved that chlorine dioxide, even in the smallest amounts, was able to eliminate the viruses in blood, urine and stool in vitro. These successes were in vitro, i.e. outside the body! Nevertheless, from a scientific point of view, there is considerable justified hope that it could also help in vivo, i.e. inside the body. In any case, chlorine dioxide seems to be a very good disinfectant against the Corona viruses. The study is linked on the website www.mms-seminar.com.

Basically, MMS/chlorine dioxide can be used for disinfection in many areas of daily life as described so far in this book. Here are some examples. The detailed applications are explained in detail in the corresponding chapters of this book.

Disinfect food

In some countries, chlorine dioxide is also used to sterilise fruit, vegetables, meat and fish. For example, fill the clean kitchen sink with cold water and activate about 10 drops of MMS for 45 seconds and add it to the water. Now immerse the food in it for 1-2 minutes. It is now completely disinfected and if glyphosate (which is often sprayed just before the harvest) was still on the vegetables, it is also oxidised away. A small, pleasant side effect: lettuce heads and cucumbers now last for more than 10 days in the refrigerator and are still freshly harvested and crunchy.

Disinfection of objects and surfaces:

For this purpose, MMS as well as CDS, CDL, CDSplus can be used as disinfectants. In case of doubt, you can simply overdose. For example, 20 activated drops of MMS to 1 litre of cold water. Please wipe the objects with the chlorine dioxide solution and let it act for approx. 30 seconds.

Disinfect cars and rooms

This is only possible with the classic MMS and not with CDS, CDL or CDSplus as a disinfectant! **Important:** No humans or animals may be in the rooms or e.g. in the car during the fumigation! Please ventilate well afterwards! Here the two substances are mixed (approx. 20-30 drops of each) and no water is added, so the gas chlorine dioxide is constantly produced. This gas

then fills the closed room and disinfects everything even in low concentrations.

Disinfect laundry, washing machine and dryer

Normally, the detergent and the temperature should be sufficient to kill many germs. However, if you want to be sure, take e.g. 6 activated drops of MMS with water and add them to the last rinse cycle. For the dryer, dip a cloth in this solution and throw it into the otherwise empty dryer and start a run. Then all airways of the appliance are disinfected. Afterwards, the appliances smell as neutral as new.

Disinfect hands

We would recommend at least 30ppm to be on the safe side. Such an aqueous chlorine dioxide solution can be used to wash hands. The best way to do it is in a pump spray bottle and spray a few puffs into your hands and rub it in.

Disinfect face

The same spray can be sprayed and rubbed into the face here with the eyes closed.

Disinfect eyes

A Chinese doctor said that he wore a mouth guard all the time and still got infected. He suspects that he was infected through his eyes. Here you can make a very weak CDS solution and please no MMS solution because of the acid residue in the solution. Take 1-2 ml of CDS in a 10-20 ml bottle with a pipette. Now drop 1-2 drops into each eye and wait 1-2 minutes. It does not burn because of the chlorine dioxide, but because the solution has no salt content. Normal tap water also burns the eye when showering, for example.

Disinfect the mouth and throat area

Anyone who has had contact with other potentially infected persons or has been in the same room for a longer period of time should also rinse their mouth and throat if necessary.

Disinfect air, airways and bronchi

The deeper airways are the bronchi and lungs. To do this, use the solution with the pump spray head again and spray a mist into the air. Now inhale this mist. You can repeat this 3-5 times.

Cleanse body, internally

Up to this point, every MMS sceptic can still follow without having to give up his point of view. But what if a pathogen is in the body and no suitable drugs or vaccinations are available? Even if these medicines and vaccinations developed overnight are available, how safe are they without the usual lengthy tests? For this reason, self-responsible self-therapy according to Jim Humble may also make sense for each individual. Everyone must decide this for themselves. In order not to do anything wrong here and not to harm oneself, it is absolutely necessary to read through this entire free e-book "Healing with MMS?"

Disinfect masks

Fabric masks do not always have to be washed at great expense. Disinfection with chlorine dioxide is much faster. You activate 4-5 drops each in a small glass bowl and do not add any water. Then you put the masks next to this bowl and cover everything with a bigger salad bowl. Then you give the gas about 10 minutes and everything under this big bowl is 100% disinfected.

Facts:

Study Link

<https://mms-seminar.com/wp-content/uploads/2019/02/Study-coronavirus-clo2.pdf>

3 MMS successes with animals

MMS applications on humans are usually just as transferable for animals, except for a few special features. Many interested people have given MMS to their animals out of desperation in already hopeless cases (given up by the vet). When they were amazed to see how well it worked, they often decided to use it themselves. As I haven't had any pets for some time, I sought expert advice on this subject from Steffi Rein. She is the founder and administrator of the Facebook MMS group for animals (<https://www.facebook.com/groups/mms.tiergruppe/>) and offers energetic animal communication and other alternative healing methods for animals (<http://www.energetik-sr.de>). Here is a summary of her experiences and recommendations.

Important tips for the responsible use of MMS and CDS

Please never confuse MMS and CDS, CDS is dosed much higher. Neither the activated MMS nor its individual components may ever be given pure, as it can corrode (acid content), therefore always dilute with water! CDS, on the other hand, is a pH-neutral solution, but is also diluted with water. The solution diluted in this way is often drawn up in a syringe without a cannula and administered orally to the animals.

MMS and CDS do not belong in the feed!

If the animal does not like to accept the aqueous chlorine dioxide solution in this way, you can mix it in meat broth, cream or e.g. homemade apple juice. Please always stop the activation of classic MMS with the addition of water first and then add it to one of these liquids. Steffi also dilutes the CDS again with a little water.

Water quantity required

She recommends adding at least 10 ml of water to animals from 1 drop of activated MMS, better more. The higher you go with the number of drops, the more water should be added. In her experience, humans and large dogs usually do not need more than 2 drops of MMS or 4 ml of CDS per single dose. With CDS it would depend on the manufacturer. In the case of non-stabilised CDS, for example, only 1 ml of water is needed for 4 drops, whereas the stabilised CDSplus requires at least 2 ml of water for these 4 drops because of the taste.

Dosage recommendations

Always start with the smallest amount and then slowly increase. How long MMS and CDS must be given depends on the disease and the overall condition of the animal. Young and fit animals are never given it for longer than 1 to 2 weeks. This way the defence system can also do its part. If because of cancer etc. it has to be given over a longer period of time, she recommends to take a break after about 3 weeks, to supply the body with antioxidants and then to start again with the smallest amount of MMS or CDS. Usually 2-3 doses of MMS daily are sufficient, as MMS can also outgas in animal stomachs up to 7 times the amount in the next few hours.

3.1 Protocols for small animals

For these small animals such as rabbits, guinea pigs, birds, hamsters etc. Steffi Rein recommends using CDS. Depending on the size of the animal, 1/2 to 4 drops are very effective in severe cases, and about 3-5 times a day over a period of 1-3 weeks. Otherwise, the same single doses twice a day over a period of 1-2 weeks are sufficient.

3.2 Protocols for cats and small dogs

Cats

Based on her own experience with **ataxia** and other infectious diseases in cats, she has developed her own cat protocol. The dosages of her CDS cat protocol also fit any cancer diseases. From the classic MMS, 1/4 drop is sufficient for cats, which is prepared as follows: Activate 1 drop, and after the waiting time of 45 seconds, add approx. 20 ml of water. From this solution you then draw 5 ml with a syringe and can give this as a single dose. The rest is simply not used for the animal.

For minor aches and pains

Give 3 doses per day. Start the first two doses with 4 drops of CDS (3,000 ppm or 0.3%) each. From the third dose onwards, increase by one drop for each of the next doses up to a maximum of 12 drops. Either you give the 3 single doses in the morning, at noon and in the evening or you do the intensive protocol and give these 3 doses only one hour apart (similar to the intensive protocol of Dr. Andreas Kalcker). This way you could use the day more efficiently and, for example, give homeopathic remedies in the morning, then apply the intensive protocol and add absorbers to the food in the

evening. We use either healing earth, zeolite or bentonite as absorbers, each about 1/2 teaspoon in the feed.

