

# MMS

## Health Recovery Manual

Archbishop Jim Humble *with Cari Lloyd*

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Archbishop Jim Humble with Cari Lloyd



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This Book is Dedicated to the  
Suffering People  
of this World

## Acknowledgment

**A Genesis II Church of Health and Healing  
Authorized Publication Describing Health  
Restoration Sacraments and Protocols**

## PRE-RELEASE #2

This book is a "PRE-RELEASE" edition of the MMS Health Recovery Instruction Manual. We have put a great effort into producing the best book yet on this topic. However, we realize there is still some room for improvement and there are yet more details we would like to add. But because we have received numerous requests from around the world for this book, rather than delay it longer, we have decided to put it out now as a pre-release volume. In the meantime we are working on updates and hope to fully release the final book before long. If you have any questions or comments regarding any of the contents in these pages, please send us an email at: [healthrecovery@jimhumble.is](mailto:healthrecovery@jimhumble.is)

### Disclaimer

This book is filled with alternative health restoration methods that have been found to work from the experience of a grassroots effort by many people around the world. Every individual is personally responsible for his/her decision as to whether or how they use this information, or seek officially recognized medical attention. However, these protocols may very well save your life, and in the opinion of the author are better than many allopathic methods.

The protocols described in this book are official sacraments of the Genesis II Church of Health and Healing. You accept 100% responsibility for any and all use made of any information herein.



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## FOREWORD

For well over 10 years, the awareness of MMS has continued to grow throughout the world. There is a very simple reason for this: Health is a most precious asset. More and more people have discovered that MMS can be the solution to a health problem when nothing else has worked. It should therefore be no surprise that people who have had a positive experience share that experience with their friends and families. So, the word gets around.

This manual is designed to help you learn the fundamentals of the Master Mineral Solution (MMS) in a clear and concise manner so you too can experience the benefits of using MMS when needed. From my experience I know that most people can recover from most diseases that exist. You don't need to know every little detail of how MMS works. You just need to know how to use MMS.

This book, for example, will not teach you how to make your own MMS. It is a little like electricity. One does not need to know all the science behind how electricity works in order to benefit from it. All you need to know is how to flip a switch, and voila—the light comes on. My goal is to make it as simple as possible for any newcomer to MMS to take responsibility for his/her own health recovery—to get well, and stay well. You can start following the directions in this book today and start seeing the results as soon as tomorrow.

Now, having said that, I want to point out that although as the title of this book suggests, this manual addresses *health recovery*, per se, it is also very much about **prevention**, and consequently **longevity**! In addition, here is some food for thought: In today's world we are bombarded with toxins on a daily basis—there is hardly any escaping it. I have discovered over the years that many people think they are doing "OK" in the health depart-

ment. They have no major illness, and no particular health condition to be concerned about, that they are aware of. Yet, once they include MMS into their daily routine, they often discover a whole new world of well-being! They find they begin to shed unwanted weight, and their thinking improves—brain fog goes out the door, they have more energy, their skin becomes smoother and takes on a special new glow. In short, a variety of nagging little problems they learned to live with for years vanish. The list goes on... Although they were doing “OK” health-wise, they are now doing all the better! So you see, MMS offers much more than one might think.

In conclusion, if you have a serious health issue of one kind or another from which you need to recover—this book is for you. Likewise, if your health is “OK” but you would like to never-the-less achieve **optimum** health, this book is also for you. Whatever category you fit in—a basic ongoing routine with MMS will help you get healthy, *keep* you healthy, and help you maintain a good quality of life into the golden years. Hence, I give you the MMS Health Recovery Manual—if you are healthy, learn how you can stay healthy, and if you are ill, learn how to get well and stay well!

For those of you who already have some understanding of MMS, you may notice there are some slight variations of what has already been published or posted on my websites. This volume contains the latest up-to-date information. It includes recent improvements that others and myself have determined through on-going use of MMS around the globe. The world of MMS is vast, and we are learning new things all the time, so be sure to periodically check for updates at:

**<http://www.mmswiki.is>**

If you wish to make your own MMS rather than order online then please purchase my book *The Master Mineral Solution of the 3rd Millennium* which has detailed instructions and many other formulas.

To your health,

Archbishop Jim Humble



# MMS Health Recovery Manual

*By Archbishop Jim Humble  
with Cari Lloyd*

## INTRODUCTION

This book is a guide for the use of one of the most amazing health-giving mineral solutions of the past 100 years, the Master Mineral Solution, or MMS for short. MMS is a Genesis II Church sacrament. It is produced when the mineral **sodium chlorite** is mixed with a food grade acid, such as citric acid, HCl [hydrochloric acid], lemon juice, and others. This mixture produces chlorine dioxide.

In 1996, while on a gold mining expedition in South America, I discovered that chlorine dioxide quickly cured malaria. Since that time, it has proven to restore partial or full health to hundreds of thousands of people suffering from a wide range of disease, including cancer, diabetes, hepatitis A, B, C, Lyme disease, MRSA, multiple sclerosis, Parkinson's, Alzheimer's, HIV/AIDS, malaria, autism, infections of all kinds, arthritis, high cholesterol, acid reflux, kidney or liver diseases, aches and pains, allergies, urinary tract infections, digestive problems, high blood pressure, obesity, parasites, tumors and cysts, depression, sinus problems, eye disease, ear infections, dengue fever, skin problems, dental issues, problems with prostate (high PSA), erectile dysfunction and the list goes on. This is by far not a comprehensive list. I know it sounds too good to be true, but according to feedback I have received over the last 18 years, I think it's safe to say MMS overcomes most diseases known to mankind.

The health recovery procedures given in this book are the result of 18 years of teaching people how to use MMS to recover their health. Scores of people around the world have used and applied the principles outlined in my first books, or taught in seminars. As a result, over the years I have received a great deal of feedback, much of which has contributed to this book. The successes, even in the beginning, were far beyond anything I had ever heard of. However, what we have achieved along the way has helped us arrive at something so fantastic that very few can believe it at first, but those who try it soon discover it for themselves. Personally, I can say that when the instructions are followed properly, MMS works to overcome most of the diseases of mankind. If you decide to put into practice what this book teaches, then I expect to hear of your health recovery. I would appreciate, (and mankind would too) hearing your testimony when you have recovered. Please share your experience so others can benefit as well, go to:

<http://genesis2church.org/write-new-mms-testimonial/>

From this book, you will learn about how to put this Health Recovery Plan into action, which includes using the various protocols in conjunction with one another to recover your health.

# Chapter 1

## Getting Started

### Definition of Terms

**Activation:** The adding of one substance to a second substance to bring about a chemical change of some kind. When a food acid is added to sodium chlorite in order to release chlorine dioxide, it is said to be activated.

**Chlorine Dioxide:** A chemical compound taken from a natural occurring mineral. It is used in the health recovery program of this book to destroy pathogens and neutralize poisons.

**DMSO (Dimethyl Sulfoxide):** A natural substance derived from wood pulp. It is a solvent that dissolves many things that water cannot dissolve, including blood clots, and thus has been known to stop strokes. It helps to carry MMS deeper into the tissues.

**Master Mineral Solution (MMS):** The name of a mineral solution used to help unwell people recover their health.

**MMS:** Unactivated MMS, which is a 22.4% solution of sodium chlorite ( $\text{NaClO}_2$ ) in water. (This is made from 80% sodium chlorite powder or flakes).

**MMS1:** Also referred to as Activated MMS. It is MMS plus an activator (food acid). When the two are mixed together they produce chlorine dioxide ( $\text{ClO}_2$ ).

**Note:** *Although the word **chlorine** is in the name **chlorine dioxide**, like table salt, (that also has chlorine in the name), it is totally different from common household bleach (sodium hypochlorite, chemical formula  $\text{NaClO}_2$ ) or pool chlorine, which are both poisons known to be cancer causing. Chlorine dioxide ( $\text{ClO}_2$ ) is not cancer causing and has an amazing ability to destroy (through oxidation) disease-causing microorganisms that may be on or in the human body, while doing no harm to the body. Because of the chemical nature of chlorine dioxide, it destroys these microorganisms in such a manner that it is also destroyed at the same time, leaving behind only a few grains of plain table salt, discharged oxygen atoms, and dead microorganisms, which the body can easily wash out of the system.*

**MMS1 Dose Drops:** Anytime in this book that we refer to “drops” of MMS1 (activated MMS) we only count the actual drops of MMS (sodium chlorite). Thus although we add additional activator drops to a MMS1 dose we do not count the added activator drops when referring to the drops in the dose. For example, a 3-drop dose of MMS1 will have 3 drops of MMS and 3 drops of activator acid making actually 6 drops of liquid total, but we still only say that it is a 3-drop dose.

**MMS2:** Calcium hypochlorite, when mixed with water turns into a solution of hypochlorous acid, a naturally occurring component of the immune system.

**Pathogens:** Any and all microorganisms that cause disease in its host. The host may be human, animal, plant, fungus or even another microorganism.

**Sodium Chlorite:** Manufactured from sodium chloride, (plain salt) which is a natural mineral found in large deposits throughout the world. MMS is a 22.4% solution of sodium chlorite in water.

## A Word on the Measurements in This Book

The primary measurements used in this book are drops, ounces, milliliters, and cups. These measurements vary slightly from country to country. For example a UK fluid ounce=28.41 milliliters, an American fluid ounce=29.57 milliliters.

Many cooking operations and even laboratories round off the above figures, and I do the same. For the sake of simplicity and because this book is written to a global audience, we have rounded off the following: 1 fluid ounce to 30 milliliters; 1/2 cup to 4 fluid ounces or 120 milliliters.

| <b>MMS Health Recovery<br/>Manual Legend</b> |                             |
|--|-----------------------------|
| <b>MMS</b>                                   | <b>unactivated MMS</b>      |
| <b>MMS1</b>                                  | <b>activated MMS</b>        |
| <b>MMS2</b>                                  | <b>calcium hypochlorite</b> |
| <b>HCl</b>                                   | <b>hydrochloric acid</b>    |
| <b>ml</b>                                    | <b>milliliter</b>           |
| <b>1 ml</b>                                  | <b>20 drops</b>             |
| <b>1 ounce</b>                               | <b>30 ml</b>                |
| <b>1/2 cup</b>                               | <b>4 ounces<br/>120 ml</b>  |
| <b>cc</b>                                    | <b>cubic centimeter</b>     |
| <b>1 ml</b>                                  | <b>1 cc</b>                 |

## Clarification

MMS is the general acronym term used throughout the world to indicate many of the different uses of a solution of sodium chlorite in water. Sodium chlorite is a mineral/chemical, that when mixed with a food grade acid generates chlorine dioxide. Chlorine dioxide kills nearly all

diseases known inside and outside of the human body, and, it is chlorine dioxide which is the active ingredient used in most of our protocols. So, the question is sometimes posed: What is MMS? Is it sodium chlorite? Or is it chlorine dioxide? The answer is: It is both! As I said above, the term MMS is often used as a *generic* term to describe what I have called **Miracle Mineral Solution** in the past, and what I now call the **Master Mineral Solution**. In this context one might say, "Well, it's the mineral *solution*, therefore it's chlorine dioxide." Yes, but then again, a 22.4% solution of sodium chlorite is also often sold by the name of MMS and is called MMS by suppliers, in this and other books. In our books, and as noted above in the definition list, we refer to MMS as a 22.4% solution of sodium chlorite in water, and use the acronym MMS1 to indicate that a food acid has been added to MMS which generates a chlorine dioxide solution. **Technically MMS is sodium chlorite (a 22.4% solution in water), and MMS1 is MMS plus an activator, which produces chlorine dioxide.** However, in every day talk both are often called simply **MMS**. One might say "It's time for my MMS dose", (meaning their **activated** MMS drops in water), or "Hand me the MMS so I can mix up my dose", meaning hand me the bottle of 22.4% sodium chlorite solution which will then be mixed with food grade acid to produce chlorine dioxide. Or, taking it further, one might say "I have to order some MMS, which is likely to mean he/she will order a bottle of sodium chlorite 22.4%, plus a bottle of food grade acid.

There are some who refer to MMS simply as "CD" for chlorine dioxide. Personally, I'm not fond of that term because it just adds more confusion to the topic.

I am going into this lengthy explanation, not with the intent to confuse, but hopefully to clarify, because the term MMS has gone far and wide and is used around the world in this general way—in my opinion, there is no

stopping it. I have concluded we simply have to go with the flow.

Think of it like this—I often liken MMS to the **generic** term for coffee. One might say they like to drink coffee. But the question is raised: What type of coffee? After all, there are many types and variations of coffee and ways to make it. There is drip/filter coffee, coffee made from a French press, or a percolator or in an espresso machine, or the quick and easy instant coffee. There are a variety of coffee beans and even more varieties of coffee blends. There are all types of ways to prepare and drink coffee. One might like a Cappucino, another a Mocha Late, another a simple Espresso, an Americano, Turkish Coffee, Irish Coffee, Vienna Coffee, Café Cubano, Caffe Latte, or a good 'ole cup of Juan Valdez. The point is, often when referring to all these and many more variations of coffee, if you were going out with friends, you would be likely to say, "Let's go for coffee", but when you get to the coffee shop a variety of coffee would be ordered. In this sense, coffee is a *broad* term and the same can be said for the term, **MMS**.

In conclusion, when it comes to mixing up doses of MMS and using it for restoring one's health according to this book, **please diligently follow the terms for MMS as listed in the definitions above**, and know that when speaking in general terms, the acronym MMS is used in a variety of ways.

## CDS and CDH

I would like to mention two other forms of MMS—CDS (Chlorine Dioxide Solution) and CDH (Chlorine Dioxide Holding). Although all three forms work in slightly different ways, all three forms of MMS have been successful in helping people restore their health. However, in this manual we will only be referring to the original MMS—that

is the formula that to date has been the most tried and proven over a longer period of time. One purpose of this book is to give you, the reader, a good foundation in the use of the Master Mineral Solution. This basic understanding is needed in order to use all the forms of MMS. If you get these basics down you'll be well on your way to better health. The same principles in this book can be applied to the other forms of MMS.

## Safety of MMS

In 18 years, since the discovery of MMS, we are not aware of anyone dying or anyone suffering permanent injuries as a result of using MMS (chlorine dioxide in a solution, which is the way it is used 99% of the time throughout the world). We only know of one death recorded (an industrial accident) caused by chlorine dioxide gas many years before MMS was discovered. This is in spite of the fact that chlorine dioxide has been used extensively to purify water, to sanitize hospital floors, to disinfect slaughter houses, and to purify vegetables, along with hundreds of other uses. More than any other single mineral/chemical, chlorine dioxide through these and other means has improved the health and lives of hundreds of millions of people worldwide and still no deaths or permanent injuries have been recorded caused by the use of chlorine dioxide in 100 years. This also includes the many millions of people who have taken MMS orally for the purpose of health restoration. Compare no deaths, except a single industrial accident not related to MMS, to the 950,000 deaths caused by pharmaceutical drugs last year alone, or the 15,000 deaths caused by Ibuprofen and Aspirin last year. All things considered, chlorine dioxide is one of the safest, if not the safest chemical known. (For more details see:

<http://www.webdc.com/pdfs/deathbymedicine.pdf>).

DMSO (dimethyl sulfoxide) is also used in some of our protocols. In the 60 years since DMSO was introduced in the USA there has never been a report of permanent damage or a death caused by DMSO. DMSO has been scientifically proven to have healing qualities of its own as well as enhancing the effectiveness of MMS.

## Understanding Oxidation

### Oxidation

The tiny particles of the universe are held together by the electrons that surround them. Any action that results in the change of the electrons that hold matter together is considered oxidation. You may have thought that oxidation is somehow adding oxygen to what is being oxidized, but not so. Basically, oxidation either removes or changes the position of electrons that hold things together, thus either completely destroying those substances or changes them into something else.

### MMS and Oxidation

MMS1 (chlorine dioxide) destroys pathogens (disease-causing microorganisms) not by using oxygen, but by oxidizing them. MMS1 draws away some of the electrons that hold the pathogens together, thus resulting in their destruction. MMS1 is also completely destroyed in the destructive process, leaving behind only a very minute amount of table salt (sodium chloride [NaCl]) and neutralized oxygen that simply washes out of the body. Various poisons created by the pathogens are also destroyed by the oxidation process. The fact is that MMS1 does not heal the body from sickness. As the oxidation process of killing the pathogen takes place, it is the body, freed from toxins, that heals the body. Likewise, the beneficial bacteria are highly resistant to oxidation and thus are not harmed by chlorine dioxide.

## Other Oxidizing Processes

Oxygen is the oxidizer that nature has designated for use in the human body because of its many important characteristics. Current oxygen therapies involve more than just breathing. In one type of oxygen therapy, the subject enters a pressurized hyperbaric chamber filled with pure oxygen. Pure oxygen under pressure is many times more effective than non-pressurized oxygen. This has many benefits and in some cases has worked miracles. Unfortunately, the increased pressure also multiplies the negative characteristics of oxygen, namely increasing the oxygen's ability to oxidize (destroy) good cells as well as bad ones. This treatment is also very expensive, and multiple treatments are usually required; therefore, the majority of mankind simply cannot afford the cost.

Two other very powerful oxidizers that are sometimes used in the body are hydrogen peroxide and ozone. While both of these have been and are used to help eradicate disease, at the same time, they can damage the body when used improperly. Both are more powerful than oxygen or MMS1 (chlorine dioxide). Hydrogen peroxide and ozone can and do destroy many things including human body tissues.

Pathogens hide deep in body tissues. Because hydrogen peroxide and ozone, just like chlorine dioxide, are destroyed when they oxidize something, they are usually destroyed by oxidizing body tissues before they reach the pathogens hiding in the tissues. They can also be destroyed by poisons and impurities in the blood and tissues. Ozone and hydrogen peroxide may be useful sometimes but they should never be used by someone who is not highly trained in their use.

The oxidation potentials of these four oxidizers are given below. The strength of any particular oxidizer is measured

in volts and as you can see, chlorine dioxide (MMS1) is the least strong of the four oxidizers. Because MMS1 is *selective* (oxidizing pathogens and not body tissues), it can be both more effective in oxidizing pathogens, as well as being safer than these other oxidizers.

|                          |                   |
|--------------------------|-------------------|
| <b>Chlorine Dioxide</b>  | <b>0.95 volts</b> |
| <b>Oxygen</b>            | <b>1.30 volts</b> |
| <b>Hydrogen Peroxide</b> | <b>1.80 volts</b> |
| <b>Ozone</b>             | <b>2.07 volts</b> |

**Note:** *For a more detailed explanation of understanding MMS and the oxidation process, see: [mmswiki.is](http://mmswiki.is) and read the book *The Master Mineral Solution of the 3rd Millennium*, chapter 21, *Oxidizers and Oxidation*, and the Appendix, *Understanding MMS*. Read the entire book for a detailed understanding of all aspects of MMS and its function.*

## A Word to the Wise

It has been my experience that some people occasionally come up with reasons to alter the techniques and protocols given in the various healing books and articles of the Genesis II Church. This often hinders the protocols from working or from working as good as they can. The information in this book is the result of millions of people taking MMS over a period of more than 18 years. Our Health Ministers have learned through experience that these protocols work best when followed as they are given here. So please, go by the book, follow the instructions carefully, and for optimum results, please, do not alter the procedures.

This book is chock full of essential details that are important to know in order to recover health. If you are not aware of some of these vital details it can prevent your

recovery, likewise, other important points can help insure your recovery. I strongly encourage you to read this book in its entirety—from front to back! You do not want to cut corners when learning about MMS.

It is important to know that although I encourage you to read the complete book, **you do not have to finish the book before you get started on the Health Recovery Plan.** Once you have read and understand pages 1 through 208, you can start on your path to recovery, beginning with the Starting Procedure. You don't need to know the whole book inside out to get started, but do keep reading and educate yourself on the MMS Health Recovery Plan.

This book is unique. It is not your ordinary “health book.” It is not meant to be read in bits and pieces and ignore the rest. So start at the beginning and read all the way through to Chapter 13. I’m not suggesting you memorize every detail, you can keep the book on hand for easy reference. But, by reading through all of it, you will have an understanding of the various ways that MMS can be used—and you will learn some very important do’s and don’ts essential to health recovery. Don't cheat yourself or others. You deserve the very best of good quality health and wellness.

# Chapter 2

## Safety Precautions

➤ *Some of the safety precautions listed below appear in other sections of this book under the various subjects that they pertain to. We are repeating them here, in order to give you this compiled list for your easy reference. Please note that some of the important safety measures listed below only appear on this list.*

➤ *Chlorine dioxide has been used safely for a hundred years in hospitals, food preparation, water purification and for many other things. It has been used in recent times very safely by millions of people to improve their health with great results. There are, however, a few instances where caution needs to be applied. We want you to have the most pleasant experience possible while regaining your health. Do not be put off by the following cautions, but be aware of them before you begin your journey to optimum health.*

❑ Keep MMS out of reach of children and pets. There have been no fatalities to date, however, a few children have been very sick after accidentally drinking a very large dose (not designated for a child) of MMS1.

❑ Never allow MMS (sodium chlorite solution) to sit in an unmarked bottle or glass. Since there is no smell, it is often difficult or impossible to tell the difference between MMS and water, and some people have drunk as much as 1/2 of a glass

before realizing that they were not drinking water. This is a huge overdose of undiluted, concentrated MMS, and they were in the hospital for a couple of weeks! In the case of an overdose, should a person drink too much MMS either by mistake or on purpose, they should immediately drink as much water with salt as possible to induce vomiting (use 1 tablespoon of salt per 1 liter/quart of water); then drink more salt water and try to vomit again, and do this several times. If they still feel bad after this process they should go to a hospital.

❑ Make sure all bottles of MMS are clearly labeled so you can easily know what is in them. Ideally, the labels should be in different colors to make it easy to differentiate them.

❑ I have suggested the use of a spray bottle for the eyes as well as for topical use for other body parts. However, the formula for use in the eyes is significantly different than the formula for topical skin use. Be especially careful to keep these two different spray solutions very well marked. Never use the spray bottle intended for the skin in the eyes.

❑ If your home has a septic tank do not dump MMS wastes down the drain as it can kill the bacteria in your tank. This makes a mess and is expensive to repair.

❑ MMS liquid full strength out of the bottle (22.4% sodium chlorite solution) can irritate the skin. If it comes into direct contact with the skin, rinse it off with clean water. Try to avoid getting it on clothes as the concentrated solution can discolor them.

❑ Citric acid and hydrochloric acid (HCl) on their own, should not come into contact with the skin. The acid can be washed off the skin with clean water. If the acid get into the eyes, wash the eye with clean water until the stinging feeling is gone. If you wash the eye immediately, there should be no problem, but if you take as long as 30 seconds before getting clean water into your eye, there may be a problem and you should go to an emergency clinic right away, but not before rinsing the eye thoroughly with water.

❑ Avoid breathing in chlorine dioxide gas produced from the mixing of sodium chlorite and an acid activator. Chlorine dioxide gas easily escapes when MMS and activator are mixed and are not in a sealed container. It is best to avoid getting a direct whiff of it as it could cause coughing. Do not mix your dose directly under your nose or mouth. If doing the Bag Protocol, (see page 96) be especially careful not to directly breathe in the fumes. There are times when breathing in the gas in small amounts are called for and it can be very healing to the lungs and sinuses, but do avoid this unless you are under a specific protocol requiring it and know what you are doing, (as it is easy to inhale too much).

❑ I suggest that you never use MMS (sodium chlorite solution) without mixing it with citric acid, HCl, or another proven food-grade acid to activate it. Once it is activated, you should **always** mix it with water before consuming it or applying it to the skin (the amount of water you add varies according to the protocol). Sodium chlorite is otherwise highly alkaline (pH 13) which is considered highly corrosive; and it can leach metal, producing metal compounds that could be

deposited into the human system. In some cases where an individual has certain types of stents or other metal in his body, consuming sodium chlorite without adding acid or making sure stomach acid is produced could cause heavy metal poisoning over a long period of time—a few months to a year.

❑ If you take too much MMS1 and have a serious Herxheimer reaction, (nausea, vomiting, excessive diarrhea) take Vitamin C as an antidote. Take 2 grams (2000 mg) of Vitamin C at once. If the symptoms persist, you can then take another 1 gram of Vitamin C the following hour, and another 1 gram the third hour. Do not go over this amount of Vitamin C. Two other options to use as an antidote would be: Eat a fresh apple. Take 1 level teaspoon of bicarbonate of soda in 1/4th of a cup of water. (Drink a few more sips of plain water after this if desired.)

❑ MMS protocols have been known to cancel out the effect of birth control pills.

❑ When traveling with, or transporting MMS, be sure to separate all the different types of liquids and powders. MMS (sodium chlorite) and the acid activator should be packed separately, never in the same bag, so as to avoid spills and possible premature activation. **DMSO should never, ever be packed in the same container or suitcase as MMS2** (see important warning below). Be sure that all these are properly packaged so they cannot possibly spill. (Suggestion: Put in plastic bags, tape, and then put in double ziplock bags). If traveling by air, be sure to know the airline regulations for transporting various types of liquids on the carrier that you are using. Be

responsible and diligent to carefully pack to avoid any problems for yourself or others, or reflect negatively on MMS in general.

❑ Even though this book does not go into details about CDS or CDH, these two types of chlorine dioxide should not be transported in large quantities (more than 2-3 ounces/60-90 ml bottles) to travel, if in a confined space in the event the container gets damaged.

## **CALCIUM HYPOCHLORITE (MMS2)**

❑ Calcium hypochlorite can ignite with even a very small spark when it comes in contact with organic materials. For example: if someone stuffed a rag (any type of cloth) down into the calcium hypochlorite jar and for any reason a spark from a candle, cigarette, or any other kind of spark hit it, it would cause an instant and extremely hot fire.

❑ In case of a spill of calcium hypochlorite powder, clean it up with two dustpans, or one dustpan and a wet rag, but do not use a broom, because a spark could easily ignite the broom when in contact with the calcium hypochlorite powder.

❑ Calcium hypochlorite is hygroscopic and will draw moisture from the air. If your supply becomes moist, discard it but not down the drain if you have a septic tank. If you have a city sewer a small amount, about a liter, will not hurt it. You can discard it in a city dump or with a city trash collector after adding a small amount of water to it to insure that it cannot ignite.

- ❑ Avoid contact with skin and eyes when in the powder form.
- ❑ Do not directly breathe the fumes from calcium hypochlorite.
- ❑ Do not make more MMS2 capsules than you need for a month, as the capsules will become brittle and can easily break open.
- ❑ Once the powder is in water it becomes relatively safe to handle in order to discard it, just put it in a plastic bottle with a lid.
- ❑ If you use a capsule machine to make up your MMS2 capsules (see pages 66-18, 182-185), use one that is made from plastic, as the calcium hypochlorite powder should not come into contact with metal.
- ❑ **WARNING!!** Do not allow calcium hypochlorite (MMS2) to come into contact with DMSO. This will cause an immediate combustion with extreme heat and fire. In this case, it does not need a spark to start the fire instantly. Use water to put out such a fire but stand back as the water will spatter.
- ❑ **INGESTION WARNING!!** Never use DMSO in a drink while at the same time taking calcium hypochlorite (MMS2) capsules. The DMSO can cause the MMS2 to heat and cause burns in your stomach. If adding DMSO to an MMS1 dose, as per Protocol 1000 Plus for example, you must calculate no more than 3 drops of DMSO per each drop of MMS1 (or each ml of CDS or CDH), and it must be mixed within at least 1/2 cup (4 ounces/120 ml) of water. If on a protocol that calls for taking MMS2 in the same day as MMS/DMSO

doses, you can do this, but the MMS2 capsule must be separated out by 1/2 hour from the MMS/DMSO doses. **Never take a dose of anything containing DMSO and an MMS2 capsule at the same time!**

## **CITRIC ACID**

- ❑ If citric acid (in powder or liquid form), gets in contact with skin or eyes, wash well with water immediately.
- ❑ In some (not all) people, citric acid has been known to cause significant stomach upset. Should this be the case, use 4% HCl as an activator for MMS instead of citric acid.

## **HYDROCHLORIC ACID (HCl)**

- ❑ Our protocol calls for 4% HCl. In this concentration it should not do serious damage if accidentally spilled on the skin, but it should, never-the-less, be rinsed off immediately. However, higher strength HCl and other high strength acids can be harmful if not handled properly. Keep in mind that anytime you transport or carry strong acids any distance further than inside of the laboratory, you should also carry water with you so that you can immediately rinse any spilled acid off of your skin or out of the eyes. Large spills can cause severe damage and even death if not rinsed off the skin or out of the eyes immediately. In the event you need to handle HCl in a high concentration, use a proper mask and be very careful to not breathe in the fumes, as it can cause damage.

## DMSO

- ❑ DMSO is a solvent, and easily passes through the skin and into the tissues. It will also carry other substances along with it, so be careful what you have on the skin before handling DMSO.
- ❑ When handling DMSO, never wash it off with soap as it will carry the soap into the tissues. Simply rinse the hands with clean water.
- ❑ Keep full strength DMSO out of your eyes.
- ❑ You cannot use most common gloves (rubber, latex, etc.) with DMSO. It can dissolve the gloves. Even dissolving a tiny bit of the gloves can then transfer the rubber or latex into your body. Gloves made of non-stretchable plastic are OK to use with DMSO. Normally DMSO will not hurt one's hands, and gloves are not needed.
- ❑ Be sure your hands and nails are clean and free from contaminants (including soap residue) when handling DMSO.
- ❑ If applying DMSO topically, be sure the area to which you apply it is clean. The best solution is simply to use clean dry bare hands when rubbing the DMSO into your body or on someone else.
- ❑ Never add DMSO to an enema solution. The colon contains many toxins the body is flushing out. If you put DMSO in the colon, you can return some of those toxins back into the blood stream.
- ❑ **WARNING!!** Do not allow DMSO to come into contact with calcium hypochlorite (MMS2). This will cause an immediate combustion with extreme

heat and fire. In this case, it does not need a spark to start the fire instantly. Use water to put out such a fire but stand back as the water will spatter.

❑ **INGESTION WARNING!!** Never use DMSO in a drink while at the same time taking calcium hypochlorite (MMS2) capsules. The DMSO can cause the MMS2 to heat and cause burns in your stomach. If adding DMSO to an MMS dose, as per Protocol 1000 Plus for example, you must calculate no more than 3 drops of DMSO to each drop of MMS1 (or each ml of CDS or CDH), and it must be mixed with at least 1/2 cup (4 ounces/120 ml) of water. If on a protocol that calls for taking MMS2 in the same day as MMS/DMSO doses, you can do this, but the MMS2 capsule must be separated out by 1/2 hour from the MMS/DMSO doses. **Never take a dose containing DMSO and an MMS2 capsule at the same time!**



# Chapter 3

## MMS Basic Essentials

### Hourly Doses

Originally, when I started, my books instructed people to work up to 3 large doses of MMS1 each day. If you read those earlier books, then it is time to learn something new. This change probably represents the biggest development from earlier instructions.

I have now determined that for most diseases (other than malaria), **hourly** doses of MMS1, spread out over the day, are the most effective, as opposed to one, two or three large doses per day. This is true for cancer and for most diseases. We have been using the hourly protocols in recent years with hundreds of thousands of successes.

**Note:** *In recent years we have taught the use of a daily dose bottle—that is, mixing up all your doses at one time for the day—but we have since found that **maximum** benefit is derived when each hourly dose is made up fresh, and that this method is preferred unless otherwise impossible to do. If for various reasons there is no other choice but to make up an all-day mixture instead of mixing each individual dose, it is certainly well worth your while, and better than no MMS at all. But my recommendation is, if at all possible, stick to mixing hourly doses. You will have a greater chance of getting well much quicker.*

## Activator Acids

**Citric Acid and Hydrochloric Acid (HCl):** MMS needs a food-grade acid to “activate it” and the two combined produce MMS1 (chlorine dioxide). There are several acids that can activate MMS, including the juice of a fresh lemon or lime, or vinegar. However, in this document when we refer to using an acid to activate MMS we mean using either 50% citric acid, or 4% HCl (hydrochloric acid). When using these two acids in these percentages always use 1 drop of acid to 1 drop of MMS. Both of these acids, in these percentages, are a 1-to-1 ratio with MMS. In other words, mix 1 drop of either of these acids to every 1 drop of MMS.

We prefer HCl as the activator of choice because it is the same acid that is produced naturally in your stomach. Many people consider it has a better taste and is easier on the stomach.

**Some Alternative Acids:** Both citric and hydrochloric acid are easy to use as activators for MMS; however, depending on your location and availability, or in an emergency, other activators such as fresh lemon or lime juice, or vinegar, can be used to activate MMS but they measure differently. If using any of these acids, you will need to use 5 drops of lemon, lime or vinegar for every 1 drop of MMS, at a 1-to-5 ratio. If using these alternative acids, activation time must be 3 minutes, instead of 30 seconds which is the standard activation time for either 50% citric acid or 4% HCl.