For infectious diseases and life-threatening diseases such as cancer

Start here on the first 3 days with 5 to 7 doses per day. Start the first two doses with 4 drops of CDS and also increase from the third dose by 1 drop at a time up to 20 drops as the maximum dose. From the fourth day, increase to 3 times a day for one week. Then give the maximum dose twice a day for another week.

Protocols are good guidelines, but in practice it has been shown that an individual adjustment to the respective animal brings the best success.

In the case of diseases such as parvovirus, which manifest themselves with violent diarrhoea, MMS or CDS should not be applied immediately, but medicinal coal should be given. Only when the diarrhoea is gone, MMS and CDS can be given, but then please time-delayed and again with one of the above absorbents in the feed.

3.3 Protocol for medium and large dogs

The single doses of CDS can be increased from 1 ml to 4 ml, with MMS please increase from 1/2 drop to a maximum of 2 drops. For infectious diseases, the "Mediterranean diseases" (e.g. leishmaniasis), cancer and metabolic diseases, Steffi Rein recommends giving MMS or CDS 2-3 times a day for 3 weeks. Here, too, it is to be expected that many toxins are in the body and therefore please always add an absorbent to the food.

3.4 Protocol for horses

Steffi likes to use CDS on horses herself. She starts with 4 ml per dose and can then increase to 10-20 ml depending on the size of the horse. The classic MMS should be increased from 5 to max. 20-30 drops. Starting with the smallest amount (4 ml CDS and 5 drops MMS), please work with at least 250 ml water and, if possible, let the horse drink some homemade apple juice at the very end. With MMS, it is helpful to always add 1-2 drops of DMSO in the higher dosages.

This can prevent the formation of chlorates (see chapter DMSO). Here, too, it is less important how high the dosage is increased, but how often and how long we give MMS or CDS and what else we can do for the animal. As horses cannot vomit, we should not even risk reaching the limit of nausea.

From her own experience and reports from her MMS animal group in Facebook, she can say that severe diseases such as hoof cancer, laminitis and its consequences, metabolic diseases, allergies, infectious diseases etc. could be cured very successfully with the procedure already mentioned here (give 3 weeks, 2-3 times a day, then take a break of 2-3 weeks and then give again 3 weeks, again starting with the smallest amount). One horse she treated for Lyme disease was given MMS for only 1 week. Always increased from 5 to 20 drops. After the MMS doses, clear improvements could be seen.

Although Steffi is a big fan of MMS, she never treats in isolation with one remedy or method, but always holistically. This is the only way to ensure that not only the obvious symptoms subside, but also the actual causes are found and resolved.

3.5 Protocol for ruminants

Ruminants must not be given MMS or CDS orally, as it is still not completely clear to what extent the intestinal flora of the forestomach can be disturbed. It is also not clear whether we can achieve any effect at all, since ruminating causes the gas to go out again where it came in or could even be inhaled.

The treatment of sheep, goats and cattle therefore still belongs in the hands of professionals who already have sufficient experience with enemas and infusions. However, we can treat udder infections ourselves by adding 200 ml of water to 10 drops of activated MMS and flushing out the milk ducts of the teats with this solution, e.g. in a syringe without a needle.

Wound treatments

In places where the animal can lick itself, please always prepare the mixture as if you were giving it internally. Otherwise you can mix 10-20 drops of MMS to 100-200ml of water. If she cannot spray the mixture on, she likes to use a paper handkerchief that she soaks in the solution and then holds it on the area to be treated for several minutes. In her opinion, CDS is not so good for external treatment because it outgasses too quickly.

What to do if you can't give the animal MMS or CDS and take it in cream, meat broth and homemade apple juice?

Then, exceptionally, one can only add the sodium chlorite solution NaClO_2 alone to the water here; when drinking it, it activates in the stomach with the hydrochloric acid there and the desired chlorine dioxide gas is formed. However, this is a delayed form of chlorine dioxide formation, which is not directly comparable to the activated MMS. 1-5 drops to 250-500 ml of water or 6-10 drops to 1 litre of water would be their good recommendation here.

Common mistakes in handling MMS and CDS in animals:

If too little water is added, the animals may reject the MMS in the future because of the taste. If the dosage is too high and then diarrhoea or vomiting occurs, the animal will no longer want to accept MMS because it is linked to this. If no absorber is added and the animal gets even worse, this can also lead to MMS being rejected in the future. In German: God knows animals are not stupid!

Although Steffi Rein actually only prefers other gentle remedies and methods such as homeopathy, Schüssler salts and Bach flowers in addition to energetic healing work, she likes to use MMS/CDS often. With bioenergetic test procedures she usually tests out all possible remedies specifically for the respective animal.

Here, the test procedures very well showed a suitability or a benefit of MMS and CDS for the animals. Thus she also came across its subtle effect and learned to appreciate it over time. Illnesses or complaints in our animals have a lot to do with the owner and his or her issues. Sometimes the resolution of a conflict in the owner leads to the healing of the illness in the animal. That is why Steffi often treats owner and animal together as one unit. More about this on her own website www.energetik-sr.de.

More and more veterinarians are working with chlorine dioxide without making a big fuss about it. After all, saving lives and alleviating suffering is what counts. Here is a recent report from a vet who made this public, got into trouble with the authorities and then showed moral courage.

3.6 Veterinarian convinced by chlorine dioxide

The renowned Hamburg veterinarian Dirk Schrader treats animals very successfully in a variety of ways, including with chlorine dioxide. Under threat of a 10,000 euro fine, he was ordered to immediately stop treatments with chlorine dioxide solutions. He then went on the counter-attack, lodged an objection against this decision and even filed a criminal complaint against the authority.

He used the chlorine dioxide treatments partly instead of less effective and more expensive antibiotics, but also partly for cases that would otherwise have had to be euthanised as hopeless and incurable. The brazen approach of the Health and Consumer Protection Authority, their professional ignorance and finally the prohibition to save animals from death made Mr Schrader take action. He now filed a complaint against the local authorities with the Hamburg public prosecutor's office for collective abuse of authority. In his opinion, every doctor is free to use any means and methods, even non-approved ones, if there is a therapeutic emergency.

Some interesting passages from the statement of grounds:

"In particular for sodium chlorite/chlorine dioxide (MMS), hydrogen peroxide and hypochlorite (e.g. MMS2), it was established decades ago in basic immunological research (and also "ennobled" in part with Nobel Prizes) that these also occur or are produced physiologically in human/animal cells, e.g. within the framework of a fever reaction in the case of infection, cancer, etc. Oxidative agents have the decisive advantage that microorganisms cannot form a resistance to them, with which we can attest to "evolution's" gratifying foresight. Viewed the other way round, human/animal cells naturally tolerate a certain amount of oxidative substances, whereas microorganisms or other antigens (i.e. pathogens) are destroyed at much lower concentrations. ..."

and on:

"Against this background, the current emotional and unjust "witch hunt" against an oxidant that has been widely used for decades is factually incomprehensible. Only a pronounced lack of basic scientific information could have brought about the official order with threat of punishment that is being challenged."

I find it very exciting here that in addition to dyed-in-the-wool veterinarians like Dirk Schrader, animal therapists working in alternative medicine or energetics also use MMS/chlorine dioxide successfully in unison. The effect alone seems to be convincing!

Facts:

- Veterinarian files criminal charges after MMS ban

4. MMS media baiting

Until April 2014, there were many books about MMS in the German-speaking world and an estimated 1/2 to 1 million people who had heard about it or had already used it. Nevertheless, it was more of an insider's tip. We wanted to change this and therefore supported Leo Koehof from Jim Humble Verlag in organising the "Spirit of Health Congress 2014" in Hannover.

The event was a complete success and well over 1,000 visitors came. Suddenly, the interest of the mass media was also aroused and several TV stations came to the congress and conducted several interviews. Although the first reports contained warnings about MMS, participants of the congress also had their say. One participant said that his tumour had shrunk by 90% within only 3 months of taking MMS (NDR report).

This had the effect that the whole of Germany was now interested in MMS. And lo and behold, the tone in the mass media (ARD Report, ARD-Kontraste, RTL-Mittagsmagazin, RTL-Explosiv, Spiegel TV, Spiegel online, T-Online, NDR-Visite, MDR, HAZ, Bild-Zeitung) immediately became harsher against MMS. Interestingly, different reporters from different TV, online and print media always used the same phrases, untruths, unsubstantiated accusations and old pigeonholes to denounce active speakers.