### Important Notes:

➤ ***It is my suggestion that one never use MMS (sodium chlorite solution) without mixing it with citric acid, HCl, or another proven food-grade acid to activate it. Once it is activated you must mix it with***

***water before consuming or applying it to the skin (the amount of water you add varies according to the protocol). As a rule, the only exceptions to this rule is when using sodium chlorite on a burn (see pages 162-164), or on a mosquito bite (see page 182).***

➤ *Never use ascorbic acid, or hydrofluoric acid; because ascorbic acid will neutralize the MMS and hydrofluoric acid is extremely poisonous.*

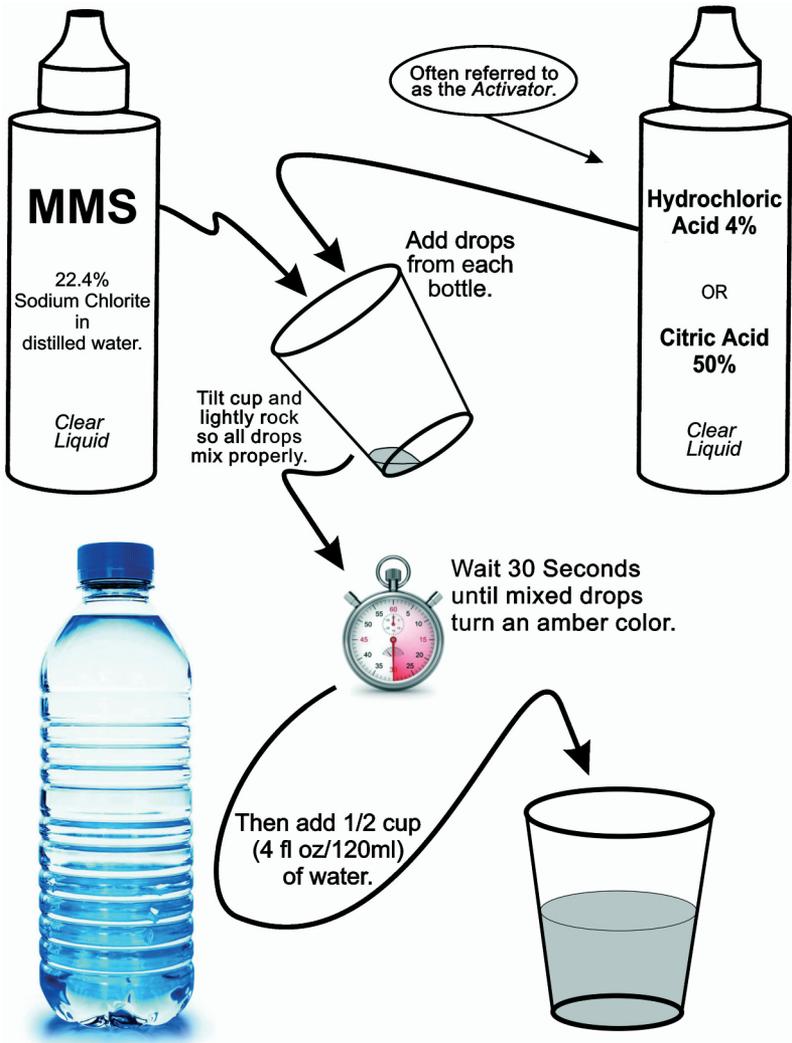
## **Activating MMS**

### **Mixing a Basic Dose of MMS1**

There are various protocols that are discussed further in this book. These use varying numbers of drops depending on several factors. Here we will only discuss the basic concept of mixing.

- ❑ Always use an empty, clean, dry, drinking glass.
- ❑ Tilt the glass slightly sideways and drop your drops of MMS so they go to the corner of the bottom part of the glass.
- ❑ If using a 50% solution of citric acid or 4% solution of HCl (as suggested above) add the same amount of activator on top of the MMS drops. (1 drop of the acid for each drop of MMS.)
- ❑ Swirl the drops a little as you count to 30 seconds; in this amount of time the mixture should turn amber in color.
- ❑ Add 1/2 cup (4 ounces/120 ml) of drinking water or juice or other liquid as per the

# Mixing a Basic Dose of MMS1



instructions in the “Mixing MMS for Drinking” section below (see page 28).

☐ Drink down your dose while fresh, in less than one minute.

**Caution:** Chlorine dioxide gas easily escapes when MMS and activator are mixed and are not in a sealed container. It is best to avoid getting a direct whiff of it. Do not mix your dose directly under your nose or mouth. There are times when breathing in the gas in small amounts are called for and it can be very healing to the lungs and sinuses, but do avoid this unless you are under a specific protocol requiring it and know what you are doing, (as it is easy to inhale too much).

➤ **How to test that your MMS is good:** When activating MMS, it is very important that the drops of MMS turn amber color within the first 30 seconds. When you have mixed your drops, hold the glass up against a white or light colored background and look through the side and bottom of the glass (where your drops are) with the glass level with your eyes; at this angle you will be looking through your drop mixture. Although it turns dark, it must also be transparent (see-through). The drops must appear amber (that is a medium to dark brown, more than just yellow) in color. The amber color will fade and become yellow in about 15 minutes. You would never want to let the solution sit for 15 minutes as it would lose much potency.

➤ **Importance of the amber/brown color:** The amber color is an important indicator that the dose is correct. You are mixing two clear liquids, MMS and an activator. If the liquids are mixed according to instructions they will change color and turn to amber brown. This amber color is a marker showing that you have the correct liquids and

correct mixture. No other two clear liquids can produce this same color.

➤ **If your drops do not turn amber** within the first 30 seconds of mixing, something is wrong with your MMS or with your acid, and this mixture may not bring the desired results. You might try mixing up a dose one more time, to be sure you did it correctly, but if you still get yellow and not amber color, you can use those drops for the time being, while you try to get some good MMS and acid. But I would suggest you do not use the weaker solution (yellow not amber drops) for more than a couple of days or so. If the solution does not at least turn yellow do not use it at all.

**Note:** *Various factors can weigh in to one determining the color of the drops, such as the type of glass you are using, the number of drops you are mixing, the background color of the wall, the time of day and how much natural light is in the room and so on. If you are not getting the right color, and you are sure you have followed the directions correctly, try mixing up the drops a few times in different conditions. For example, use a different glass (some glass qualities distort) make sure the glass is clean enough—no dish soap deposits. Hold your drops up against a white wall, a white fridge, or a light background when testing the color. If in doubt of the color, mix up a 6-drop dose when testing. Test your drops under various conditions, before determining your drops are insufficient.*

## **Mixing MMS1 for Drinking**

➤ In general, all MMS1 doses are taken in 1/2 cup of water (this is 4 fluid ounces or 120 ml), or other compatible liquids such as some fruit juices or mineral water, but all fruit juices are not compatible. (See points below for more details on what juices to use.)

➤ For the most part, MMS1 is taken in drinking water (**not** tap water that has chlorine, fluoride or other toxins added, as these will cancel out the effectiveness of MMS and may even make you sick). Usually it is best to purchase bottled water. Distilled water or reverse osmosis water is also usable.

**Caution:** Please remember that most places in the world use chlorine as a water purifier, and even worse than that, many places add the extremely poisonous fluoride to the water because sadly, around 50 years ago doctors convinced the public that fluoride helps teeth. Fluoride is one of the most poisonous chemicals known to man. There is no evidence that it helps the teeth and there are hundreds of thousands of teenagers who have teeth with blotches as a result. Use bottled drinking water for these protocols unless you get your water from a pure water spring or you have a reverse osmosis water filter.

➤ The ideal way is to take your MMS1 dose in water, but if you cannot take MMS with water only, some *natural* juices are OK if they do not have harmful preservatives and/or added Vitamin C or ascorbic acid, as this will cancel out the effectiveness of MMS. Fresh juice is best. We have found apple, grape, and cranberry juice to work well with MMS1, but again, it should be natural, without preservatives and not have added Vitamin C (or ascorbic acid). Never use orange or tangerine juice in any form with MMS1. You may have these juices at least 2 hours before or after your MMS1 protocol for the day.

**Note:** *Many people agree, that MMS1 doses activated with 4% HCl (hydrochloric acid) taste better than those activated with 50% citric acid. It is really a personal matter—see what works best for you.*

➤ Some sodas work fine with MMS1: Coke, Pepsi, Sprite, 7-Up, Canada Dry Ginger Ale (use only the original formu-

las; **do not use Diet Soda or “Lite”**). We do not recommend using these drinks on the long term, or for Protocol 1000 (due to the sugar content), as you’ll be drinking this eight times a day. Fizzy mineral water is the best because it has no sugar. However, if taste is an issue, for someone who is seriously sick, taking an MMS dose in soda is better than not taking it at all. You could mix your dose in a 4-ounce cup and add 1 ounce of Pepsi for example, and the rest water—that may be enough soda to just cover the taste of MMS. But in many cases mineral water alone (with fizz and no sugar) helps overcome the taste.

**Note:** *Although I have personally tested these drinks with MMS many times, it has been brought to our attention that soda companies tend to adjust their formulas from time to time, and from country to country. The safest way to know if your drink is compatible with MMS, is to test the drink with a LaMotte test strip (see page 185). If test strips are not available and a person is on a protocol using a particular soft drink or bottled juice as a mixer **but not getting any results after two weeks**, I strongly suggest switching to another liquid to drink your dose.*

➤ If you would like to branch out and use various juices, or other sodas other than those mentioned in this book to mix with MMS, as a rule it is a good idea to test for compatibility with MMS. You will need chlorine dioxide test strips to do this. (See page 185 for more information on these test strips and how to use them to test compatibility with MMS and various liquids.)

➤ Fresh lemon or lime added to the MMS1 and water drink can greatly improve the taste. (Squeeze 1/2 to 1 lemon or lime into the drink.) If taste still poses a problem, a little sugar can be added with the lemon/lime.

- Some people have suggested the use of Stevia to improve the taste of their MMS drinks. We have found that not all Stevia is created equal. Some is highly processed and some brands/types cancel out the effectiveness of MMS. If you want to use Stevia we suggest you use the test strips (see page 185) to confirm if the type you are using is compatible with MMS. We personally have made up a water jug with purified water and a little honey and kept this in the fridge to mix with MMS drinks throughout the day, and this has helped the taste to some people's liking. We do suggest however, because there are many different qualities and types of honey, that the safest thing to do would be to test your drink with honey water to be sure the type of honey you are using is compatible with MMS.
  
- Whatever you choose to mix with MMS, try to drink it right away so that no more than 60 seconds pass from the time you first began mixing.

### **MMS1 in a Capsule (to eliminate taste)**

Another method of taking your MMS1 drops which helps eliminate the taste is using vegetable or gel capsules.

#### **Step 1.**

- ❑ Have your supplies on hand. For this method you will need empty gel or vegetable capsules and an eye dropper in addition to your drops, and a clean, dry glass for activating them. See the chart below for the proper size capsules to use for the dose you are taking.

#### **Step 2.**

- ❑ Activate the correct amount of drops for your dose in a glass and count 30 seconds.

- ❑ Immediately take the eye dropper, suck up the activated drops from the glass, and carefully put them in the capsule.
- ❑ Push the capsule lid closed and double check it is securely in place.
- ❑ Take the capsule with at least 1/2 cup (4 ounces/120ml) of water within two minutes maximum of filling the capsule, as the drops could begin to melt it.

| <b>MMS1 Capsule Size and Dosage</b> |                       |
|-------------------------------------|-----------------------|
| <b>Capsule Size</b>                 | <b>Total Drops</b>    |
| <b>Size 4: holds a 3 drop dose</b>  | <b>total 6 drops</b>  |
| <b>Size 3: holds a 4 drop dose</b>  | <b>total 8 drops</b>  |
| <b>Size 2: holds a 5 drop dose</b>  | <b>total 10 drops</b> |
| <b>Size 1: holds a 6 drop dose</b>  | <b>total 12 drops</b> |
| <b>Size 0: holds a 7 drop dose</b>  | <b>total 14 drops</b> |

### **Important Notes:**

- **Do not activate the MMS in the capsule itself**, as due to pressure being generated in the small space of the capsule during the activation process, this could cause the capsule to come apart as you swallow it. So be sure to always activate the drops in a clean glass and count 30 seconds before putting the activated drops into the capsule.
- The size capsule you will need depends on the size dose you want to take. (See the chart below.) Keep in mind that if you are preparing a 3-drop dose to put in a capsule, it will actually be twice as many drops, because each dose must be activated with equal drops of either 50% citric acid drops or 4% HCl drops.

➤ Please note that as the capsule number sizes get smaller, the capsules actually are larger in size. If possible, use a capsule size that is closest to the dose size you are going to take. You can use a size 0 capsule (the large size) to take any size dose, but many people cannot swallow size 0 capsules. Using the size capsule that corresponds with the amount of drops in your dose is best.

## **DMSO—Helpful Information**

DMSO is available through various stores including animal supply companies, and online retailers such as Amazon. I suggest that you purchase the highest purity available which is 99% to 99.99% purity. Sometimes a bottle of DMSO will state “99% **pure** DMSO” and then will list a percentage of 90%, 80% or 70% DMSO on the bottle, and will indicate that the rest is distilled water. This denotes a pure DMSO that is diluted.

If possible, purchase DMSO that is 99% to 99.99% purity (not diluted with anything). This will be less volume to transport, and you can always dilute it down a little bit with distilled water if needed. If you must buy 70% to 90%, purchase one that is only diluted with water. It is sometimes diluted with aloe vera, and often it is scented. I do not recommend using this.

### **Notes:**

➤ *One might think that 99-99.99% DMSO is quite strong, but keep in mind that for the most part, our protocols call for mixing DMSO with water. If you take it in an oral dose, you are drinking it in 1/2 cup (4 oz/120 ml) of water. If you are using it in the Patch Protocol, water is also added, so these protocols provide for diluting it. Many people can apply DMSO directly to the skin (rubbing it on, or using a spray bottle) at 99-99.99% and they do fine. If one finds this too strong however, dilute your DMSO down a bit with*

*distilled water. It is best to start out low with the amount of water you add, as you can always add more if needed.*

➤ *If you do buy less than 90% DMSO, you can add one extra drop of that DMSO for each drop of MMS1 that is used in the protocol. For example, if the protocol calls for 3 drops of DMSO per 1 drop of MMS1 then use 4 drops of DMSO when using DMSO that is less than 90%.*

## **Storing MMS**

➤ The best way to store MMS (22.4% sodium chlorite in water) is in amber or green glass bottles, with a tight plastic (not metal) lid, and in a refrigerator. This is the ideal, but it isn't always possible. If amber or green glass bottles are not available, a clear bottle will do, but try to keep it out of the light (a refrigerator is dark when closed). A cool dark place will suffice if refrigerator space is not available. If glass bottles are not available, plastic bottles with plastic lids will do, but try to find bottles with a number 1 or 2 inside of a triangle on the bottom of the bottle. This signifies a better quality plastic. Use bottles with plastic lids as sodium chlorite (and chlorine dioxide as well) will dissolve a metal lid.

## **Pregnant Women and MMS**

➤ Thousands of pregnant women around the world have used MMS1 to restore their health when needed. Dosing for a pregnant woman is exactly the same as when not pregnant. Follow the protocols and determine what dosage is best for you. MMS1 when taken according to the protocols in this book does not harm the body and can therefore be considered safe for all people, including pregnant women, children, and babies. (Follow the proper dosages for children and babies as listed in this manual.) Everyone is responsible for making their own health

decisions. Check with an educated health professional, if desired.

## Feeling Sick

➤ **If nausea, vomiting, diarrhea or excessive tiredness occur** while taking MMS1, immediately **reduce the dose by 1/2 but do not stop taking MMS1** unless the symptoms are too much to handle. In this case, stop altogether until the condition has cleared and then start back at 1/2 the amount you were taking before the nausea, vomiting diarrhea or excessive tiredness occurred, and build back up again to the recommended dose, but not using enough to make yourself sick again.

**Note:** *If using 50% citric acid and you experience ill feelings, try 4% HCl instead. Some people can not tolerate citric acid.*

## Eating While On MMS Protocol

➤ MMS1 doses should not be taken at mealtimes. While on the protocols, it is best to plan your meals around your dosing. Space out the MMS1 dose and meals by 20 to 30 minutes from the time you take your dose. For example, if you take your MMS1 dose at 8:00 am, breakfast could be at 8:30 am, and your next dose at 9:00 am. Your breakfast should be small and take no longer than 15 minutes. Likewise if you take an MMS1 dose at 12 noon, lunch could be at 12:30 pm and so on.

➤ During the hours you are on the protocol, it is best to try and eat smaller meals and/or snacks, as opposed to very large meals. (Don't get me wrong, you can eat while taking MMS1, just avoid the larger meals during the hours you are taking your doses.) There are a variety of ways this can be done—adjust according to your daily routine. For example, if you start your protocol fairly early in the

morning, say at 8:00 am, eight hours later would be 3:00 pm, which would be the time of your last dose. If you have had smaller meals or snacks during this eight hour dosing period, and you finish your last dose at 3:00 pm, this means that by 5:00 pm, or later if you prefer, you could have your large meal of the day.

➤ Some people prefer to start their dosing later in the day, so that they are free in the morning hours to drink orange juice, or their cup of coffee or tea (see pages 38-40 for more info). If a person starts their dosing at 3:00 pm for example, their last dose would be at 10:00 pm if on the eight hour protocol. This means that before 1:00 pm they can have their coffee, tea or orange juice—things which are not compatible with MMS1—at least 2 hours before starting the protocol. The idea is to adjust your dosing to fit your needs and schedule. See what works for you, but do keep in mind these important rules:

- ❑ Do not take an MMS1 dose with your meals, space out food consumption and your MMS dose by 20-30 minutes.
  
- ❑ During the hours you are actually taking your MMS1 doses, try not to eat big “feast” types of meals, but rather eat smaller meals and/or snacks.
  
- ❑ Do not eat or drink things that neutralize MMS1 during your dosing hours. (see pages 35-40)

## **Nutritional Supplements and the HRP**

There are two basic reasons for doing the HRP (*Health Recovery Plan*):

- 1.** The main reason is to eradicate a disease and recover your health.

**2.** Possibly equally important, is for cleansing purposes, to detox and thus get rid of poisons in the body, which can then help clear up a number of health problems both small and large.

If you have a disease of most any kind then the decision is simple. What you want to do is eliminate the disease.

When someone is sick, and especially if they are seriously sick, it is a good time for the person to stop and examine various things such as their diet and lifestyle. Eating right, exercising right and living right all contribute to good health. While good nutrition is important for the body to get well, when someone is on the protocols described in this book, it can actually be helpful to avoid taking extra supplements, and then build up nutrition again when the person has completed the protocol. This is because pathogens also feed on good nutrition, so in a sense, if you are taking nutritional supplements while on the protocols, you are building up with one hand and tearing down with another. In addition, some nutritional supplements neutralize MMS.

This is especially true with cancer, and any number of major diseases. When you begin these protocols, it is not the time to simultaneously be building up with an increase of extra nutrition, because cancer cells for example, and other pathogens, can feed off good nutrition. You don't want to do anything to encourage the cancer or other disease to live longer or grow. The idea is to starve and kill the disease, not give it more to thrive on. There are just about as many theories in this day and age as there are people. But our observations indicate that it is best to use MMS to kill the cancer cells/disease while not promoting any special nutritional boosts for the body. Then, once the disease is eliminated, one can build up the immune system through good nutrition—it is a step by step pro-

cess. Detox first before introducing any new nutritional foods.

We have seen that those who follow the protocols as outlined in this book have a much better chance of getting well by far, than by following most other theories today. So, if a person has a major disease, it is very important while on these protocols to avoid supplements for a time, in order to allow the pathogens to die off, with the possible exception of taking a probiotic that provides the stomach with some natural microorganisms that can help aid digestion. Otherwise, I suggest that one focus on eradicating the disease first, before taking supplements.

If you do not have a major disease but want to cleanse from various toxins and heavy metals, and eliminate other things such as skin problems, achy joints, various nagging irritations, and a myriad of other ailments that are not necessarily life threatening, then you may begin supplementation any time after the first week on the protocol if you believe that they will be of benefit to you. Anytime you are taking vitamins and supplements while dosing with MMS, always be sure to separate the times of taking these from the times you take your MMS doses, by at least two hours. It goes without saying, that if you start taking vitamins and supplements, do avoid synthetic and artificial products. It's always best to try and eat nutritious whole foods.

## **Do's and Don'ts**

### **Do's**

➤ Be diligent to take your dose consecutively, every hour on the hour. For example, while on an eight-hour protocol, do not break up your dosing hours such as four hours in the morning, then a three hour break, then four more hours.

**A fundamental principle of MMS is that hitting the pathogens every hour does not give pathogens time to regroup and build back up, but instead, being constantly hit without a chance to regroup, they die off.**

## **Don'ts**

### **When Taking or Using MMS:**

- ❑ Avoid drinking alcohol, chocolate, coffee, decaffeinated coffee, caffeinated drinks, tea (black, green and many herbal teas) milk, orange juice, or any drinks with added Vitamin C (ascorbic acid).

### **Notes:**

➤ *Lemon juice, though it is citrus, is much more acidic than MMS and has no negative effect on it. Orange juice however, in addition to being high in Vitamin C, contains substances other than Vitamin C which are not compatible with MMS.*

➤ *While tea is on this list of "don'ts" there are some (not all) herbal teas that are compatible with MMS. Use the test strip method described on page 185 to be sure what is and is not compatible.*

- ❑ Do not take foods or supplements that are particularly high in antioxidants such as Moringa, as these things cancel out the effectiveness of MMS.

- ❑ While on a particular protocol it is better to wait until you finish your MMS doses for the day before consuming the above items, or take them first thing in the morning, then wait two hours before starting your MMS dosing. Space them out by at least 2 hours after your last daily dose, or two hours before starting your daily dosing.
  
- ❑ When handling MMS, do not put MMS or MMS1 down the drain if you have a septic tank, as MMS will kill the flora in your tank and this can cause it to quit working.
  
- ❑ It is very important that you **never use MMS (sodium chlorite solution) without mixing it with citric acid, HCl, or another proven food-grade acid to activate it.** This could create a very bad problem (see note below). Once MMS is activated, you **must** mix it with water before consuming or applying it to the skin (the amount of water you add varies according to the protocol). The only exception to this rule is using unactivated MMS on a burn, see page 163, or on a mosquito bite (see page 182).

**Note:** *There are some who advocate using only sodium chlorite and then let the stomach acid do the activation. While this method can bring good results sometimes, overall, I do not suggest this approach. One reason being, people differ in the amount of stomach acid they produce at any given time, resulting in unpredictable results. Another reason is because sodium chlorite is, when unactivated; highly alkaline (pH 13) which is considered highly corrosive and it can leach metal into the human system. In some cases where an individual has certain types of stents (most of the stents going to the heart are stainless steel), or other metal parts in their bodies, unactivated MMS (sodium chlorite) passing over or through these metal*

*parts could leach some heavy metal into the blood causing heavy metal poisoning. Actually, such a small amount of leaching would not cause immediate problems, but over a year or more it could lead to a great many problems.*



# Chapter 4

## Health Recovery Plan (HRP)

### Background

Good health in today's world can be difficult to achieve due to our toxic environment. Many people have complex or multiple health issues and overcoming them may require a bit more effort. For this reason I have developed this Health Recovery Plan. I sometimes think of it as the "Master Miracle Protocol", and because it is a combination of various protocols, it truly is a Health Recovery Plan (as restoring health is a process). The good news is this—if you will follow the basic fundamentals as outlined in our Health Recovery Plan, after working with thousands of suffering people I am confident that you will get well in a few short weeks, as thousands of others have done. Remember, MMS does not heal the body as such, it destroys pathogens and poisons that prevent the body from being healed so that the body can heal itself. Use this plan, as given in this book, for all disease.

### How it Works

We, of the Genesis II Church of Health and Healing, have a number of Sacramental Protocols that help restore people's health. Our *key protocols* go together with a number of supporting protocols to make up the Health Recovery Plan.

It is important to know that there is an overall sequence or strategy to the Health Recovery Plan. I have put it here, towards the front of this book, for an overview and for easy reference. For those who have not yet worked with MMS, at this point it may not yet make total sense how this plan works, but it will become clearer as you learn the protocols outlined in this manual. The important point is that there is a sequence of how to use the protocols. If one's recovery comes to a standstill after a stated period of time, keep this in mind and refer often to this section of the book as needed.

The following is an overview of our key protocols for the Health Recovery Plan:

- 1.** The Starting Procedure which is essential to get each person started out on the right foot in an easy manner. This protocol calls for very small doses of MMS1 per hour in order to get the body accustomed it.
- 2.** Protocol 1000. This is our primary protocol that kills disease pathogens, destroys poisons, and removes heavy metals from the body. We have found that a very wide range of illnesses have been overcome with Protocol 1000 alone.
- 3.** Protocol 1000 Plus in which the procedure is to simply add a specified amount of DMSO to the dosing. The DMSO carries the MMS deeper into the tissues of the body to find and eliminate poisons and pathogens hidden there.
- 4.** Protocol 2000 finishes off or does what Protocol 1000 and 1000 Plus could not do. This is our *hard hitter* that handles diseases that are so well-established that they cannot be reached by Protocol

1000 alone. This is also the main protocol to overcome cancer and most of the life threatening diseases.

**5.** Protocol 3000 simply adds to Protocol 2000 to make it even more effective. It is an additional way of getting MMS into the body through the skin without going through the stomach as in oral doses.

As mentioned above, these five protocols are our key protocols in the lineup for health recovery. There are a number of supporting protocols to go along with these depending on what the illness is. In many cases people recover their health long before they finish all of the protocols in the Health Recovery Plan. However, there are those whose illness requires going the extra mile. Some of the supporting protocols address specific problems and diseases and thus it is necessary to add them on, after or even while on the key protocols. The instructions below will help you determine this.

Finally, on rare occasions (maybe 1 out of 100) for extreme cancers, we may have to suggest using Indian Herb. This herbal formula has been for sale in the United States for more than 90 years. Thousands of people have used it successfully. (See page 107)

The simple rules with our MMS Protocols and the ***fundamental principles of the Health Recovery Plan*** are as follows:

- If you see progress—keep up with what you are doing. Do not change anything. Do not go to the next protocol. Do not increase to the next drop; when improving, just keep on doing what you have been doing until well, or until you no longer see any progress, in which case you would go to the next level.

- Anytime you are experiencing nausea, diarrhea, vomiting or excessive tiredness and/or are feeling worse than your illness is already making you, reduce your MMS intake by half. Then when the sickness subsides, build back up slowly to the proper dosage as per the protocol you are on, but not to the point of making yourself sick.
- If you do not see any progress towards healing within a two-week period then go to the next level—ramp up—begin increasing your MMS intake. Depending where you are at, add drops to your dose, and/or move on to the next protocol. Every time you add on a new protocol, do not stop what you are already doing. Add on, but do not take away any of the previous protocols you were doing.

For example, say you are on Protocol 1000 and after the 5th or 6th day you notice some improvement in your condition, whatever it may be. The signs of improvement are an indicator to keep on with Protocol 1000, do not change anything, keep at it. On the other hand, if you are on Protocol 1000 and you have completed two weeks of the protocol and you have not noticed **any** signs of progress or improvement then move on to Protocol 1000 Plus and so on.

The line-up of protocols on the Health Recovery Plan is as follows:

- **Always begin with the Starting Procedure.** Simultaneously, along with the Starting Procedure, get started with the Two Fundamental Steps which are brushing your teeth with MMS and using the spray bottle for any skin problems. Complete instructions are given below. In addition, this is the point where one would also begin applying *The Patch* to any external tumors on the body. (See page 83).

- **Move on to Protocol 1000, but** if after two weeks on Protocol 1000 you do not see **any** signs of improvement, the first thing to do would be to make sure that the MMS is not being neutralized by anything (see page 38-41). In addition, check the list for other reasons you may not be having success with MMS on pages 75-81. Then, if you are following everything correctly and you see no signs of improvement after two weeks, then go to the next level—which is Protocol 1000 Plus.

- **After two weeks on Protocol 1000 Plus, again, if there is no improvement, once more go to the next level,** which would mean move on to Protocol 2000.

- **After two weeks on Protocol 2000** and you have also started taking MMS2 on the 2nd or 3rd day, once more, if there are no obvious signs of improvement after the two weeks, add on Protocol 3000.

- **If on Protocol 3000, and you still lack signs of improvement after two weeks, you can begin with the various Supporting Protocols.** These protocols (explained further on in this book) offer additional ways to help your body recover. You keep adding on more protocols until well.

## **Important Reminders**

➤ *As has already been stated, anytime the MMS makes you feel worse, cut the dosage by 50% but do not stop. If however, you feel extremely bad, stop for a few hours, or a day, until the sickness from taking the MMS passes, then start back taking MMS but at half the dosage as you were taking when you began to feel worse. Then build back up slowly to the proper dosage for the Protocol you are on, as long as it does not make you feel sick.*

➤ *Remember, each time you ramp up your MMS intake and add on another protocol, do not stop doing what you are already doing. Add on, but do not take away or stop what you are already doing.*

**Exception to the Rule:** If you have cancer or another life threatening disease, it may be necessary to move more quickly into Protocol 2000 without observing the two week intervals before adding on a new protocol. You can determine if it is time to move more quickly by the way things are going. If you are feeling pretty bad and again, you have a life threatening disease, you want to move up on the Protocols as quickly as you can, **but without getting sicker than you already are from your illness;** in this case, even though I just said you can move more quickly, you should never-the-less, always start out with the Starting Procedure—do not bypass this step. But as you move on to Protocol 1000 and the hourly 3-drop doses, if you are not seeing improvement of any kind in just a few days, and if you are not getting sicker from the doses, then go to Protocol 1000 Plus. Again if you are not seeing improvement in a few days (5 or 6 days), then keep adding in more drops to your dose, as per Protocol 2000. In other words, when you are taking the 3-drop doses and feel you want to go on to higher doses, follow the instructions of Protocol 2000 and move on with the Health Recovery Plan as outlined above in this book and as needed.

## Two Fundamental Steps for the Health Recovery Plan

### Mouth and Teeth

Almost all diseases are influenced to a large or small extent by the condition of the mouth and the teeth, therefore all protocols listed in this Health Recovery Man-

ual should be accompanied by a daily brushing of one's teeth with MMS. It has been shown time and again that MMS can restore health to the mouth and in the case of doing these protocols, better results are often noticed when brushing with MMS, even when the teeth and mouth are in very bad shape. This does not mean that one will not need the services of a good dentist, but once the infections and diseases of the mouth are gone then the dentist can do a much better job, and the diseases of the body are ten times more likely to be overcome. Thus a preliminary step to this recovery plan is to buy a good *soft* tooth brush for brushing teeth and gums while at the same time doing the protocols.

### **Brushing Teeth Protocol**

- ❑ In a glass activate 5 drops of MMS (see page 25).
- ❑ After 30 seconds add only 1/4 cup (2 ounces/60 ml) of water to the MMS drops.
- ❑ Brush both your gums and your teeth with this mixture for at least 2 minutes. (Dip your tooth brush into the liquid 3 or 4 times while brushing.)
- ❑ Do this 2 or 3 times a day while doing the protocols in this Manual.

**Note:** *If your teeth are in poor shape, for example if you have an abscess, pain or more serious complications with your teeth, add DMSO to this mixture. DMSO will carry the MMS right through into the tooth and can help solve many problems.*

- ❑ You must add the DMSO to your mixture immediately before brushing; add 3 drops of DMSO (90% to 99%) for each 1 drop of MMS that

you are using. For the formula above, this would be 15 drops. If you have DMSO that is less than 90% strength, use 4 drops for each MMS drop.

**Tip:** *If you want to use this same solution for more than one brushing, you will need to put the solution in a bottle with a tight lid. Once you have dipped your toothbrush into the liquid, it is no longer reusable, so each time you brush you can pour part of the solution into a small glass and proceed with dipping your tooth brush into the liquid 3 or 4 times while brushing. Double the amount (10 activated drops of MMS to 1/2 cup [4 ounces/120 ml] of water) to make up a portion for the day.*

**Important Note:** *If making up this solution for the day, you cannot add DMSO. DMSO must be added immediately before use, as over time, it will weaken your MMS solution.*

## **MMS1 Spray Bottle**

While on this Health Recovery Plan, if you have **any** kind of skin problems, be it skin cancer, eczema, psoriasis, infections or wounds, etc., spraying the skin or wound with MMS1 is a great help. I have listed this protocol in the fundamental steps for the HRP (Health Recovery Plan), because it is important for skin problems to start right away with spraying the skin as you begin your health recovery. Using this spray bottle is also helpful for most any type of isolated skin problems as well, such as wounds or bruises, to help the overall condition of the skin, and many more conditions. It can be used for the rest of your life for skin problems, whether you are on the other protocols or not.

**Prepare the spray bottle as follows:**

- ❑ The standard spray bottle formula is 10-to-1. That is, 10 activated drops of MMS to 1 ounce (30 ml) of water.
- ❑ Never use tap water for any MMS mixture as it is not safe to risk getting chlorine, fluoride, or other impurities in the solution. Use only bottled drinking water, or distilled water.
- ❑ In most places 2-ounce or 4-ounce spray bottles are available at the pharmacy or in health food stores. Simply multiply the formula, 20 drops MMS1 to 2 ounces of water, or 40 drops of MMS1 to 4 ounces of water.
- ❑ In general this mixture will last up to a week or so. You will know that it lost its potency when the original color begins to noticeably fade.
- ❑ Do not leave your spray bottle in the sunlight; storing it in a dark place or in the fridge will help the MMS solution to remain strong.
- ❑ Use this for spraying all problems on your skin.

**Tip:** *You can spray a little on your face and then spray a little DMSO (dimethyl sulfoxide, see pages 3, 33-34, 68-73) on top and rub your face lightly to help ease wrinkles and DMSO often makes the MMS spray more effective anywhere on the body.*

**MMS2 Spray Bottle**

We have received feedback from many people who have used MMS2 in a spray bottle with positive results for the skin. Both MMS1 and MMS2 help the skin in varying ways,

so try them both, and see what works best for you. Please note, in the directions below there are some differences in the use of MMS2 and MMS1 when used in a spray bottle.