These untruthful reports were probably one of the reasons why the people chose "lying press" as the (in)word of the year. There was no longer any question of the so-called quality journalists carrying out independent research with an open mind. It was a case of a slating of orders, with one journalist copying the other's work. For this reason, the individual accusations are to be countered here with reliable facts, so that everyone can form their own opinion about MMS. We rely on openness instead of propaganda.

Facts:

- Collection of blunt media rants against MMS
- Spirit of Health Congress 2014
- Spirit of Health Congress 2015

4.1 Accusation: "MMS is toxic chlorine bleach".

Interestingly, if you search for the term "chlorine bleach" in Wikipedia, you are led directly to pure chlorine and not to the entry on chlorine dioxide and not to the starting material of MMS, sodium chlorite. But the layman cannot distinguish such subtleties!

Definition: According to the University of Hamburg, chlorine bleach, also called chlorine bleaching lye or Javell's lye, is produced by adding (elemental, i.e. pure) chlorine to diluted sodium hydroxide solution.

However, chlorine bleach is definitely not used in the MMS application protocols! Neither the starting material sodium chlorite nor the actual active ingredient of MMS, chlorine dioxide, are chlorine bleach by definition!

Moreover, the sodium chlorite solution is not taken on its own, but only after the chlorine dioxide has been formed by activation with an acid. Chlorine dioxide, on the other hand, has been used for over 100 years to sterilise drinking water, our number one foodstuff, and fruit and vegetables, but also meat and fish, have been sterilised with it for years and made longer-lasting (USA). It does not even have to be filtered out or washed off the food. In food processing plants for dairy products, beer and wine, for example, the pipes between the individual production batches are sterilised and cleaned.

So it harms neither our food nor the people and animals who consume it. The non-toxicity of the oral intake of chlorine dioxide solutions has been sufficiently proven by internationally recognised studies of the WHO and the EPA (see below). Paracelsus already stated that the dose makes the "poison". A comparison of toxicity clearly shows that chlorine dioxide is in fact much less toxic than nicotine, coffee and aspirin.

Facts:

- Uni Hamburg Definition of chlorine bleach
- Wikipedia entry on chlorine dioxide
- Wikipedia entry on sodium chlorite
- Wikipedia entry on chlorine
- Chlorine dioxide toxicity

Wikipedia entry on chlorine dioxide

"Higher organisms are relatively insensitive to the ingestion of chlorine dioxide by swallowing. For example, in a study on humans, no negative changes were found in ten healthy men after a single ingestion of 24 mg of chlorine dioxide in one litre or 2.5 mg of chlorite in 500 ml of water. This is a factor of ten and one hundred respectively higher than the maximum values for drinking water treatment in Germany of 0.2 mg per litre of drinking water."

Facts:

- Wikipedia entry on chlorine dioxide

WHO study on the oral intake of chlorine dioxide

There is a WHO (World Health Organisation) study from 1982/1984 on the oral intake of an aqueous chlorine dioxide solution on 10 men with different intake protocols and doses for 12 weeks, i.e. three times as long as Jim Humble's MMS-1000 protocol. Blood pressure, respiratory rate, pulse, mouth temperature and ECG were taken, as well as extensive blood and urine analyses.

Result: No significant side effects were measured!

Facts:

- WHO study on the oral intake of chlorine dioxide

EPA studies on the oral intake of chlorine dioxide

The US Environmental Protection Agency (EPA) had also commissioned a large number of studies on humans and animals on the consequences of oral ingestion of aqueous chlorine dioxide solutions or summarised them from the literature.

Result: Even the 100-fold concentration of ClO_2 , as legally permitted in our drinking water, shows no negative effects on humans and animals.

Facts:

- EPA studies on the oral intake of chlorine dioxide

Conclusion: Anyone who, as a supposed protector of people or critical journalist, still calls MMS, sodium chlorite or chlorine dioxide "toxic chlorine bleach" is deliberately lying and ignoring existing international studies on the non-toxicity of chlorine dioxide when taken orally!

Neither the MMS, the raw material sodium chlorite nor the actual active ingredient chlorine dioxide is chlorine bleach! With this perfidious and deliberate confusion, one would like to mislead newcomers and laymen to actually treat themselves with the dangerous chlorine bleach instead of the non-toxic chlorine dioxide, in order to then blame the resulting damage on the MMS community!

This fulfils the criminal offence of deliberate attempted bodily harm!

4.2 Accusation: "MMS is ineffective".

All chemistry textbooks say that chlorine dioxide is the best virus and bacteria killer in the world. Why, according to Jim Humble's original thinking, should something that is known to reliably kill all disease-causing germs outside the body not do so inside? Tens of thousands of positive responses, including from licensed physicians, paint a very different picture. Only claims of ineffectiveness are made, but no reliable evidence is provided.

4.2.1 Uganda Malaria Study

At the end of 2012, a malaria study was documented by three independent international camera teams at a Red Cross station in Uganda. Within four days, 781 people were examined, 154 of whom were infected with malaria. The infection was first determined with a conventional malaria rapid test and then each positive suspected case was clearly confirmed by blood tests under the microscope.

Some even had a double infection with two of the five possible malaria pathogens. All adults were given a single dose of 18 activated drops and all children were given 9 activated drops of MMS to drink. After 24 hours, only 11 of the 154 confirmed malaria patients had tested positive for malaria. All the others were symptom and symptom-free. The 11 who were still infected said they had not drunk it all or had vomited shortly after taking it.

They were given a second dose of the same amount under supervision and were all also malaria-free the next day. However, this well-documented malaria study was questioned in a TV report. It was claimed that there was no proof that MMS cured malaria within 24 hours, as no doctor had been present to confirm this. This claim can be completely refuted by signatures and photos. On the other hand, it was admitted in the TV report that after taking MMS all malaria patients were actually "symptom-free". How should this have happened? Even today, orthodox medicine does not get malaria patients symptom-free in this short time.

4.2.2 Clinical use of dioxychlor

Dioxychlor is an agent that destroys fungi, bacteria and viruses through the action of atomic oxygen. In numerous trials, this product was further developed and optimised both in its form of production and in its effect in close cooperation between researchers at the Bradford Research Institute and Stanford University, the National Cancer Institute (NCI) and the Mayo Clinics. The effectiveness of this oxygen preparation has been proven with more than 50,000 infusions for various indications worldwide. The active ingredient in dioxychlor is, as the name suggests, chlorine dioxide.

Quote from the Seegarten Klinik Switzerland:

influenza, herpes I and II, hepatitis-B, Epstein-Barr, cytomegalovirus, polio, toxoplasmosis and tuberculosis. Dioxychlor has also been successfully used for virulent mycoses such as Candida albicans and Mycoplasma, for blood parasites, as well as for pleomorphic bacteria, which are mostly found in multiple allergies. Other areas of application include follow-up therapy after long-term use of antibiotics and their sequelae, such as chronic fatigue syndrome (CFS, Epstein-Barr, HHV-6 virus). The convincing successes of dioxychlor therapy in Europe and the USA have expanded the list of indications to include other disease states in addition to those already mentioned: gingivitis, weakness of the immune system, cystic fibrosis, recurrent pneumonia and broncho-pneumonia with recurrent infections.

4.2.3 Sodium chlorite approved by the EU as a medicinal product

Sodium chlorite has been registered as a medicinal product in the Community Register of Orphan Medicinal Products under number EU/3 /13/1139 since 19.6.2013. According to a study submitted, it appears to stop the progression of ALS (amyotrophic lateral sclerosis) in the treatment of the disease.

According to Wikipedia:

"Sodium chlorite interferes with the function of [macrophages](#), which form part of the immune system and are involved in inflammatory processes. The [rare disease amyotrophic lateral sclerosis](#) (ALS) is thought to involve over-activation of macrophages, resulting in high levels of [cytokines responsible for damage to nerve cells in the brain and spinal cord](#). In the USA^[10] and the EU^[11], sodium chlorite for the treatment of ALS has [orphan drug](#) status, which results in benefits for pharmaceutical companies with regard to a [drug approval](#)."

I don't think there's anything more to add to that.