**You can prepare a spray bottle with MMS2 as follows:**

- ❑ Cover the bottom of a clean, dry spray bottle with 1 layer of MMS2 powder (calcium hypochlorite).
- ❑ Fill the rest of the bottle with purified water.
- ❑ Shake it well to dissolve the MMS2 powder.
- ❑ Then put the MMS2 solution through a clean paper coffee filter into a clean dry glass. (If possible, use unbleached brown paper coffee filters.) MMS2 usually has small lumps that do not easily dissolve and if not strained out it will clog your spray bottle.
- ❑ Before putting the MMS2 solution back into the spray bottle, be sure to rinse the bottle out well with clean purified water, to be sure there are no lumps that will clog up your sprayer.
- ❑ When using a MMS2 spray bottle on your face, **try not to get it in your eyes.**
- ❑ Unlike the MMS1 spray bottle, **do not use a MMS2 spray bottle with DMSO as this could cause a severe burn.**

# Chapter 5

## The Key Protocols

### The Starting Procedure

This Starting Procedure must be done before following Protocols 1000, 1000 Plus, 2000 or 3000. This procedure will assure you greater success as there have been people who without it have become sick with either nausea, vomiting, diarrhea or excessive tiredness sometimes within the first week or so of starting Protocol 1000. Many give up right then instead of persisting. You can't blame them; they've heard how great MMS is and then it makes them sick, so they give up. This is because they started taking too much MMS1 too quickly to begin their protocol. Please believe me when I say that this starting procedure is extremely important to you for your health recovery.

#### Overview

The Starting Procedure consists of taking MMS1 in **very** low doses to start out and working up slowly to a one drop dose over a period of four days. (There is an exception to this rule, see variation below.)

#### Basics

MMS1 goes to work on killing the disease, but if you go too fast, the poisons from dead pathogens (any disease producing agent) builds up in the body faster than the body can get rid of them. These poisons mainly can cause

nausea, vomiting, or diarrhea but other distress, such as excessive tiredness, can also be experienced. This is called the Herxheimer reaction and it is a common occurrence when going through a cleanse or detoxification program to rid the body of toxins. Hopefully going through the Starting Procedure can help one avoid the Herxheimer reaction.

**Day One: The first day of the Starting Procedure take 1/4th drop of activated MMS every hour for 8 hours.**

### **Step 1.**

- Remember, use an empty, clean, dry, drinking glass.
- Since all MMS1 doses are taken in 1/2 cup of water, it is helpful to mark your glass at the 1/2 cup (4 ounces/120 ml) point, or use a glass with this measurement.
- Activate 1 drop of MMS until the mixture turns amber in color as per instructions in Mixing a Basic Dose of MMS1 page 25.

### **Step 2.**

- Fill the glass to the 1/2 cup (4 ounces/120 ml) mark with water. Make sure the drops are mixed into the water.

**Note:** *Some juices and sodas are acceptable; see Mixing MMS1 for Drinking section page 28.*

**Step 3.**

- Pour off 1/4th or 1 ounce/30 ml of this water mixture into another glass and drink it.

**Note:** *Before you drink this 1 ounce/30 ml you can add a little additional water—an ounce or two at most—if you want to dilute the taste before you drink it.*

**Step 4.**

- Discard the extra 3 ounces/90 ml. You won't be using them. **You must make up a new drink each hour;** otherwise the dose will lose its potency. Each MMS1 dose should be made up fresh—mix your drops and count to 30 seconds then add water and drink it down. One should be sure to never wait more than 60 seconds before drinking.

**Day Two and Three: On the second and third day of the Starting Procedure take 1/2 drop of MMS1 every hour for 8 hours a day.**

**Step 5.**

- Follow steps 1 and 2 the same as above each hour, but this time pour off 2 ounces/60 ml of the mixture and drink. That is the same as 1/2 of the liquid you now have in the glass. This gives you 1/2 drop.

**Day Four: On the fourth day of the Starting Procedure take 3/4 drop of MMS1 every hour for 8 hours.**

## Step 6.

- Follow steps 1 and 2 the same as above. In this case it would be easiest to discard 1 ounce/30 ml of liquid and drink the remaining 3 ounces/90 ml of liquid. In other words you are drinking 3/4 of the 1/2 cup (or 4 ounces/120 ml) mixture that you made in steps 1 and 2 and this then gives you 3/4 of a drop dose.
  
- At the end of day four you have completed the Starting Procedure to Protocol 1000. You should begin Protocol 1000 the next day (*day five*) as per the instructions below.

**Note:** *In the case of a very sick person, start out the Starting Procedure with even less than the 1/4th drop dose which is suggested above. For an extremely sick person start with 1/8th drop every hour for 8 hours (for one day), then do the Starting Procedure, then begin Protocol 1000.*

**Variation—Fast Track:** For those of you who are familiar with MMS1 and have used it before, if you feel you would like to get through the Starting Procedure more quickly; this variation simply cuts the time in half. We do not, however, recommend this fast track method if it has been longer than eight months since you have taken MMS. In any case, before proceeding with this method remember, listen to your body, go at your own pace and again, if nausea, vomiting or diarrhea occur, immediately reduce the dose by 1/2 and follow the instructions regarding feeling sick on page 35. To fast track the Starting Procedure, simply cut the time for dosing in half as follows:

### Day One:

- Take a 1/4-drop dose for 4 hours instead of 8 hours.

- ❑ At the end of 4 hours, increase to a 1/2-drop dose for the remaining 4 hours of Day One.

### **Day Two:**

- ❑ Take a 1/2-drop dose for 4 hours.
- ❑ Increase the dose to a 3/4-drop dose for the remaining 4 hours of Day Two.

### **Day Three:**

- ❑ Start on Protocol 1000, beginning with a 1-drop dose. Follow the Protocol 1000 instructions.

### **The Three Golden MMS Rules**

**1. If it ain't broke, don't fix it!** As long as you are getting better, don't change what you are doing—keep at it since it is obviously working.

**2. Your body knows best...You just have to learn to listen to it!** Anytime you are experiencing nausea, diarrhea, vomiting, or excessive tiredness, and/or are feeling worse than your illness is already making you, reduce your MMS intake by half and then when the sickness subsides, build back up slowly. Continuing to increase your dosage when you are feeling sicker is a common mistake. Don't let it happen to you! More is not always better. Listen to your body!

**3. If you are in a rut, it's time for a change!** Have you come to a stalemate? If a two-week period passes and you do not see any signs of improvement, go on to next level. Depending on where you are at, add more drops to your dose, do the next increase, or go to the next protocol. Anytime you move forward, do not stop doing what you have already been doing. Add on, but do not take away.

## Protocol 1000

This protocol alone has proven time and time again to restore health to people with a **wide** variety of diseases such as Hepatitis A, B and C, HIV, arthritis, high cholesterol, acid reflux, kidney disease, any number of aches and pains, urinary tract infections, depression, diabetes, and the list goes on and on. Protocol 1000 is also helpful for a good general cleanse to rid the body of unwanted toxins that one often does not even realize they have. Many people report that they really didn't feel they had any major health problems, yet after doing Protocol 1000 they felt **so** much better—they had more energy and vitality, clearer thinking, and felt healthier overall after completing Protocol 1000.

The instructions given here are for the original, and what I like to call, Classic Protocol 1000. If you do further research you will find that we and many other people have tried various versions of Protocol 1000 over the years. While most all of the slight variations of Protocol 1000 have been successful, according to reports we have received from around the world the success has never been as good as the original protocol of **mixing the dose every hour**.

### Overview

Protocol 1000 is taking 3 drops of activated MMS (MMS1) in water (some juices are acceptable, as explained in the Mixing MMS1 for Drinking section, page 28) once each hour, for eight consecutive hours, every day, for three weeks or until well. Of course, one does not start out at 3 drops an hour. You build up to 3 drops slowly as stated in this manual.

## Basics

It is best to start out slow and build up to the 3-drop dose. **Do not start Protocol 1000 until you have completed the Starting Procedure.** After finishing the Starting Procedure we start Protocol 1000 at 1 drop an hour and work up to the suggested 3-drop dose per hour.

## Instructions for Protocol 1000

### Step 1.

- In a clean, dry glass activate 1 drop of MMS as per the instructions in Mixing a Basic Dose of MMS1, page 25.
- Add 1/2 cup (4 ounces/120 ml) of water or other recommended mixer.

### Step 2.

- Drink down your 1-drop dose within one minute of mixing.

### Step 3.

- Continue taking a 1-drop dose every hour until you are ready to increase your drops.

### Step 4.

- If after three or four hours there is no problem of nausea or any worse feeling, then increase your dose by at least 1/2 drop. Listen to your body, go at your own pace, but build up as quickly as possible, without getting sick, to 3-drop doses each hour. For example, one person might start out the first day with 1-drop doses for 2-3 hours,

and then they may increase to 1 1/2 drops for a couple of hours, and then 2 drops for a couple of hours and so on. Others might want to stick to 1-drop doses for the entire first day, and then 2 drops the next day and so on. Some may even find it necessary to stay at 1-drop doses for a few days before they can go up.

### Step 5.

□ Continue taking 3-drop doses every hour for eight consecutive hours a day for 21 days. You may get well without another hitch, but if at any time you experience nausea, vomiting, diarrhea, or excessive tiredness simply reduce the amount of drops you are taking by at least 1/2. **Remember, reduce but do not stop.** (A little bit of loose stool or diarrhea might be considered OK and part of the cleansing process, but if it becomes too much or you are also experiencing the nausea and vomiting cut back immediately. Follow the instructions on Feeling Sick, page 35.)

### Notes:

➤ ***Never go beyond a 3-drop dose each hour while on Protocol 1000.***

➤ *Though it is not pleasant to feel nausea, diarrhea, vomiting, or excessive tiredness should you experience these symptoms, it is usually a sign that your body is going through the detoxification process—so on that score it is positive. The goal, however, is to go at a steady pace, not too fast, so that you do not make yourself sick.*

## Protocol 1000 Plus

Protocol 1000 Plus requires the addition of DMSO (dimethyl sulfoxide) to your hourly dosing. DMSO by itself is also capable of relieving pain, diminishing swelling, reducing inflammation, encouraging healing, antifungal, dissolving blood clots, restoring normal function of the body and much more.

It has been used for health purposes for 50 years to help the body adsorb medicines and nutrients. It has been used to dissolve blood clots in the body by taking it orally. It is used for moving transplant organs from donor to recipient over short or long distances.

### Overview

This protocol is simply adding DMSO to the MMS1 Protocol 1000 dose which is 3 activated drops per hour. With Protocol 1000 Plus, you add in 3 drops of DMSO for each drop of MMS, or in case you have not progressed to 3 drops an hour by this time continue the same amount of MMS1 but just add in the DMSO.

### Basics

**Allergy Warning:** Very few people, usually those with weak livers, are allergic to DMSO. To test whether or not you are allergic perform this test:

- Wash and dry a spot on your arm. (Just above or below the elbow works well.)
- Add one drop of DMSO (with clean hands) to the spot on your arm and rub it in.
- Give it about 15 minutes to soak in, leave it for 24 hours.

If there is no pain in your liver area after 24 hours, it is probably safe for you to use DMSO, which will be the case for 999 out of 1000 people.

Since MMS heals the liver, if you have already been taking MMS1 for more than a week your liver will probably tolerate DMSO with no problem.

If you do have a bad reaction to DMSO, I would advise working on improving the condition of your liver by doing the Starting Procedure and moving on to Protocol 1000. If you are already on the protocols, but still have a bad reaction to DMSO, simply continue with the protocols and after a few days repeat the same test again and it should show tolerance to DMSO. If you fail the test a second time, continue with the protocols and try the test every couple of days until you pass it. There has never been a report of DMSO doing any kind of permanent damage to a human in the past 60 years.

## **Instructions for Protocol 1000 Plus**

### **Step 1.**

- Activate your 3 drops of MMS. (If you have not been able to work up to a 3-drop dose yet, due to nausea, etc., activate however many drops you are taking).
  
- Add 1/2 cup of water (or compatible juice or soda; see pages 28-31).

### **Step 2.**

- Immediately after adding the water, add in 3 drops of DMSO for each drop of MMS you are using. For example, if you are making a 3-drop MMS1 dose, add 9 drops of DMSO.

- ❑ Drink down the dose immediately as once the DMSO is added the MMS1 will begin to slowly lose potency if left to sit.

### Step 3.

- ❑ If after adding DMSO to your dose you experience discomfort (such as nausea, diarrhea, etc.), reduce the amount of DMSO you are adding by 50% on the next dose. If you still have discomfort, reduce the DMSO by another 50%. If you still experience discomfort after reducing the amount of DMSO two times, then completely stop adding DMSO to your MMS1 doses for a day. Then start back with small doses of DMSO and build up slowly to 3 drops of DMSO per 1 drop of MMS1.

### Important Notes:

- ***An important reason to drink the MMS/DMSO dose immediately is because the DMSO begins to cause the dose to slowly lose its potency. It takes up to 6 hours to lose full potency; nevertheless, it is best to drink it straight away so it doesn't lose any of its power. I suggest drinking it within 1 minute of adding the DMSO drops, because it loses a large amount of potency in the first 10 minutes and then continues to lose potency at a slower pace.***
- *When progressing from Protocol 1000 Plus to Protocol 2000, always continue using the DMSO according to the instructions given here in Protocol 1000 Plus while doing Protocol 2000.*

## Protocol 2000

Protocol 2000 is, in essence, our Cancer Protocol, but we are not naming it “Cancer Protocol” as such because it also works well for most other life-threatening diseases. I have observed that more than 90% of those who use Protocol 2000 faithfully, and take responsibility for using it as directed here, overcome their cancer or other disease completely. However, I must also mention that there are cases of cancer and other diseases that simply are too far gone for even MMS1 and MMS2 to help. Normally these are the cases that have had tremendous amounts of chemo, radiation, or surgery treatment and the body is simply “past the point of no return.” However, we never say never. If the person still has one more hour to live, get some MMS1 into him.

### Overview

- On Protocol 2000 you increase the number of drops you take each hour to as many drops as you can handle (up to the maximum amount of drops for your weight—see page 66) without getting sick due to the MMS. The increase in drops is needed for cancer and other life-threatening disease.
- Increase the number of hours you take your dose each day from 8 hours to 10 hours.
- At the beginning of the 3rd or 4th day of Protocol 2000, you should begin taking MMS2.

### Basics

The most important thing to remember is, **never stop taking MMS until you are well.**

## Instructions for Protocol 2000

### Step 1.

- ❑ Increase the number of hours per day that one takes the hourly dose to 10 hours per day instead of the 8 hours per day of Protocol 1000.

### Step 2.

- ❑ Begin increasing the drops in your daily dose by 1 drop increments. For example, if you were taking 3 drops an hour as per Protocol 1000, you can increase to 4 drops. If you come to Protocol 2000 directly from the Starting Procedure because of cancer or some other life-threatening disease, then begin at 1 drop per hour and increase the drops per hour after only a few hours at 1 drop per hour. You can tell by how you feel if you should not add another drop per hour. Just keep increasing by 1 additional drop per hour until a tiny sickish feeling beyond how the disease makes you feel lets you know for the time being to stop increasing.

- ❑ It is important to not allow yourself to get sicker than your disease is already making you feel, as the additional sickness can then slow your recovery down. So if taking your MMS dose results in nausea, vomiting, diarrhea or excessive tiredness reduce the number of drops you are taking by 50% for the next dose and then slowly increase the drops again. If the added sickness is severe then stop taking the drops and start again as soon as you are feeling better. And again, **increase to as much as you can take without getting sick.**

The chart below gives the theoretical maximum amount of drops that most people should take for their body weight. Anyone weighing more than 200 pounds can calculate their maximum number of drops by adding 1 drop for each 20 pounds over 200 pounds. There are times when a cancer is not improving that one might go ahead and take more drops per hour than suggested here, in that case do not hesitate to do so, but normally this chart is correct.

| <b>Protocol 2000 —Maximum MMS1 Dosage</b> |  |
|---|--|
| <b>Weight</b>                             | <b>Dosage</b>                            |
| <b>80-100 lbs (36-45 kg)</b>              | <b>Take no more than 8 drops hourly</b>  |
| <b>100-120 lbs (45-54 kg)</b>             | <b>Take no more than 8 drops hourly</b>  |
| <b>120-140 lbs (54-63 kg)</b>             | <b>Take no more than 9 drops hourly</b>  |
| <b>140-160 lbs (63-72 kg)</b>             | <b>Take no more than 10 drops hourly</b> |
| <b>160-180 lbs (72-81 kg)</b>             | <b>Take no more than 11 drops hourly</b> |
| <b>180-200 lbs (81-90 kg)</b>             | <b>Take no more than 12 drops hourly</b> |
| <b>The Following is for Children</b>      |  |
| <b>10 lbs or less (4.5 kg or less)</b>    | <b>Take no more than 3 drops hourly</b>  |
| <b>10-20 lbs (5-9 kg)</b>                 | <b>Take no more than 5 drops hourly</b>  |
| <b>20-40 lbs (9-18 kg)</b>                | <b>Take no more than 5 drops hourly</b>  |
| <b>40-60 lbs (18-27 kg)</b>               | <b>Take no more than 6 drops hourly</b>  |
| <b>60-80 lbs (27-36 kg)</b>               | <b>Take no more than 7 drops hourly</b>  |

### **Step 3.**

Begin taking MMS2 on the third or fourth day into the protocol. (See section MMS2—Details, page 182, for information on where to purchase calcium hypochlorite, and instructions on how to make MMS2 capsules.)