4.2.4 Successes with HIV / AIDS

Dr Klaus Schustereder was the first medical doctor to conduct a study on the effect of chlorine dioxide on HIV/AIDS patients in cooperation with the health authorities of the Central African Republic. Although Dr. Klaus Schustereder distances himself from the many healing promises made by Jim Humble, he acknowledges the therapeutic effect of chlorine dioxide in the treatment of HIV/AIDS.

He pleads for a comprehensive clinical study in cooperation with governmental authorities to better understand the potential of chlorine dioxide for the treatment of epidemiological diseases. Furthermore, Dr Schustereder calls for pharmacological studies to understand the mode of action of chlorine dioxide.

In this interview, Dr. med. Schustereder explains why Africa needs therapeutic approaches that should meet the following criteria: Efficiency, non-toxicity, cost-effectiveness and cultural integrability. According to Schustereder, chlorine dioxide meets these criteria and therefore sees a potential opportunity to help many people in the Third World.

The National Institutes of Health (NIH), an agency of the United States Department of Health Care and Social Services, published a study on the use of chlorine dioxide in the purification of donated blood, which also confirmed this effect in the laboratory. In particular, the effect of chlorine dioxide (MMS) on "AIDS viruses" was examined. Two dilutions of a stock solution of 15% lactic acid and approx. 2.8% sodium chlorite were used. The 1:150 dilution showed a significant but not complete elimination of HIV-1, the 1:100 diluted stock solution eliminated the "AIDS viruses" in the blood to 100% within 5 minutes in vitro.

Conclusion: The broadband effectiveness of MMS proclaimed by Jim Humble for a multitude of diseases is more than adequately proven by studies and field reports!

Facts:

- Malaria study
- Dioxychlor study

- Seegarten Clinic Switzerland
- Sodium chlorite approved by the EU as a medicinal product
- Wikipedia entry on sodium chlorite
- Successes in Africa with HIV/AIDS
- National Institutes of Health "Chlorine Dioxide Eliminates AIDS/HIV-Viruses"
- Patent for blood disinfection with chlorine dioxide
- Book "MMS clinically tested"

4.3 Accusation: "MMS is pure money-making".

A classic MMS set costs between 15 and 25 € and usually lasts for 2-3 years. Those who want to become rich with miracle cures usually take much higher sums, such as currently 200,000€ per patient for the cure of hepatitis C with a newly developed drug. To give a seriously ill person false hope for this would be and is highly immoral. Jim Humble gave this knowledge to humanity for free with his first free book and lives exclusively from donations and the proceeds from the sale of his other books.

I have visited him twice. On my first visit to the Dominican Republic, he lived 3 hours away from any tourist spot in the middle of the slums of the local population. Spartan would not be an accurate description of his accommodation. Even youth hostels 50 years ago were better equipped. To this day, he does not own a car. The domicile in Mexico on my second visit can also be described as plain and simple. I have not seen any luxury goods or symbols on him to this day. Since his discovery, he has used all his money to spread this healing knowledge that is so important for humanity.

Conclusion: There is no evidence whatsoever that Jim Humble has become a rich man through MMS who now lives in luxury.

Facts:

- Book "Healing is possible" Dr Andreas Kalcker
- Article "Hepatitis C drug Sovaldi ..." Spiegel online

4.4 Accusation: "Jim Humble and Scientology"

Yes, Jim Humble loves his appearances in his white suit and white hat with the larimar stone as his trademark. "The show must go on", he is an American through and through. And yes, he was with the Scientologists almost from the beginning. Back then it was a movement that used the novel techniques (Dianetics) of Ron L. Hubbard to cleanse one's mind of traumas, fears and false programming from this and previous lives. The result was free and non-manipulable people.

Later this movement was infiltrated and now has the image of a "money-grubbing and brain-washing cult". I am not in a position to judge this conclusively, as I have so far had no knowing contact with this association or its members. However, I have very much looked into the book and DVDs on Dianetics, both of which I think are highly interesting and ideology-free. I have asked Jim about this and he has answered me openly to every question.

When these negative changes began, such as the persistent harassment of drop-outs in this organisation, he, like many others at the time, left the Scientologists. For him, this chapter has been completely closed for three decades (!). At his MMS trainings and also at all other meetings with Jim, he has at no time brought up topics from the field of Scientology of his own accord or used any mind-manipulating techniques. I can testify to this beyond any doubt. He is really just a plain old man with an engagingly friendly smile.

Conclusion: The worldwide MMS movement has nothing but absolutely nothing to do with Scientology. Is it really important what a person wears or what he used to do? Or are these personal defamations only to prevent the viewers (Scientology drawer) from dealing with its actual, trend-setting contents and statements?

Facts:

- Book "Dianetics" 'The Guide to the Human Mind'.
- DVD "How to Use Dianetics"

4.5 Accusation: "Genesis II Church"

As Jim trained many MMS workers in different African countries, he experienced the same threats over and over again. Many African countries are politically unstable and there are almost always armed rebels on one side and government troops on the other. Whoever the good guys and bad guys are in this game, time and again he and his helpers were seen as spies for the government or the rebels and threatened with death at gunpoint. He also saw at the time that people with ID from international religious aid organisations (Red Cross, Red Crescent) were often protected from such suspicions by their ID alone.

So he founded the "Genesis II Church" and distributed appropriate ID cards to his helpers and it worked quite well. Since the free distribution of unapproved remedies could also be legally punished in many countries, the water sterilised with MMS was unceremoniously renamed a sacrament (like the wafer or holy water) under freedom of religion in order to legally protect the distribution and the dispenser.

In the meantime, almost all followers of his worldwide MMS movement have taken up this idea and joined his "church" without such threats existing in their country. But what we imagine a church to be in this country is in no way accurate. It is not about religion, because everyone can keep their previous faith. It is much more like a loose association of like-minded people. The only confession to become a member is: "Be good and do good". You are already a member. There is no formalism and no bureaucracy.

People trained in MMS have the status of "Reverend". Once you have trained or counseled a minimum number of people with MMS, you can become a "Minister of Health". Those who also lead trainings or make other great contributions to the movement are summarily declared "Bishop". These titles are not linked to any real hierarchies, rights or duties and are not even used by most, if only with a smirk. Everyone sees each other as equals and what they do or don't do is their own business.

In all these years, I have never been told what I should or should not do or what I should or should not say. Everyone makes the contribution that they can or want to make to achieve the common goal that every person on this planet becomes aware of the health possibilities with MMS or chlorine

dioxide. We then leave it up to everyone to decide whether and what they want to do with this knowledge and support everyone who wants to know more. You can also leave this "church" at any time without any problems, Jim attaches particular importance to this.

Do you also want to make your contribution so that this movement can successfully realise its goals? You can do this by talking about MMS and distributing this e-book. Of course, donations are always welcome!

4.6 Questions for the media - effectiveness of MMS

No matter what topic one researches, all things have both advantages and disadvantages in this duality. In reporting on MMS, it is obvious that on the one hand false accusations are made about the possible disadvantages or things are simply deliberately invented or mixed up.

On the other hand, the successes and positive effects that MMS has proven many times are deliberately ignored and concealed. Obviously, this is done to deliberately trigger a negative emotional reaction in the viewer or reader. This is no longer called independent journalism or open-ended reporting, but simply propaganda.

Back to the facts and some uncomfortable counter-questions to these representatives of the mass media:

4.6.1 Where are the reports on dioxychlor?

In numerous trials, the product dioxychlor (active ingredient chlorine dioxide) was further developed and optimised both in its form of production and in its effect in close cooperation between the researchers of the Bradford Research Institute and Stanford University, the National Cancer Institute (NCI) and the Mayo Clinics. The effectiveness of this oxygen preparation has been proven with over 50,000 infusions for various indications worldwide. Why is this large-scale clinical study on the intravenous use of chlorine dioxide and its success never reported? Perhaps so that they can continue to claim that there are no clinical studies on chlorine dioxide?

Facts:

- Dioxychlor study

4.6.2 MMS against A.L.S. approved in EU!

In 2014 you reported extensively on the funny ice bucket bets of celebrities and those who think they are celebrities on TV and the internet. When people threw a bucket of ice-cold water over their heads, you pointed your cameras at them and these low-level self-promotions made it into the evening news broadcasts for weeks.