Use either #1 size capsules which are the smallest that you should use, or #0 size capsules,

which is one size larger than #1. (And no, I didn't make a mistake on capsule sizes; they really get smaller in size as you increase the number.) Start by loading the #1 size capsules 1/4 full or #0 size capsule about 1/8th full.

#### Step 4.

Step 3 gets you started, but increase the amount you put in the capsule **over the next several days**, working up to either full for #1 size capsule, or 3/4 full for a #0 size capsule. Increase the amount you put in the capsule slowly.

#### Step 5.

- Take one of these capsules 5 times a day—once every two hours.
  
- Take your first MMS2 capsule 1/2 hour after taking your second MMS1 dose of the day.

#### **Sample time schedule for Protocol 2000, once you have added MMS2 into your dosing:**

**Note:** While working up to the correct size capsules of MMS2, which is either a full #1 size capsule, or a 3/4 full #0 size capsule (**never go beyond these amounts**), keep your MMS1 doses constant. In other words, do not be working on increasing your drops of MMS1, while you are working up to your proper dose of MMS2, because if you get nauseous you will not be able to determine which of the two might be causing you to feel sick. Once you have reached the suggested amount of MMS2, then you can begin increasing your drops of MMS1 once more. Remember, at any time, whether you are increasing your amounts of MMS1, or MMS2, if at any time you feel nauseous or sick from the increase, decrease the amount

by at least 1/2 and build back up slowly. **Remember, *this is important, never take a dose containing DMSO and an MMS2 capsule at the same time! See page 18-19 for the full warning on this.***

| <b>Protocol 2000<br/>MMS2 Time Schedule</b> |                  |
|---|------------------|
| <b>Time</b>                                 | <b>Dose</b>      |
| <b>9:00 AM</b>                              | <b>MMS1 dose</b> |
| <b>10:00 AM</b>                             | <b>MMS1 dose</b> |
| <b>10:30 AM</b>                             | <b>MMS2 dose</b> |
| <b>11:00 AM</b>                             | <b>MMS1 dose</b> |
| <b>12:00 PM</b>                             | <b>MMS1 dose</b> |
| <b>12:30 PM</b>                             | <b>MMS2 dose</b> |
| <b>1:00 PM</b>                              | <b>MMS1 dose</b> |
| <b>2:00 PM</b>                              | <b>MMS1 dose</b> |
| <b>2:30 PM</b>                              | <b>MMS2 dose</b> |
| <b>3:00 PM</b>                              | <b>MMS1 dose</b> |
| <b>4:00 PM</b>                              | <b>MMS1 dose</b> |
| <b>4:30 PM</b>                              | <b>MMS2 dose</b> |
| <b>5:00 PM</b>                              | <b>MMS1 dose</b> |
| <b>6:00 PM</b>                              | <b>MMS1 dose</b> |
| <b>6:30 PM</b>                              | <b>MMS2 dose</b> |

## **Protocol 3000**

DMSO is a well-known carrier substance used widely by alternative practitioners and a few medical doctors since 1955, as a way to carry medications deeper into the tissues and organs of the body. Body organs that are used for transplants are submersed in DMSO to transport them between hospitals so DMSO will not hurt tissue. It is available in drugstores and health food stores in many places and also on the Internet and at animal supply stores. On the internet, search for DMSO.

The goal with serious or life-threatening situations is to quickly get MMS1 circulating in the blood while trying to stay under the nausea level. One way to achieve this is by adding DMSO to MMS1 and using it topically. The DMSO is a carrier and therefore takes MMS1 directly into the skin and tissues and thus into the blood. Testing under laboratory conditions by adding tiny non-dangerous amounts of radiation have demonstrated that DMSO carries MMS1 directly to any cancer in the body and it then penetrates the cancer cells. We have evidence that DMSO also carries MMS1 to any place in the body where disease has weakened the area.

## **Overview**

Protocol 3000 is the topical use of MMS1 mixed with DMSO, applied to the body every hour for a minimum of eight hours a day.

## **Basics**

The MMS1/DMSO treatment described below is an accelerated skin technique that helps push MMS1 into the blood plasma. This method also helps to avoid Herxheimer reaction. In the case of cancer or other life-threatening disease, it should be used in addition to a normal oral regimen of Protocol 2000.

## **Instructions for Protocol 3000**

### **Step 1.**

- ❑ Mix up a solution of 10 drops of MMS with 10 drops of 50% citric acid or 10 drops of 4% HCl acid. Count 30 seconds for activation.
  
- ❑ Add 20 drops of water. Later you may want less water if you find you can tolerate a stronger

mixture. But if this mixture is too strong (causes burning of the skin or other irritation), just add more drops of water until it doesn't cause irritation.

- ❑ Add 1 teaspoon of DMSO.

- ❑ Immediately spread the mixture over one arm. You can use your hand to spread the mix. It is not necessary, and even potentially dangerous to wear a glove, (if latex or rubber) however, when you have finished, wash your hand with plain water, do not wash with soap and water, as DMSO is a carrier and can carry some of the soap into your tissues.

- ❑ The following hour, mix up another MMS1/DMSO solution and spread it on your other arm. Repeat the next hour and do a different part of your body. Do one arm first, then the other arm, then a leg, then the other leg, then your stomach, and then back to the first arm. Use a different part of the body each time you apply the DMSO/MMS combination. **Do this for eight hours.**

## Step 2.

- ❑ An alternative method is using the same mixture as mentioned above of MMS drops to water, but spread the MMS and water mixture on the body first and then spray DMSO over the top of the MMS1 on the same area and gently spread it into the skin. You can put a plastic bag over your hand to rub the solution into your body, or you can just use your bare hands and when done rinse your hands with plain water. (Remember, DMSO is a carrier, so using it with soap could carry the

soap into your system, so just rinse with water and wipe dry.)

### **Cautions:**

- ❑ When working with DMSO, **do not use rubber or latex gloves or other medical gloves. You could get rubber into your body as the DMSO melts the rubber** but only certain kinds of medical rubber gloves are a problem. However, to be safe, I do not recommend using any kind of rubber or plastic gloves with DMSO.
- ❑ If you notice a burning sensation on your skin, a good technique is to place a teaspoon of water on the burning area and gently rub it in. Keep adding water until it is no longer burning. Or use a spray bottle with plain water in it for such problems, but do rub the water in.
- ❑ You can rub olive oil or Aloe Vera gel on the skin after the DMSO/MMS1 application in order to soothe the skin if you feel burning or irritation.
- ❑ Keep full strength DMSO out of your eyes.

### **Step 3.**

- ❑ Repeat this process once every hour for eight consecutive hours for three consecutive days.
- ❑ Then take a break. Quit from one to four days or however many days it takes to overcome any problems that may be caused by the DMSO (such as extra dry skin).
- ❑ After the first week you can use this topical application four days a week or more if there is

no problem with your skin. If there is no problem, continue to use MMS and DMSO every day.

❑ When you quit the MMS1/DMSO topical application for four days you should still continue with your other MMS Protocols.

### **Variations:**

❑ For extra sick people who should take smaller doses of DMSO, it would be best to start out using only a small area of the body. I suggest using an area about the size of the palm of your hand—no larger. Use a small area like this for several days before going to a larger area such as the entire arm or leg. Use a larger area only if there is no adverse reaction to DMSO in the smaller area.

❑ Or instead, use the added water trick mentioned above, that is, instead of using a smaller area to rub the DMSO on, add extra water to the MMS/DMSO solution and then put on the entire arm or leg and other areas.

❑ Or for daily use, add from 1 to 5 times the water mentioned above to the entire formula of MMS and DMSO combination, and spray it on your body and then rub lightly.

❑ There is a more convenient way to do this Protocol that involves using spray bottles to apply the MMS1 and DMSO to the body. You can find the full details of the spray bottle method for Protocol 3000, in the section for children in this book on pages 170-173. The same procedure and mixture for children can be used for adults. Although the spray bottle method may be easier for some people, I have left the original method

for this protocol above for the sake of learning, and for the sake of those people who, for one reason or another, may not be able to obtain spray bottles.



# Chapter 6

## Reality Check

### Reasons Why You May Not Be Having Complete Success with MMS

- **Not Following the Protocol Carefully Enough:** These protocols are the result of 18 years of treating the diseases of mankind. There are reasons for the exact process given. Those who try to change the process or who are not diligent in following the procedures exactly can fail. If you are serious about wanting to be in good health, or wanting to live if you have a lethal disease, please follow the protocols exactly.
- **Changing the Dosing when One is Improving:** Remember, when you are noticing some improvement large or small, do not change anything, but keep doing what you are doing until there is no more improvement for a two week period. What often happens is when someone feels he is getting better he will think, "If I'm getting better with this amount of MMS, more MMS will help me get better quicker." So even though he is improving, he ups his dose. When this happens the additional MMS1 or even CDS/CDH may kill off too many pathogens at once, causing a Herxheimer reaction that brings on headache, fatigue, nausea, vomiting, and/or diarrhea. The person may become discouraged and quit taking MMS altogether. So remember, as long as you are improving, don't change anything, and only go to the next

higher protocol when you have not seen any improvement for a two week period.

➤ **Neutralizing MMS in the Body:** Coffee, decaffeinated coffee, caffeinated tea, some herbal teas (see pages 39-40), milk, alcohol, orange juice, and all juices with added synthetic Vitamin C or ascorbic acid, will directly neutralize MMS. (Natural sources of Vitamin C in moderate amounts are OK.) Foods and supplements that are reported to have exceptionally high amounts of antioxidants such as moringa, must not be taken while on the MMS protocols. (See page 36-40.)

➤ **Pharmaceuticals:** Up until this point in time, we have not noticed any reactions with MMS and medical drugs, although we cannot guarantee this will always be the case. The decision to take pharmaceutical drugs is a personal one. Medications affect each person's body in different ways. We cannot say across the board in every case that taking prescription drugs will inhibit health recovery with MMS; however, we have seen a trend that continuing to take pharmaceuticals while doing the MMS protocols will often slow health recovery, or prevent it all together. Occasionally one might need to continue with a pharmaceutical drug (while on the MMS protocol) for several days or a week or more (depending upon the situation and the kind and amount of medications you must wean off of). This is to prevent bad reactions from occurring in the first several days due to "drug shock" when the medications are first stopped. Usually it is best to wind down slowly by reducing the drug in steps. The right qualified alternative health professional can help you safely wean yourself off of the medications.

➤ **Quality and Strength of your MMS and Activator:** Sometimes one might purchase bottles of MMS that do not have the required potency (usually from an unapproved source) and thus the drops will make a weaker

dose. One way to make sure the dose is the proper strength is to make sure that the drops turn amber color after mixing MMS and activator drops and 30 seconds, (see page 27), if not something is wrong. If they do not turn amber but merely turn yellow, only use those drops for a few days until you get a good batch. If the drops do not even turn yellow, do not use them.

➤ **Taking Supplements while on the MMS Protocols:**

Vitamins, minerals, and other supplements that one might add to the diet should not be taken while on MMS protocols (see pages 36-38 for full explanation). This especially includes foods with high amounts of antioxidants. MMS removes the poisons, destroys the bio-films that protect the pathogens, kills the pathogens, and this aids in the healing. Supplements not only aid the body, but they feed the pathogens as well. Unfortunately, most of the time the pathogens are first in line to get the nutrition from the supplements and thus one is furnishing nutrients to the disease while also trying to kill it. For this reason, supplements can slow down health recovery or even stop it altogether. It is best to kill off the pathogens completely. Once this is accomplished, you can work on building up good nutrition through a nutritious diet and supplements if needed. On the other hand, after one has been on a protocol for more than three weeks, and has followed all the rules and are still not getting better (this is very rare), if they continue on a prolonged MMS protocol, or on the daily maintenance protocol, then they might consider taking supplements, but separating any MMS dosages by at least two hours. (See pages 36-38 for full explanation).

➤ **Previous Therapies:** We have had people come to us “on their last leg” who have had multiple chemotherapy treatments, radiation and surgeries which makes it difficult to “restore health.” MMS has the additional burden of removing toxic chemotherapy drugs. In this case, usually

the immune system is compromised, and the removal of various organs makes the recovery a little longer or often considerably longer. Therefore, previous therapies, depending upon the amount and to what degree followed, can prolong health recovery. You may have to keep at it longer than expected.

➤ **Attitude Can Slow Healing:** It's understandable when you are sick and feeling rotten that you may fall into complaining or being negative. However, many studies have proven that keeping a positive attitude and keeping complaining to a minimum contributes to faster recovery. Attitude very seldom keeps MMS from working all together, but a poor attitude can affect the immune system, and slow down the healing process, sometimes considerably.

➤ **Blood Testing:** There are many times when blood tests can make it look like MMS is not working. The best way to determine if MMS is working is by tangible results. How do you feel? Are you gaining weight? Are sores healing and skin rashes disappearing? Is a general sense of well-being restored? If you have all these positive signs and yet a blood test shows a problem, the test is probably wrong. With HIV, hepatitis C, and some other diseases, often times at the first testing during and after MMS treatment, the blood virus count can go extremely high. This is always a good indicator that MMS is working, and the count will soon go low. If someone who is using MMS does not understand this, they may believe they are not getting better and may stop using MMS. You must leave a sufficient amount of time before blood tests will read accurately, and this depends upon the illness. Also, remember, many labs make mistakes, therefore more than one opinion is often a wise choice. But most of all, go by how you feel. If energy is restored and wounds disappear, you can pretty much know that you are healed, or at least that you are getting better.

➤ **Vaccines:** It is a known fact that vaccines often contain weak pathogens of many kinds of diseases. Many of these diseases can actively affect the body. In addition to the disease, it is also a known fact that most vaccines contain mercury and other chemicals that are extremely poisonous, and in most cases, these toxins slow healing considerably. However, we have almost always seen the MMS protocols eventually overcome the poisons caused by the vaccines and health is then recovered. If you must get a vaccination while on a MMS protocol, I suggest that you follow the Vaccine Protocol on the day you receive the vaccine (see page 115) and then continue with the MMS protocol that you were on. Generally, MMS can overcome the negative effects of most or all vaccines.

➤ **Pressure from Family and Friends:** Family and friends can discourage one from doing the protocols by being negative about what is being taken as well as doubting it will even work. This outside influence can often cause one to decide to stop taking MMS either entirely or from doing the protocols correctly.

➤ **Environmental Poisons:** There are hundreds if not thousands of sources of poisons in our surroundings that all of us come in contact with regularly. If one is trying to “restore health” and is constantly in contact with toxins, the body's immune system can be occupied with trying to eliminate these toxins and healing can be slowed down or stopped altogether. In this case, one may have to remove himself from the toxic situation before full healing takes place.

➤ **Fungi:** There are several fungi that are unaffected by MMS. They affect mostly the outside of the body, but one or two of them can enter the mouth and digestive system. MMS is not effective against them. You can distinguish them from other sores and fungi by the fact that when MMS is applied, it not only stings and burns badly, but it

also makes them worse. However, Aztec Clay, commercially called Bentonite Clay, or Montmorillonite Clay, usually will kill all the fungi that MMS will not. (See page 98).

➤ **Re-infection:** Just because a person has completely “restored health”, does not mean that they cannot re-infect themselves again. If one continues a lifestyle or habits that caused the disease to begin with, or is continually exposed to a certain disease or toxin again after they have had their “health restored”, then re-infection can occur. Consider a lifestyle change and then repeat the protocol.

➤ **Self-deception:** People can deceive themselves into thinking they are well when in fact they are still sick. Many disease conditions do not present symptoms. One must accept reality and take personal responsibility for his health and continue with the protocols until all symptoms are gone no matter how long it takes.

➤ **High Tension Wires and Microwaves:** It has long been thought that those living close to high tension wires and microwave towers have a much higher incidence of cancer and disease than those who do not. At least the wires and towers are suspect. Alternative medicine practitioners often advise sick people to move away from locations near such wires and towers. I have been told by a few people that they did feel better after moving. So if one finds that he still feels bad after doing a protocol and yet is in close range of these things, this is something to consider. Even simple changes can help, such as using wired internet instead of WiFi in the home, and using cell phones set so they work on speakerphone instead of held up to the ear.

➤ **Chlorine and Fluoride:** These two poisons are in many public water systems around the world. In locations where they haven’t been allowed to dump the industrial

waste called fluoride into the water, they have been able to use chlorine. Both are poisonous and both are carcinogenic (cancer causing). At the very least, following an MMS protocol using water containing fluoride or chlorine can slow down the recovery process. Please consider using reverse osmosis water, distilled water, or bottled water that does not have either one of these poisons added or used in any way.

➤ **Oral Pathology:** A substantial impediment to complete healing is oftentimes oral pathology. Deadly anaerobic bacteria routinely exist in root canals, under crowns, and even in previous extraction sites (causing decay of the jawbone called cavitations). Most of these bacteria cannot be reached by the immune system and can cause low grade infections that persist for years, eventually causing heart conditions, auto-immune diseases, arthritis and more. Many times the oral pathology causing various problems in the body can be overcome by the proper brushing with MMS1 and DMSO (see pages 48-50), however in rare cases this is not always possible and in this case consulting with a high level biological dentist may be necessary to help MMS1 completely restore health.



# Chapter 7

## Supporting Protocols

### MMS1/DMSO Patch Protocol

#### Overview

The MMS patch is another way to use MMS1 and DMSO topically. This is not the same as Protocol 3000 per se, but it is a variation of how to use MMS1/DMSO externally in an effective way to heal all types of skin issues. We have had success with many types of tumors, cancer tumors, and infections such as MRSA, diabetic ulcers, and other skin diseases. It has brought relief to pain areas especially when cancer is present.

#### Basics

While Protocol 3000 is one way to absorb chlorine dioxide into the body, through the skin, the patch is designed to target a specific area of the skin.

#### Instructions for MMS Patch

##### Step 1.

- Activate 10 drops of MMS with 10 drops of 50% citric acid or 4% HCl. Count 30 seconds for activation.
  
- Immediately add 10 drops of purified water.

- ❑ Then add 10 drops of 90-99% DMSO.

### **Step 2.**

- ❑ Submerge a cotton gauze pad in the solution until all the liquid is absorbed into the gauze pad.
- ❑ Cover the area to be treated and leave for 15 minutes. (It is best to hold it in place as taping the soaked gauze pad down could have a reaction with the DMSO.)

### **Step 3.**

- ❑ Remove the patch, which will be white due to the absorption of the liquid into the body.

### **Notes:**

- *If the above steps cause any burning or irritation to the skin, add a teaspoon more of water to the patch. If one teaspoon of water doesn't stop the burning on the next patch, add another teaspoon of water, and keep adding more until there is no burning or irritation.*
- *Depending on the size of the area to be covered, this formula can be doubled or tripled, or cut in half accordingly. Apply once or twice a day.*

## **Eyes, Ears, and Nose Protocol**

### **Overview**

Treating your eyes, ears, and nose with MMS can cause them to heal when nothing else will. MMS is very gentle on these delicate parts of the body. Follow the directions given below.

## Basics

We never recommend using tap water for your MMS doses. Especially for the eyes, ears and nose, you want to be sure not to use tap water from your faucet to make up your mixture as almost all tap water in the USA, and many other countries, has fluoride and often chlorine as well. Do not allow these poisons in your eyes, ears or nose. Distilled water, if available, is the best choice for the Eyes, Ears and Nose Protocol, and secondly purified water avoid tap water altogether.

## Eyes

### The MMS1 formula for eyes is as follows:

- ❑ Activate 1 drop of MMS with 1 drop of 4% HCl, or 50% citric acid. Be sure you have waited the correct amount of time (30 seconds) and that the MMS liquid has turned amber in color.
- ❑ Add 4 ounces of distilled or purified water to the 1 activated drop.
- ❑ This is the basic formula for the eyes—1 activated drop to 4 ounces of purified water.
- ❑ This mixture lasts about 1 week if it is in a bottle with a tight lid and kept in a cool dark place, (in particularly hot weather you might want to keep it in the refrigerator), so be sure to make up a fresh batch each week if needed. This is likely to be more than enough for eye drops or spray for a one week period for one person. The actual formula for the eyes should be a 1/4 activated drop to 1 ounce of distilled water. However, because it is not possible to calculate 1/4th of a

drop on its own, we suggest mixing up your eye solution in this way.

**Note:** *In times past, I have used an eye formula of 1 activated drop of MMS to 1 ounce of distilled water, and sometimes 1/2 drop of MMS to 1 ounce of distilled water. Both of these can work for some body types—but overall the formula above has proven effective and safest. A good rule of thumb is if the eye drops sting or burn more than just a few seconds, or to an uncomfortable degree, then it would be best to dilute your solution with distilled water. If you have test strips and can test your formula, the parts per million for an MMS eye solution should read between 8 and 10 pm*

## **MMS1 Eye Procedure**

**There are two methods of applying the MMS1 mixture to eyes:**

### **1. Spray bottle for eyes:**

- Add your 1 activated drop to 4 ounces of distilled water and put into a clean spray bottle.
  
- For the very best healing action, flush your eye or both eyes with this mixture. With your head tilted slightly back, eyes wide open and looking up towards the ceiling, spray each eye 4 to 8 times per application. Try to keep your eyes open when spraying, and then blink several times to aid the flushing. It may burn just a tiny bit at first, but if your mixture is correct, this will pass quickly.
  
- Do this 3 to 4 times a day for best results.

## 2. Dropper bottle for eyes:

- ❑ The same mixture (1 activated drop of MMS to 4 ounces of water), can be added to a dropper bottle.
- ❑ Put 3 or 4 drops into each eye while blinking to spread it around.
- ❑ Do this 3 or 4 times a day.

### Notes:

- *For most eye problems, healing takes 1 to 4 days with rare cases taking up to a week.*
- *Use the same mixture and procedure for children.*

## Ears

### The MMS1 formula for ears is as follows:

- ❑ Activate 1 drop of MMS with 1 drop of 4% HCl, or 50% citric acid. Be sure you have waited the correct amount of time (30 seconds) and that the MMS1 liquid has turned amber in color.
- ❑ Add 1 ounce of distilled or purified water to the 1 activated drop.
- ❑ This is the basic formula for ears—1 activated drop to 1 ounce of purified water.
- ❑ The ear mixture lasts about 1 week in a bottle with a tight lid and in the refrigerator, so be sure to make up a fresh batch each week if needed.

## **MMS1 Ear Procedure**

- ❑ Use the formula above, 1 activated drop to 1 ounce of water. For adults, fill 1/2 of a standard size eye dropper with this solution. This is about 18 drops. Use half as many drops for a child.
  
- ❑ Have the person lay on his side with his head in line with his body. If lying on a bed, you will need to use a pillow, the head should be level with the body, not up higher or lower than the neck and shoulders.
  
- ❑ Slowly and carefully insert the eye dropper into the ear, and then gently squeeze the bulb 5 or 6 times allowing the liquid from the dropper to go in and out of the ear each time. This should be enough to get the liquid to the bottom of the ear. The goal is to get the liquid to the bottom of the ear. (Rinse the eye dropper a few times with purified water, by squeezing the bulb to get the water in and out before putting it back in your bottle.)
  
- ❑ Normally, especially with children, (because children often heal quicker than adults) this procedure will eliminate most pain immediately, but if not, continue with this procedure hourly until the pain is gone.
  
- ❑ The pain may subside, but you must continue with this process 2 to 3 times a day until completely well (free of any infection), which should be from one day to no more than a week.

## Nose

### **The MMS1 formula for the nose is the same as for ears:**

- ❑ Activate 1 drop of MMS with 1 drop of 4% HCl, or 50% citric acid. Be sure you have waited the correct amount of time (30 seconds) and that the MMS liquid has turned amber in color.
- ❑ Add 1 ounce of distilled or purified water to the 1 activated drop.
- ❑ This is the basic formula for the nose—1 activated drop to 1 ounce of purified water.
- ❑ The nose mixture lasts about 1 week, so be sure to make up a fresh batch each week if needed.

### **MMS1 Nose Procedure**

The following procedure is effective when a person's nose is stuffed up, and/or when he has a cold. In addition, this same method will usually work when someone has ongoing sinus troubles and a continuously stuffy nose for weeks or even years. This same technique can be used in addition to Protocol 1000 while overcoming the flu.

- ❑ Use the above formula—1 activated drop of MMS to 1 ounce of water.
- ❑ Lay flat on your back on a bed. Do not put your head on a pillow.
- ❑ Put 4 to 8 drops of this solution into one nostril. It will burn a bit as the nose will burn even with plain water, but MMS1 will not do any damage.

The idea is to allow some of the MMS1 to drain into your sinuses, and stay there for approximately 5 minutes.

- ❑ Repeat the above step for the other nostril.
  
- ❑ Do this 3 times a day until you are well which should not be more than 4 days in most cases. In the event you are not well in 4 days, continue until you are well.

## Bath and Footbath Protocol

### Overview

Bathing in MMS1 is one more method of getting MMS1 (chlorine dioxide/CIO<sub>2</sub>) into the body, albeit by a different route, so it can reach other areas and get deeper into tissues.

### Instructions for MMS1 Baths

#### Full Bath

- ❑ Activate 20-60 MMS drops (start out with 20 and work up to 60). After it has turned amber color, add it to the tub which has 6-12 inches (15-30 cm) of water. **Do not use water with chlorine in it.** Try to test and see if your tap water has chlorine in it; if it does, use purified water. Use very warm water, as warm as you can comfortably stand.
  
- ❑ Begin by using 20 drops, the next time use 40 and then 60. Use this treatment 1-3 times a day and generally not more than 60 drops each time. On the second or third day begin to add DMSO in

drops to the MMS solution. (Be sure that your tub is clean and free of any residue from soap, etc.) At first use 1/2 as many drops as activated MMS drops, and then each time you do a bath increase the drops of DMSO until you are using 3 drops for each drop of activated MMS. It is not necessary to use any more drops of DMSO.

- Stay in the water for about 20 minutes.
  
- Baths can be very important and if you notice feeling better do not stop taking MMS1 baths until you are sure there is nothing more to be gained.

### **Foot Bath**

- Use ankle high water in a small plastic tub.
  
- Follow the same directions given above for the full bath with the same amount of MMS1 and DMSO drops.

### **Variation:**

#### **MMS2 Baths**

- Make up your bath or foot bath water as per the directions above.
  
- For a full bath use 2 rounded teaspoons (12 ml) of MMS2 (calcium hypochlorite) the first time. If the skin does OK, you can cautiously increase up to 6 rounded teaspoons (36 ml) per bath.
  
- For a foot bath start out with 1 rounded teaspoon (6 ml), and work up to 3 rounded teaspoons (18 ml).

**Note:** *Skin types vary widely from person to person. If you notice any irritation or burning of the skin immediately get out of the water and rinse off.*

## Enema Protocol

### Overview

Enemas have been used for thousands of years in many cultures to clean the body, alleviate fevers, and heal from illness. It was a commonly used tool of doctors until recent times. It can also be an effective delivery system for MMS1, especially when one has reached the maximum tolerable oral dose.

Using an enema is often very important to the recovery of health. The enema delivers chlorine dioxide to the liver and to the bloodstream, as well as neutralizing toxins and killing parasites in the bowel. In addition, adding MMS1 in the enema kills pathogens in the colon and much of the MMS1 is absorbed through the colon walls into the blood plasma. In many cases the enema will give the colon a much needed cleaning.

### Instructions for Enema Protocol

#### Notes:

➤ *Whether you are using enemas on their own for various problems, such as bladder difficulties, or whether you are on other protocols at the same time, 5 drops of activated MMS in the enema bag would be a good amount to start with. Increase the drops in each enema until you reach 30 drops. If at any time you feel discomfort or that the solution is too strong, cut the drops in half and work up again slowly from there to what you are comfortable with.*

- *Using citric acid as the activator acid can tend to burn if one goes up very high with their drops, especially past 20 drops. For enemas, HCl (hydrochloric acid) is the preferred activator acid to use.*
- *If you see improvement after doing 4 or 5 enemas, keep doing enemas until there is no further indication of improvement. But if there is no improvement after 4 or 5 enemas, do not continue with them. As I said, enemas can be a very important part of recovery, however, I do not suggest prolonged use of enemas as they can be hard on the body; therefore I suggest minimal use of them.*
- *Do not use a stainless steel enema bag. Some people consider these the very best, however, stainless steel will not react well with MMS.*

**Caution: Never use DMSO in an enema!!** Why? The colon contains many toxins the body is flushing out. If you put DMSO in the colon, you can return some of those toxins back into the blood stream.

### **Step 1.**

- ❑ Select the number of drops you want to use and put an equal number of MMS and 50% citric acid or 4% HCl solution in a dry, clean container, and wait for it to turn amber color (30 seconds).
- ❑ Add the amount of warm water that you plan to use and fill your enema bag. Normally 2 to 4 cups/250 ml to 1000 ml (up to one quart/liter) is enough water. Often a small amount, (around 2 cups/250 ml) of water is effective.
- ❑ Try to hold it in for 5-10 minutes if you can. If you cannot hold it, that is not a problem. Try

holding a smaller amount, it's sometimes easier, then repeat.

- ❑ If you start with a 5-drop solution, do that once or twice and then do a 10-drop solution, and so on.
- ❑ You can go as high as 20-30 drops **if you work up to it**, but do not continue if it causes problems.
- ❑ Use this procedure 2-3 times a day, until you are feeling better.

**Exception:** If you are on other protocols and fighting a life-threatening disease, you can increase the drops in the enema accordingly. For example, if you are one of those people who is tolerating a larger amount of MMS1—say you are taking 9 to 12 drops or more an hour in your oral dose—then you may be able to increase the amount of MMS1 you put in your enema bag, but do not go beyond 60 drops per enema in any case. Remember, this is the exception, not the rule—listen to your body.

Good results have been obtained with prostate and bladder problems, and of course, many other problems.

## Douche Protocol

### Overview

This Protocol is recommended for vaginal problems, bad infections, as well as cancer and most other diseases of the female reproductive organs (ovaries, uterus, and breast). In the case of breast cancer, the cervix absorbs the MMS1 and carries it to the lymphatic system and into the breast. MMS1 in the douche will kill pathogens in the area allowing the body to create health there. Overall,

douches are only necessary when something needs to be corrected.

### **Instructions for MMS1 Douche**

- ❑ You will need a 2 cup/500 ml douche bag. You can use a larger douche bag, but is not necessary to use more than 2 cups/500 ml of water.
- ❑ Prepare your solution. Start out with 5 drops of MMS1 to the 2 cups/500 ml of purified water (or distilled or reverse osmosis water).
- ❑ When doing the douche let water flow in until it starts to run out again, then close the flow. (The tube with your douche bag usually comes with a switch for opening and closing the water flow.)
- ❑ Squeeze muscles to hold it in as long as possible, and then release. Repeat this process until the bag is empty.
- ❑ If you have no adverse reactions, then increase the amount of drops of MMS1 for the next douche.
- ❑ The next time add 10 activated drops to the water you pour into the douche bag, and keep increasing up to 30 drops as long as there is no pain or problem, but stop at no more than 30 drops. Increase to this amount slowly.
- ❑ Your douche can be more effective with the use of DMSO, which can help the MMS1 penetrate deeper into the tissues. Add 2 drops of DMSO to every 1 drop of MMS1 you are using in your bag.

**Caution! Important Note:** If adding DMSO to a douche is it important that you have a douche

bag that is not made from rubber or latex. There are various kinds of douche containers available, if you want to add DMSO use one that is made of plastic (including the hose), not of rubber, as the rubber may leach into the body along with DMSO.

❑ If you experience any burning sensation, use less MMS1 (and DMSO if you are adding it) the next time. After two days, try to go up again. Usually extra water is all that is needed to overcome burning. You can also smear Aloe Vera gel on the area to relieve the burning.

❑ In case of cancer or bad infections you can douche 4 to 5 times a day, (work up to this). If this amount is not bringing improvements, and you are not experiencing problems with the douche itself, you can work up to douching every hour for up to 10 hours a day.

❑ In the case of lesser problems, douche 1 to 4 times a day, depending on the severity of the problem.

❑ Do your last douche of the day, before bedtime for absorption and detoxing as you sleep.

## **MMS Bag Treatment Protocol**

### **Overview**

This process gets full strength MMS1 gas (chlorine dioxide) to the skin and possibly into the bloodstream, which is another way of getting MMS into and on the body, helping to overcome pathogens, poisons and heavy metals. This gassing process is more intense than using a spray bottle.

**Important Note:** *Avoid breathing in too much of the gas. Controlled skin contact of MMS1 is ok, but your lungs can not tolerate much MMS1 gas. Open a window in the room while you are doing this.*

## **Instructions for MMS1 Bag Treatment**

- ❑ Take two large black garbage bags and make one bag out of them. Lay them on a table, or on the floor, join them together at the opening of each bag. At this junction tape them all the way around with wide scotch tape so that the mouth of each bag is taped to the other, making one long bag. (You might start by using small pieces of tape to hold them together, and then tape them all the way around with wide tape, taping first one side and then the other.)
- ❑ Cut one end of the bag open, and then check to see that it is not stuck together in the center where you taped the two bags together.
- ❑ Undress completely, or use as little clothing as possible.
- ❑ Open the bag and step into it. At this point it helps to have a chair handy, so you can sit down. With your feet in the bag, pull it up to about waist high, then sit down on the chair and prepare your drops. Put 20 drops of MMS and 20 drops of 50% citric acid or 4% HCl in a cup, and immediately (don't wait to count 30 seconds) set it inside the bag so that it rests on the floor near your feet, be careful not to let it spill.
- ❑ Carefully stand up and pull the bag up around your shoulders and neck, wrapping and folding the plastic so that no gas escapes.

- ❑ Do not put your head inside the bag or breathe any of the fumes.
  
- ❑ Stay in the bag 5 to 10 minutes, but no longer. If you feel any burning sensation on your skin, get out of the bag immediately, even if the 5 minutes has not passed.
  