Everything was supposedly initiated to raise funds for the much-needed ALS research. But you do not say or write a single word about the fact that there is already a promising approved drug against ALS in the USA and also in the EU, based on the MMS/sodium chlorite that you have been so critical of. Why not? Are you blind in one eye or both?

Facts:

- Sodium chlorite approved by the EU as a medicinal product

4.6.3 Chlorine dioxide patents in the health sector

With a little research in search engines and our MMS family, more and more approved pharmaceutical products based on chlorine dioxide come to light.

Here, for example, the US-approved spray **Ciderm SP for wound disinfection in animals** is available from Frontier Pharmaceutical Inc. of Melville, NY 11747 (www.cidermsp.com).

[Patent US-4035483](#) of 12.07.1977 on the use of **sodium chlorite as a non-toxic antiseptic**. The text states that it is **useful in treating burns and other wounds and treating infections** without interfering with the natural regeneration process.

The [patent US-4725437](#) of 16.02.1988, awarded to the company Oxo Chemie from Germany, concerning a substance invented by Dr. Friedrich W. Kühne from Heidelberg and called "**Oxoferin**". The company was able to sell it for US\$ 45 million to an American company, which changed the name to "**WF-10**", which was approved by the FDA.

[Patent US-2701781](#) of 08.02.1055 relating to the marketing of an **antiseptic solution for general clinical use**.

[Patent US-5019402](#) of 28.05.1991, granted to the company Alcide for the marketing of a product **with chlorine dioxide for the disinfection of blood and blood reserves**. It is used today mainly in the transfusion field to prevent infections. **Hello, wait a minute:** blood is our elixir of life and it is treated with chlorine dioxide without causing any harm? Then it can't be that dangerous, can it?

[Patent US-5830511 of](#) 03.11.1998 for marketing a product whose ingredient includes sodium chlorite and is intended to **stimulate the immune system**. It was awarded to the company Bioxy Inc., is used in animals as a feed supplement and results in reduced mortality, reduced excretion of nitrogen, reduced **reliance on antibiotics and vaccinations, and improved animal health** by contributing to a stronger immune system.

[Patent US-5855922](#) dated 05.01.1999, granted to the company BioCide International for the marketing of a product used in the therapeutic **treatment of poorly healing or non-scarring chronic wounds and other skin diseases**. We have also received reports of this experience in cases of legs that have been open for years (mostly in diabetics).

[Patent US-6099855](#) dated 08/08/2000 for the commercialisation of a product used as an immune system stimulant granted to Bioxy Inc. This product is claimed to **improve animal health, improve food conversion, bring about reduced mortality, reduced reliance on antibiotics and vaccinations and improved general health due to improved immune status**.

[Patent US-4296102 of](#) 20.10.1981 on the marketing of a product for the control of **amoebic dysentery** in humans by oral administration of chlorine dioxide, patent granted to Felipe Lazo, Mexico City.

[Patent US-6251372](#) B1 dated 26.06.2001 granted to **Procter & Gamble** for the marketing of a product for the **oral prevention of bad breath**.

[Patent US-4851222](#) dated 25.07.1989, granted to the Oxo company for the marketing of a product **for the regeneration of bone marrow**. Phenomenal!!!

[Patent US-4737307](#) dated 02.04.1988 for the marketing of a product for **combating bacteria, fungi and viruses in skin diseases**.

[Patent US-4317814](#) dated 02.03.1982 granted to Felipe Lazo of Mexico for the commercialisation of a medicament for the **treatment of skin burns**.

[Patent US-5252343](#) of 12.10.1993 granted to the company Alcide for the marketing of a product **for the prophylaxis and treatment of bacterial infections, in particular mastitis, using up to 1,000 ppm of chlorine dioxide**.

[Patent US-5877222](#) for the treatment of AIDS-induced dementia.

[Patents US-8029826B2](#) and [US-7105183B2](#) both for the treatment of neurodegenerative diseases.

In Hungary, a group of scientists from the University of Budapest for Technology and Economics led by Prof. Zoltán Noszticzius and the Jóna András Clinic have developed and patented an approved, non-prescription medical chlorine dioxide solution (300-1200ppm). He says: *"Solumium (chlorine dioxide) is one of the most effective disinfectants ever. It kills all pathogens like bacteria, fungi, protozoa and viruses, all without harm, there are no known side effects."* Areas of use, he said, include **canker sores**, herpes, skin lesions, open wounds, bladder infections, skin infections, fungal skin infections, **MRSA**, **sore throats**, **gingivitis**, periodontal **disease**, bad breath, toothaches, root canals, oral surgery, **contagious oral diseases**, **stuffy noses**, tonsillitis, itching, **styes**, and **vaginal douches & enemas** (patents: EP2069232; [US-8512671](#); CN101605720).

This list of patents is far from complete. Please send us more patents if you find any.

Facts:

- Links to the patent specifications on the homepage
- Solumium over-the-counter medicine with chlorine dioxide
- Study Chlorine dioxide as a local antiseptic

4.6.4 USA-Army: MMS against Ebola successful!

The globally active Johnson & Johnson group markets a patent based on chlorine dioxide for the disinfection of germs in rooms and on medical devices through its subsidiary ClorDiSys Systems.

On the US Army website www.army.mil, the active ingredient chlorine dioxide is praised as follows:

*"Chlorine dioxide is a yellow-green gas with a faint odour **similar to chlorine bleach, but otherwise it is completely different.**"* Aha, so if you can make money, you know the difference between chlorine dioxide and chlorine bleach very well!

"ClorDiSys is proud to help fight the spread of Ebola in Africa," said Mark Czarneski, Head of Technology at ClorDiSys Systems.

*"Chlorine dioxide is a broad-spectrum biocide that kills spores, bacteria, viruses and fungi. **So far, no pathogen has been found to be resistant to CIO₂.** It has been used effectively to kill bacterial spores, which are much more difficult to kill than viruses such as Ebola,"* reports Dr Christopher Doona.

So now again the crucial question from Jim Humble: If chlorine dioxide can safely kill all these germs outside the body, even the Ebola pathogen, why shouldn't chlorine dioxide be able to do the same in the body water (i.e. blood plasma and interstitial fluid)? Well, an African doctor from our worldwide MMS family is already working quite successfully on the treatment of Ebola patients. However, in order to protect him, we will not mention his name and location here.

Facts:

- US Army: Chlorine dioxide against Ebola
- Company Chlordisys

4.6.5 Double standard "chlorinated" chicken

On the one hand, MMS and chlorine dioxide are presented in the media as something very toxic and dangerous. On the other hand, the same substance is praised to the skies by the same Federal Office for Risk Assessment and by the same TV station, depending on what the goal of the propaganda is at the time.

For many consumers, the "chlorinated chicken" is a crucial emotional linchpin in the discussion about the TTIP free trade agreement between the EU and the USA. Background: In the USA, whole chickens or poultry parts are usually dipped in a chlorine dioxide solution in the last step before packing/freezing and thus thoroughly sterilised. With the TTIP agreement, these could then

also be sold in the EU, which had previously been excluded since 1997. Chlorine dioxide was authorised in the EU for a long time as a preservative with the number E926. In order to pave the way for the USA, the ARD operates an obvious double standard.

When it comes to health treatments with MMS according to Jim Humble, the starting product sodium chlorite or the active ingredient chlorine dioxide is "toxic chlorine bleach" with dire dangers to life and limb (ARD-Kontraste). But when the same substance is used by the USA to sterilise poultry, some of the same experts and institutions are called in to claim that it is harmless (ARD REPORT).

The USA-affiliated REPORTers then have the BfR expert Ellerbroek from the same Federal Office for Risk Assessment make a plea for chlorine dioxide treatment of poultry products in Germany as well, the same institute that warns so strongly against MMS. Other scientists such as Reinhard Fries, head of the Institute for Meat Hygiene and Technology at the Free University of Berlin, and Thomas Blaha, epidemiologist at the University of Veterinary Medicine Hanover, also point out the clear advantages and advocate such treatment of poultry products.

But what all 3 statements have in common is that they deliberately speak only of "treatments with chlorine compounds" and "chlorine treatments of poultry". However, pure chlorine and most chlorine compounds are highly toxic or produce questionable compounds. The active ingredient that is actually used here, namely sodium chlorite or chlorine dioxide, is deliberately not explicitly mentioned here so as not to issue a free pass for MMS and co.

How can one explain to the stupid consumer that foodstuffs treated with chlorine dioxide, such as poultry or drinking water, can be consumed without hesitation and that swimming pools can be bathed in water treated with chlorine dioxide without hesitation, when it is "toxic chlorine bleach"? Why should the same active ingredient that has been proven to be so effective and non-toxic outside the body be ineffective and toxic inside the body? Each of the countless official studies on chlorine dioxide has so far ultimately turned out to be yet another argument in favour of MMS.

I actually consider the treatment of poultry with chlorine dioxide to be sensible and harmless, since every fifth chicken in the slaughterhouse and thus also in the supermarket is contaminated with salmonella. In January 2013, the

ZDF Zoom magazine even found the dangerous antibiotic-resistant MRSA germs in most supermarket products.

It is strange that no expert is calling for special caution or hygiene when processing these contaminated products in private households, when it is explicitly a matter of consumer protection. Fried, baked or boiled chicken is certainly germ-free. But what about the knife or, for example, the chopping board in the kitchen? In our "MMS tips" we show how to make cutting boards, knives and kitchen sponges absolutely germ-free with MMS/CDS.

Facts:

- Warning of the Federal Office for Risk Assessment BfR
- BfR for chlorinated chicken
- The Axis of Good "The Chlorine Chicken - Bird of the Year"
- Der standard.at "Comes a chlorine chicken flown"
- ARD political magazine Report Mainz "Chlorinated chickens are not more unhealthy"
- BUND sounds the alarm: Germs in turkey meat

5. MMS tips for leisure, household and holidays

5.1 MMS Tip No. 1 Mould in the home

Much more often than one thinks, open or concealed mould infestation in the living space is the actual trigger for the many intolerances, allergies and other illnesses. Mould can be caused by damp masonry, e.g. due to incorrect external insulation, or also due to incorrect ventilation habits. Mould fungi and spores are usually no problem for chlorine dioxide. There are two ways of application.

On the one hand, the room in question can be disinfected with chlorine dioxide fumigation. Only the classic MMS is suitable for this, as only this causes a strong gas formation during activation. Depending on the size of the room, one activates e.g. 30-40 drops of MMS in a glass bowl and does not add any water. Instead, let the reaction take place completely.

Place this bowl in the middle of the room, close windows, doors and other cracks and fumigate the room for several hours (preferably overnight). With this method, not only the mould fungi and spores in the visible areas, but also those floating in the air are safely killed. Afterwards, the solution is clear, the chlorine dioxide outgassed and decomposed.

Caution: No people or animals should be in this room during the fumigation period! Although most of the chlorine dioxide has already decomposed after the fumigation, the room should first be generously ventilated to be on the safe side.

On the other hand, you can spray the mouldy areas with an activated MMS or CDS solution, pure or e.g. diluted 1:10 with water, using a spray bottle. If necessary, both methods can be combined one after the other.

Further areas of application

Disinfecting sickrooms

If a family member has a contagious disease, it can be useful to fumigate the sick room in this way in between and after the disease has been overcome, thus disinfecting it. This is a possible measure to prevent the infection of other children and family members.

Neutralise strong odours

When organic material is decomposed bacterially, a very unpleasant pungent odour is produced. Especially if an animal carcass or a human corpse has lain in a room for a longer period of time. Here, too, room fumigation is highly efficient and the room is again odourless and completely sterilised.

5.2 MMS Tip No. 2 Disinfect refrigerator, car and rooms

I received this tip from Jim himself. Once during my training he invited me to his small flat in Barahona in the Dominican Republic and told me he had a very practical MMS tip. My eyes lit up, I was now expecting a whole new tip to eradicate life threatening diseases like cancer even faster. Instead, he wanted to explain to me how he sterilises his fridge with MMS.

I was disappointed at first, but this tip turned out to be a big hit in my MMS seminars. According to Jim, germs from once overturned or rotten food are often transferred to the newly stored food. On the one hand, these are then not as durable and on the other hand, these germs can also be dangerous to health. In addition, he was much too lazy to clean out a contaminated fridge and then wipe it out with a damp cloth, especially as the germs are often just rubbed in. So here's the tip:

Activate 10 to 15 drops of the classic MMS in a glass bowl, do not add any water and put it in the refrigerator, e.g. overnight. Done! Wait a minute: What about all the contents of the fridge? Don't worry, nothing will happen to it. The chlorine dioxide gas fills the whole room and disinfects every surface in the fridge - even on the fruit, vegetables, meat, etc., without leaving any damage to the food. The next day, the solution in the bowl is crystal clear and the refrigerator is completely sterilised.

All the chlorine dioxide has usually outgassed and subsequently also decomposed. Dr. Andreas Kalcker likes to put leftover activated MMS, which is no longer needed, into a glass bottle, leaving the cap open. This is placed in the refrigerator and, in contrast to the above one-time sterilisation, ensures a permanent slow permanent sterilisation of the refrigerator over several days. This way you never have rotten fruit or vegetables again, instead they only dry up and wither slowly. The only refrigerator contents that could actually be damaged are possibly expensive special cheeses that have a bacterial or fungal coating.

Further areas of application

Disinfect car / air conditioner

At some point, the condensation water in the ventilation hoses and on the condenser of the car air-conditioning system becomes contaminated and it always smells unpleasant in the car when you switch on the ventilation.

In addition, dog owners, for example, often have the problem that the car, especially the car seats, smell. This is caused by the bacterial decomposition of organic substances such as slobber. Garages offer at least a disinfection of the air conditioning system and the ventilation pipes for about 70€. Here is a tip on how to do it for 5 cents:

Activate approx. 15-20 drops of the classic MMS in a glass bowl and place it in the front of the footwell. Now switch the ventilation fan to the highest setting and adjust the ventilation so that no outside air is drawn in, but only from the interior (set the ventilation fan to recirculation instead of fresh air).

Now close all windows and doors and let the chlorine dioxide gas circulate through the car for about 15-20 minutes. Since a fully switched-on fan can severely drain the car battery, you can also leave the engine running briefly during this procedure. In this case, the whole procedure should not necessarily be carried out in a residential street. Since this procedure is rarely carried out, the environmental impact of the exhaust fumes when the engine is idling is, in my opinion, negligible with today's modern engines.

Caution: No people or animals should be in the car during the fumigation period! Afterwards, the car should be generously ventilated for safety's sake.

5.3 MMS tip no. 3 The holiday saver (CDS spray bottle)

One illness can ruin your whole well-earned holiday. According to the WHO, most diarrhoeal diseases on holiday are caused by contaminated drinking water. In addition, there are infections that can be contracted, for example, from spoiled or contaminated food and from infected wounds.

We in the MMS community have our universal problem solver: the CDS spray bottle. Just a 10ml glass bottle with a spray head (available from some suppliers as a dosing aid or set) and your holiday is saved.

MMS:

Activate 6 to 15 drops directly in the 10ml glass bottle and fill up the rest with water.

or

CDS/CDSplus:

Fill 2 to 5ml of the ready-to-use yellow solution into the glass bottle and the rest with water.

You can now carry this mixture around with you for up to 14 days, e.g. in your handbag, without cooling. The spray head prevents the chlorine dioxide gas from escaping too quickly. The hotter the temperatures, the higher you can make the above dosage.

Procedure on holiday:

- Prepare this spray bottle shortly BEFORE the holiday.
- Pack the MMS set or the activated CDSplus in the suitcase.
- The spray bottle can be carried in the hand luggage of the plane in a transparent bag, as the content is less than 100ml.

Notes:

In most of the following areas of application, it is basically irrelevant whether the solution is produced with MMS or CDS, as a water mist with dissolved chlorine dioxide is sprayed and not pure and thus possibly dangerous chlorine dioxide gas! The solution produced with MMS is pH-acidic and could easily attack textiles in larger quantities (depends a bit on the dilution!).

Possible applications:

1. on-board toilets

There are only about 3 to 4 toilets for up to 400 people on the plane. The hygiene situation is correspondingly bad. 1 to 2 sprays on the door handles and on the toilet lid solve the problem in a few seconds.

2. sick travelling companions

Someone sitting next to you on the plane or bus has a cold and sneezes at you all the time, spreading germs into the air. You're already imagining how you'll spend all your time on holiday rattling around pharmacies looking for cough and cold remedies while the others go on nice excursions.

Then spray 1 to 2 strokes high into the air. This has been proven to sterilise the germs in the air. You can also inhale this spray to make your airways germ-free again. Don't worry, it is an aerosol of the chlorine dioxide solution, not pure chlorine dioxide gas and therefore harmless!

3. welcome drink

Once you arrive at the hotel, you get a welcome drink. This is often OK, but the ice cubes usually are not. Most ice cube machines are completely contaminated. Wait 1 to 2 sprays in the glass for a short while and this problem can also be easily circumvented.

4. hotel rooms / bathrooms

We know from TV reports that bathrooms in hotels look superficially clean. However, UV light often shows that the germs have only been rubbed in. So spray the toilet lids, basins and taps, wait a short while and then rinse or wipe off. You have an acceptable bathroom for the duration of your holiday.

5. hotel room musty

In countries with high humidity, hotel rooms, sofas or beds often smell musty. This always indicates a high germ load, as odours are almost always due to bacterial decay processes. Here, too, a few sprays can be helpful. If it is the whole room, a room fumigation, as mentioned above in the previous MMS tips, would be useful here. This can only be done with the classic MMS.

6. air conditioner

Air conditioners are always used in hot holiday countries. Since warm air can carry more moisture than cold air, condensation always forms in these devices. This tends to germinate over time, so that an air conditioner and its supply

lines can also constantly pollute a room with germs. Another area of application for our spray bottle.

7. food / drinking water

On the road at the market or in the mountains, you may have to rely on drinking water from sources that are not safe. Fruit and vegetables in warm countries can also transmit hepatitis A. Again, a few sprays in the drinking water or on the fruit/vegetables will ensure that you can continue to enjoy your holiday.

8. wound disinfection

If you cut yourself on a shell at the beach or get a wound while hiking, you can spray it and avoid infecting the wound.

9. body and mouth odour

If you spontaneously meet someone nice on holiday, you can increase your chances of success by spraying your body with CDS. Your sweat only smells when the bacteria on your skin convert it into butyric acid. No bacteria, no body odour!

This also worked wonderfully for Jim in the Dominican Republic. Spray a few drops in your mouth and let it soak in your spit for 1-2 minutes between your teeth. No more bad breath to get in the way of a promising date. Don't worry dear ladies, the smell of chlorine dioxide disappears completely within a few minutes with both applications.

10. food poisoning from spoilt fish or shellfish.

Food poisoning with bad fish or shellfish is life-threatening. I myself once had constant vomiting and diarrhoea for almost 1 week. At that time I did not have MMS. Dr. Andreas Kalcker once took 6 activated drops of MMS himself in such a situation and twice an hour afterwards. Then all the complaints stopped and the body won the race in this super infection.

I know that being overhygienic can also make you sensitive and ill. This was an exaggerated summary of where MMS can provide useful help on holiday. Everyone can pick out what appeals to them from this spectrum. Maybe you can think of a few more interesting possibilities. Help us to improve this article!

5.4 MMS tip no. 4 Biofilms in the bathroom, WC and kitchen

We have the idea that bacteria swim around individually and multiply. In fact, bacteria often live in colonies and form a protective slime layer (biofilm) around their colony. This makes the bacteria resistant to and protected against extremely adverse boundary conditions, such as the pH value of the environment.

This biofilm also protects them externally from other threats such as many biocides or antibiotics and provides the best living conditions inside for the bacteria to grow. In kitchens and bathrooms, these biofilms can be seen, for example, as reddish or black streaks on or in the tile joints. However, these biofilms also form in water tanks, water filters, pipes, the drainer in the refrigerator or, for example, on the always moist kitchen sponge. Chlorine dioxide has a very special property compared to many other biocides:

Chlorine dioxide can penetrate biofilms very quickly and dissolve them completely.

The bacteria are then defenceless against the chlorine dioxide and are thoroughly killed. This effect is used in breweries and milk-processing plants, for example. There, pipes and containers are regularly rinsed with chlorine dioxide and thus sterilised.

Analogously, the pathogenic germs in the body of humans and animals also form biofilms to protect their colonies. Perhaps this property of chlorine dioxide, in addition to its strong oxidising power, is an explanation for its rapid and thorough disinfecting effect in the body. With antibiotics, one would have to use higher and higher doses to get through this biofilm and then struggle with the adaptability of the bacteria to develop resistance through mutation. Fortunately, chlorine dioxide does not have these problems.

Instructions:

Simply prepare an MMS/CDS spray bottle according to MMS tip no.3 and spray the biofilm several times every 10 minutes and let it work until it can be rinsed off without further ado.

5.5 MMS Tip No. 5 Restore DMSO Purity

DMSO is often sold pure (approx. 99.9% purity). If it is stored for a longer time, it can also attract moisture and thus water. Normally, we only know ways to dilute something. The only way to concentrate liquids is to boil them.

We cannot do this here with DMSO because it would destroy the chemical structure. But we can make use of a very simple property of DMSO. DMSO becomes crystalline below 18 degrees and thus solid, especially if it is delivered in winter months. If we now put the DMSO bottle in the refrigerator overnight, the DMSO inside becomes solid, but the water does not yet freeze at the refrigerator temperatures and settles on top. Now we simply pour off the separated water and close the bottle again. Then we heat the DMSO bottle in a warm water bath (no microwave!). Through this simple process, we have increased the concentration of the DMSO back to almost 100%.

5.6 MMS Tip No. 6 DMSO Scar Solution

(according to Dr Hartmut Fischer www.pranatu.de)

This wonderful tip comes from DMSO specialist Dr Hartmut Fischer himself. Even years-old scars from injuries and operations can disappear almost completely. Somehow DMSO seems to work in cell renewal to restore the old cell structure and order. DMSO can also repair DNA damage, e.g. from radiation damage, and should be kept on hand as an emergency remedy for any radiation therapy.

Mixing the scar solution:

First, 35 grams of magnesium chloride are dissolved in 1 litre of water. A spray or drip bottle (see sources below) is then half filled with DMSO and 2 ampoules of procaine are added. Fill this mixture up with the above magnesium water until the bottle is full. The DMSO must not come into contact with plastics! When transferring liquids from ampoules, it is best to use a syringe with a cannula. Then store this solution in the dark! You need a 100ml glass bottle for this mixture!

Application of the scar solution:

If well tolerated, generously wet the scars once a day (cotton swab or finger) and leave on for a long time before putting clothes over them again.

Simply save the remaining magnesium water or consume a shot glass full diluted in a drink every day. It is a wonderful remedy for vascular cleansing.

By the way, everyone has a scar: at the belly button. From my own experience, I can only say that this can also trigger very intense mental and spiritual processes. So lie down, uncover your navel, drip it in, close your eyes and enjoy!

Sources of supply:

see on www.mms-seminar.com under "Sources of supply"

- Magnesium chloride, DMSO and dosage set (syringe and dropper bottle), 2 pcs. Procin Pasconeural 2% 5ml ampoules (Pharmacy)

6. Conclusion

Based on the facts, studies and clinical experience reports presented, the following verifiable conclusion can be reached:

- Chlorine dioxide is not to be confused with pure chlorine or even chlorine bleach!
- Chlorine dioxide is non-toxic and non-carcinogenic!
- In the end it only decomposes into water, oxygen and Table salt.
- Chlorine dioxide is the best germ killer on this planet!
- The oral ingestion of chlorine dioxide solutions has no known or lasting side effects!
- Chlorine dioxide is not mutagenic and does not harm offspring!
- The individual doses according to MMS application protocols according to Jim Humble are safe! (EPA study)
- The duration of the MMS application protocols according to Jim Humble is safe! (WHO study)
- Chlorine dioxide has extensive positive health Effects on the body!
- Chlorine dioxide successfully combats malaria, among other things, HIV/AIDS and even Ebola!
- There is a deliberate untrue smear campaign against MMS in the mass media!
- MMS should be in every household for crisis preparedness. be in stock.

In addition, there are now further developments of MMS such as the pH-neutral CDS or CDSplus. These are chlorine dioxide solutions that no longer

require laypersons to handle highly concentrated chemicals. Hazards due to incorrect handling are thus also largely eliminated.

Either there is no more result-open quality journalism based on thorough research in the land of poets and thinkers or a false picture of chlorine dioxide is being deliberately and intentionally drawn. For me, concealing important parts of the truth is definitely tantamount to deliberate lying. My question: "Cui bono? "Who benefits from this? Follow the money trail and you will find the culprits!

Everyone can and should draw a final conclusion for themselves. I give my personal summary here based on the verifiable facts and sources. MMS is very versatile and can help, or has the potential to help, quickly and efficiently with everything from simple infections to life-threatening diseases such as malaria, blood poisoning (sepsis), food poisoning,

MRSA infection, AIDS/HIV, malaria, dengue fever, SARS, swine flu, Ebola, cancer and diabetes. It is so interesting as a substitute for antibiotics because it also safely kills mutated antibiotic-resistant germs and leaves no damage in the intestinal flora. MMS can protect against known and most likely also future unknown germs, which are thought to have the potential to cause pandemics, i.e. worldwide epidemics.

The greatest advantage, however, is probably that many people can simply use MMS on the off chance for known and unknown diseases, since no serious acute or permanent damage is known from the oral intake of chlorine dioxide with the recommended protocols, formulations and dosages.

Despite these impressive effects, MMS is not a panacea for me. I don't believe there is such a thing on a purely physical level. I always say: "MMS gives you time to live and quality of life. You should use this time to find and dissolve the spiritual causes of your illness. Otherwise you use or abuse MMS like a conventional medicine, purely for symptom relief and suppression. But only the treatment of the actual cause leads to a permanent solution or to complete "recovery". That is why I would like to refer you to the following webinars and e-books "Back2Balance" and "Back2Health" with new ways back to physical and mental balance.

In "Back2Balance" I point out five major pathways (e.g. over-acidification and slagging) that can lead to poisoning or deficiency symptoms in the body.

Fortunately, you can also go back all these ways and thus find your balance again. Back2Health" then deals with modern, fast and effective techniques for tracking down and resolving traumas, fears, phobias, neuroses, psychoses, but also issues such as guilt, shame, grief and forgiveness on a mental-emotional level. Only with all this knowledge and these techniques is, in my experience, a rounded picture of a holistic view of health and illness possible.

6.1 MMS seminars and workshops

I no longer organise MMS seminars and workshops. Instead, I have recorded a 7-hour webinar and make it available free of charge on the website www.mms-seminar.com. Together with this free book and the hundreds of experience videos in many languages it should be enough to serve even the most curious MMS-interested people. Please sign up for the newsletter there and subscribe to my German-language **Telegram channel AKASHA.TV**.

As an alternative, I am organising the **AKASHA Congress BACK2HEALTH**. You can find out more at www.akasha-congress.com!

6.2 MMS webinars

To spread this exciting healing knowledge even further, there are also MMS webinars. These are recorded online videos with the same content as the two-day MMS workshops. This way, everyone can save the costs for travel, accommodation, meals and entrance fees for an on-site MMS workshop.

There are also no more scheduling or spatial problems. Start your MMS webinar when you want and where you want and repeat interesting parts as often as you like. I also save the costs for travel, accommodation, room rental and partly for advertising such events and gladly pass this on to you through significantly reduced prices for the MMS webinars. If you do appreciate the advantages of a personal meeting, you are of course welcome to attend my **AKASHA Congress BACK2HEALTH** events on site.

6.3 Personal counselling

From the experience of my seminars, I could not avoid a holistic view of health. While on the one hand measures on the physical level, such as an MMS application, may be necessary, it is also necessary to work on the disease-causing issues on the spiritual-emotional level. I have personally learned some of the spiritual-emotional techniques such as aura cleansing, Power-Light (a kind of Reiki without limits) and CQM (Chinese quantum method according to Gabriele Eckert) and have applied them on volunteers with very interesting results.

Over time, my own technique "3-Steps-Back" has developed from a mixture of these techniques and some new elements. I always offer these individual sessions when the opportunity arises and ask that only people who resonate with these issues or with me sign up. The first time I basically do an aura cleanse and some other things like reconnecting with the soul.

This awakening is, in my experience, the foundation. Then people are much more stable and CQM and other spiritual techniques work faster and more efficiently or are often no longer necessary. This initial session can take 1.5 to 3 hours and is on a donation basis. After that you should not take on much more. In 99% of the cases so far, this is the only session, as you should be able to deal with all other issues on your own. Spiritual healing is not an approved

medical technique and I cannot promise any effect in advance. It always happens as much as your soul allows. Furthermore, I do not heal anything, but help you to heal yourself.

6.4 The new MMS platform

The website **www.mms-seminar.com** has been significantly expanded in functionality. After registering with your email address or simply with your Facebook account, you can access a lot of free information on the topic of MMS and other alternative remedies and methods.

In addition to this e-book, you can watch an MMS introduction webinar for free, read the latest MMS news or exchange information with other users. Furthermore, you can access an up-to-date list of books and sources of supply, as well as the constantly growing experience database. In addition to these free offers, webinars and e-books on other holistic health topics are available for a fee.

6.5 No more appeal for donations!

This book only informs you about alternative remedies and methods. It is intended to give hope to people in need and to show them ways to take responsibility for themselves back into their own hands. All this information has been gathered over years with much love, time, expense and personal effort and is given to you here mostly free of charge.

If this knowledge has helped you, your family or your friends and acquaintances or your pets in any way, then you too can support the spread of alternative healing knowledge in general or the worldwide activities of the Jim Humble movement in particular.

UPDATE: All Paypal accounts were blocked for me and I was barred for life from this bank, which was never a bank. I also had my Ing-Diba account terminated right after the first donation. Andreas Kalcker and Kerri Rivera can tell the same story. You can see how afraid the dark side is of the simple truth of chlorine dioxide.

For this reason I renounce any monetary donations!

The truth will also find its way this way!

6.6 We need your help too!

Translations

Language barriers are one of the main reasons why knowledge about alternative remedies and methods often remains local. If you are multilingual and would like the contents of this e-book to be available to people in other languages, please help me translate or correct this book. Otherwise I will have to use donations for this. My priority is mother tongue translations into English, Spanish, Portuguese, Turkish and French. But other languages are also very welcome.

Distribution

Very many people have still not heard of the knowledge in this book. Talk about MMS and send this e-book by e-mail. Help spread this knowledge everywhere, e.g. at work, in clubs, on other platforms and social networks.

Show community spirit and make your contribution to the common good!

6.7 Remarks by Jim Humble

"Many of you also have the impression that a lot is going very wrong in this world. This is also true and will even escalate in our time. An ancient battle between the two primal poles of good and evil is coming to a climax. The prophesied so-called "golden age" will not come on its own. No higher powers such as angels, energy beings or extraterrestrials, whose existence I do not want to deny, will come to save us.

That is our very own task. That is why you are here right now. So take responsibility for yourself, your life, your health and your environment. First cleanse yourself on a physical and spiritual level.

Then network with like-minded people and remember your real task here. This last great decisive battle cannot be won with any weapons and also not on the outside. For this you have to go within yourself and recognise and accept that there is no greater power than you in this universe. MMS is not the end of the line, it is only the beginning..."

(Excerpts from an interview with Jim Humble in Mexico, December 2014)

- END -

About the author

Dipl.-Ing. Ali Erhan - mechanical engineer and IT consultant, came to alternative healing methods through his own suffering. A successful MMS self-treatment and a trainer training with the discoverer Jim Humble personally showed him his future path. As a self-employed seminar leader, he has been giving evening seminars and practical workshops on "Healing with MMS?" in German-speaking countries for years. Here you will learn everything about Jim Humble, his discovery, the mode of action and application of MMS or chlorine dioxide.

The opportunities but also the risks and side effects as well as the limits of MMS are critically pointed out, which go far beyond the publications known so far. He also describes in detail the newer developments such as the much better tolerated and pH-neutral CDS (Chlorine Dioxide Solution). For him, it is important to strengthen the personal responsibility of each individual and to convey a holistic view of health and the process of becoming ill.

... and we are becoming more and more!

The answer is 42.

Love is the answer!