- ❑ Do this twice a day. On the second day use 30 drops, and on the third day use 40 activated drops. Keep it up for a few days until you can determine if it is helping or not. If you notice improvement, keep it up as long as it is helping.
  
- ❑ Use this treatment for skin problems, or to simply get more MMS into your body. If it is helping, remember, keep it up!

**Note:** *You cannot use CDS or CDH for this protocol.*

## Fungi Protocol

### Overview

There are several fungi that MMS1 will not kill. One indicator that MMS1 will not be helpful is when sprayed on the fungi it will become painful and start to sting and burn badly. If the fungus is in the mouth when MMS1 is applied, the mouth will sting and burn. (Rinse your mouth out with cool water.) In this case, the MMS1 will actually make the condition worse and it's best to try another course of action, such as given below.

## **Instructions for Treating Fungus That Will Not Respond to MMS1**

When fungus is not responding to MMS1, I have found that Aztec clay, (sometimes known as Bentonite clay, or Montmorillonite clay) can be very effective.

### **Instructions for Fungus outside the body**

#### **Step 1.**

- Mix well equal parts of Aztec clay with Vaseline Petroleum Jelly. Alternatives to Petroleum Jelly are coconut oil or olive oil, or another good quality carrier oil. Make the mixture fairly stiff so that it will adhere well to the fungus area.

#### **Step 2.**

- Smear this salve on the fungus and cover with a cloth bandage.
- If the fungus is on your feet, smear the clay mixture on the feet, put on clean socks and put your shoes on.

#### **Step 3.**

- Every four hours, wash the area and then apply more of the mixture until the fungus is gone.

### **Instructions for Fungus inside the mouth or in the digestive tract:**

#### **Step 1.**

- When the fungus is inside the mouth or in the digestive tract or both, mix 1 rounded teaspoon

of clay in 1/4 to 1/2 cup of water and drink it down every two hours for eight hours a day until the fungus is gone. Always start slow with 1/2 teaspoon the first two or three doses and work up to the 1 rounded teaspoon. (Swish it around in the mouth a few times before swallowing.)

❑ This can take up to three weeks to clear the problem, but often it takes only two or three days.

### **Important Notes:**

- *When taking clay internally, be sure your bowels are moving so you can eliminate the toxins which the clay is pulling out. In the case of constipation, I have found the herb, Senna, to be one of the best helps. It is natural and it exercises the colon. It can be found in tablet form (sold as a laxative) in health food stores and in some countries in pharmacies. Start out with the recommended dose and increase the number of tablets every four hours until you have success.*
  
- *There are various brands of Petroleum Jelly on the market. I recommend the "Vaseline" brand for mixing with clay to make a salve. Vaseline has the unique ability to wet and penetrate and remain in place on the skin for hours longer than most oils. Sometimes coconut oil, olive oil and other oils can be used to carry various medicinal substances to the skin and hold them there. However, nothing matches the ability of Vaseline to hold healing medicines in contact with the skin for hours while at the same time act as a healing agent itself. Use the various other oils only if you cannot obtain Vaseline.*

# The Lung Protocol (The Cup)

## Overview

It is important to note that this protocol must be followed explicitly. Chlorine dioxide gas by itself, as its used in this procedure, is the strongest way we ingest it. Therefore I cannot stress enough the need to **closely heed the instructions** or it can otherwise be dangerous. Likewise, if you will **carefully follow the instructions** it can also breathe new life into your lungs.

If you follow these instructions to the letter there is no danger, but people often get too enthusiastic and do too much and then they can suffer. I hesitate to tell the world about this protocol, not because of what I tell you here, but because enthusiastic people sometimes overdo it because they want to get well too fast. Some may take what I say here and carry it too far. So **go slow and do not overdo it**. In this case more is definitely not better.

## Lung Problems

I can give you many names of diseases for lungs: Asthma, COPD, Cystic Fibrosis, Bacterial Pneumonia, Emphysema, and Pulmonary Embolism, and mild to serious respiratory diseases of all kinds, such as the common cold, Croup, and Lung Cancer. Most diseases of the lungs cause symptoms you can feel, and many of them will make you cough. Coughing generally is not caused by a tickling in the throat but mainly because the body is trying to cough up mucus that tends to block the breathing tubes. Mucus can also hide various diseases. Getting rid of mucus in the lungs can be the main process of curing the lungs. This protocol, which I like to call "The Cup" is for that purpose. In addition to getting rid of mucus, the chlorine dioxide gas released from the activated MMS can

kill disease pathogens in the lungs which are not hiding in mucus.

## **What to Look For**

Probably the most important thing to look for and to keep in mind while doing this process is that MMS is supposed to make you feel better, not worse. If you are feeling worse, something is wrong, and you should back off and do less MMS, or stop altogether for a time. Just go slowly until you are feeling better.

## **How to Help Your Lungs with MMS Gas (using the cup)**

### **Step 1.**

- ❑ Use a clean, dry cup or glass that holds 8 ounces of liquid. (A glass that is about 3 inches in diameter at the top is ideal.) Absolutely do not use a metal cup as it will react negatively with the mixture.
  
- ❑ Activate 2 drops of MMS with 2 drops of 50% citric acid or 4% HCl acid. Immediately hold your hand across the mouth of the cup, completely covering it, and count 10 seconds. (While counting, swirl the drops in the cup slightly to mix them well.)

### **Step 2.**

- ❑ After 10 seconds, bring the cup up to your nose slowly and then remove your hand. Putting your nose right over the brim of the cup, breathe in **slowly** until you feel a "bite" (a stinging or smarting sensation) at the end of your nose. Once

you feel a bite, stop immediately. Do this only one time, breathing through the nose.

### Step 3.

- ❑ Then put your hand over the mouth of the cup again for another 10 seconds.
- ❑ After the second 10-second count, bring the cup up to your mouth, remove your hand from the cup and breathe in **slowly** through your mouth from the mouth of the cup until you feel a “bite” down in your lungs, then stop.

That’s it for this session.

**Important Note:** *When breathing through the nose and through the mouth—again, breathe slowly. You want to be especially careful to only breathe deep enough to begin to feel that bite—the key is to get to that point, but no more. The onset of the bite is the signal to stop.*

**Recap:** Following the instructions above, with 2 activated drops of MMS in your 8-oz cup/glass, **slowly** breathe in the gas from these drops twice—that is, count to ten then breathe once through the nose, count to ten a second time, then breathe once through your mouth. Only breathe in until you begin to feel a bite (a stinging or smarting sensation). After these two times, discard the drops in your cup.

### Step 4.

- ❑ After 8-10 hours or so, repeat Steps 1-3 as outlined above. **Do this procedure only two times a day**, once in the morning and once in the evening.

## Important Points:

**1. While treating the lungs with the cup procedure:** If you have a serious lung condition, you should also be doing the MMS protocols. Normally you would begin with the Starting Procedure and work on up to Protocol 1000, and proceed to Protocol 2000 if needed (according to the Health Recovery Plan as outlined in this book). **Remember, go slowly.**

**2. Follow all the instructions:** The timing of this procedure and the size of the cup or glass you use is extremely important. The cup should be at least 8 ounces, a little over this capacity is OK, but get it as close to 8 ounces as possible. This is the preferred size to be able to create enough gas inside the cup. The 10-second count is also very important, as if you wait much longer the amount of gas to be inhaled will be stronger, and may be too much to take at once. As I mentioned above, **please follow these directions explicitly.**

**3. Coughing:** You can have a coughing fit anywhere from immediately after breathing the cup up to several hours or even a day after doing this procedure. This is normal, as the gas is working on breaking up mucus and it needs to be expelled. The gas will loosen some of the mucus that forms in your lungs that can hold pathogens. This mucus will then run down and slowly come out. Your body will cough the mucus up and you will be able to spit it out.

In the case of a coughing spell that won't stop, you may need to loosen some more of the mucus that is holding on too tight (stuck to the sides of the breathing tubes). In this particular case, you might feel a little worse due to the coughing, however, it's possible that taking one more **short** breath of MMS may help

overcome this condition of the mucus holding on too tight. So you can mix up another dose to inhale, but this time only activate 1 drop—no more—and then hold your hand over the cup and follow the process explained above. **Remember, this extra dose to inhale should be no more than 1 activated drop** and it is meant to help you determine if the MMS1 (chlorine dioxide) gas will knock the stubborn mucus loose. **Again, use just 1 activated drop instead of 2—no more.** After trying this extra third dose to inhale, wait until the coughing spells have stopped completely before continuing with more “cup” procedures.

With this particular procedure, when you are awake, you will usually cough up the mucus that has been freed from the lungs or breathing tubes, but when you sleep the mucus often drains down into your stomach, and that is not bad. Your body will treat it with your own stomach acid and process it through your system, and it will not hurt you.

**Note:** *If the coughing spells mentioned above (which can occur after breathing the cup) last longer than a 2-hour period, this is an indication you need to reduce the drops in the cup to 1 drop rather than 2 drops.*

**4. Catching a cold:** It is possible to catch a cold while doing this protocol. This is because mucus drains from the lungs, and on rare occasions it can release cold germs that were protected by the mucus. If you catch a cold, simply continue with the process and it should go away in a day or two providing you are also taking MMS1 or MMS2 orally as per Protocol 1000 or 2000 according to your need.

**5. Go slowly:** The lung process is something you easily can overdo. But remember, one of my golden

rules: As long as you are getting better, don't change what you are doing. If your condition seems to get worse, stop or do smaller amounts of MMS. Keep it up until your lungs are healthy. Remember, go easy.

# Chapter 8

## Final Step of the Health Recovery Plan

There is one more step in the overall Health Recovery Plan, which is the Indian Herb Protocol however, before you go on to this final step please carefully consider, once again, the list of possible reasons why you may not be having complete success with MMS thus far. (See pages 75-81.)

### Indian Herb

This protocol might be a very important part of one's health recovery. There are some cases where it seems that MMS is not helping a tumor to shrink. This might be temporary, but maybe not. Only after using Protocols 1000, 1000 Plus, 2000, 3000, DMSO, enemas, baths, the bag treatment, the patch on tumors outside the body, and the various Supporting Protocols described in this book, as they apply. If sufficient progress is not seen, only then is it time to consider taking the Indian Herb.

#### Overview

Indian Herb has helped hundreds of thousands of people over the past 80 years. This herbal blend may cause pain and itching and thus we prefer MMS; however, there are people alive today who would not otherwise be

here had they not used Indian Herb. Many people have used pain relievers in order to withstand the pain of the herb, but many did not.

## **Instructions for Indian Herb**

### **Step 1.**

- Do not stop taking MMS1; continue with all the various things you have added on to your protocol, MMS1, MMS2, DMSO, enemas, baths, etc. In other words continue with everything you have already been using.

### **Step 2.**

- Include the Indian Herb as part of what you are already doing. (You can order it at: <http://www.lifelinewater.com/herb.html> from Kathleen at that site.)

### **Step 3.**

- Follow the instructions sent with the Indian Herb. You could use as much as double the amount that is given in the instructions, and as strong as full strength Indian Herb, but do not use this strength right off, as it will probably do the job without the extra strength which means you also avoid the extra pain.
- The instructions suggest that you dilute it with 4 parts Vaseline to 1 part Indian Herb, but in some tough heavy cases if the Indian Herb is not doing the job when mixed with Vaseline, you may have to use the Indian Herb full strength. But only after you have tried the 4-to-1 mixture or even a 2-to-1

mixture, then you could go to the full strength mixture.

#### **Step 4.**

□ For cancer inside the body one should take the Indian Herb orally. We generally use a #1 size gel capsule filled 1/2 full, but to start, only fill to 1/4th of a #1 size gel capsule and take twice a day. Follow the instructions that come with the Indian Herb but please observe the comments above. When taking Indian herb orally, space it out from your MMS doses by two hours.

### **Black Salve by Adrian Jones**

The Black Salve sold by Adrian Jones, in Australia, is similar to the Indian Herb mentioned above—almost the same instructions apply. The main ingredient in this salve is the same as Indian Herb, and that is zinc chloride. The other ingredients are very strong herbs and only two of the four herbs are different from the Indian Herb formula. If you obtain Black Salve from Adrian, be sure to follow his instructions to the letter. If for some reason you did not have Adrian's instruction sheets it would be acceptable to follow the Indian Herb instructions and vice versa.

There are other somewhat similar salve formulas available, but these two, the Indian Herb, and Black Salve, are the two formulas that I am familiar with. I have used the Indian Herb extensively to overcome cancers. The Indian Herb has been sold by Kathleen in Texas, and her father before her, for over 70 years. She has received hundreds of letters telling of success against cancers and other tumors. The Black Salve by Adrian Jones has had much similar success.

Contact Adrian at

<http://www.adrianjonesnaturopath.com/products.htm>

for books and products.

# Chapter 9

## Additional Protocols

### Protocol 6 and 6

#### Overview

Protocol 6 and 6 is something that can be used on its own—separate from all the other protocols. This protocol consists of taking a 6-drop dose of MMS1 and waiting one hour and then taking another 6-drop dose of MMS1. The purpose of this protocol is to handle many acute things that seem to pop up from time to time such as colds coming on, headaches, fevers, a touch of food poisoning, or any kind of sickness that seems to be just starting, or immediately after being exposed to a bad disease, or germs. It also has been proven successful with chronic pains, even those that have persisted for many months or years. It should be used immediately after any kind of an accident, the sooner the better even at the scene of the accident. Protocol 6 and 6 has proven successful in a wide range of situations, therefore we suggest you keep your MMS and acid activator handy at all times, so you can mix up a MMS1 dose whenever needed.

#### Instructions for Protocol 6 and 6

##### Step 1.

- Prepare a 6-drop dose as per the instructions in **Activating MMS and Mixing a Basic Dose**

**of MMS1** (page 25). (Be sure your drops turn amber color.)

- Add 1/2 cup (4 ounces/120 ml) of water or approved juice as per the instructions on pages 28-31.
  
- Drink down the 6-drop dose.

### **Step 2.**

- In one hour prepare another 6-drop dose and drink it down.
  
- The following hour, after taking your second 6-drop dose, if you are feeling OK, then that's it.

### **Step 3.**

- If you are not feeling OK by the end of the second hour, it is time to get started on **Protocol 1000**—however, begin with the **Starting Procedure**. From the time you took your last 6-drop dose (of the 6 and 6 Protocol), start with 1/4 drop doses each hour for the rest of the day. The next day go right into the second day of the **Starting Procedure**, which is 1/2 drop doses every hour for 8 hours. When finished with the Starting Procedure, proceed from there on into **Protocol 1000**. See page 53 for the details of the Starting Procedure.

## **Protocol 4000**

This protocol entails using MMS2 (calcium hypochlorite) on its own, that is, without using MMS1 drops at the same time. Protocol 4000 is not used in the line-up of the HRP (Health Recovery Plan) as the next step after Protocol

3000, which one might think its name implies. It was originally meant to be used mostly in emergencies when sodium chlorite (MMS) is not available. However, we have been receiving testimonies from more and more people who are using Protocol 4000 alone for various ailments with success.

## Overview

Protocol 4000 is basically taking 5 capsules of MMS2 a day.

## Instructions for Protocol 4000

### Step 1.

- ❑ Make up your MMS2 capsules and follow the procedures on how to increase your doses as per the instructions in Protocol 2000 (see pages 65-67). The first day you will have taken a total of 5 capsules of MMS2—2 capsules of the lower dose, 2 capsules of the medium dose, and 1 capsule of the maximum dose. (See also **MMS2—Details**, pages 182-185).
  
- ❑ Once you have reached the maximum size dose, continue taking 5 capsules of MMS2 a day. Space out each dose by two hours.
  
- ❑ Do this for 21 days or until well.

### Notes:

➤ *Remember, in case of nausea or diarrhea reduce the amount of calcium hypochlorite in each capsule by 50%. When these symptoms subside, slowly increase the amount to the suggested doses given above.*

➤ ***Never take an MMS2 capsule and a dose containing DMSO at the same time!*** For a full explanation see page 18-19.

**Maintenance for MMS2 capsules:** Take one capsule of the maximum dose given above in the morning or in the evening every day for maintenance.

## **Sacramental Vaccine Procedure (Overcoming the Poisons of Vaccines)**

To the best of my knowledge, based on 18 years of working with MMS, I believe that MMS will neutralize vaccines when the process described below is followed. From all the thousands of people who have used MMS there is ample evidence that MMS removes poisons, toxins and kills pathogens that cause disease. We know that vaccines contain these very things. Therefore it stands to reason MMS would be effective in neutralizing the negative effects of vaccines. It is our belief from the evidence we currently have that MMS will eliminate the poisonous effects of vaccinations.

### **Overview**

Many people are concerned about vaccines, and a growing number of parents do not want their children to be subjected to them. Based on this information and the fact that others have written telling us they have been ordered to get a vaccination; we are compelled to present the following Sacramental Vaccine Procedure. We have included the MMS1/DMSO Patch Protocol, which we have found to be very effective in canceling skin poisons and toxins.

Those of you in the US, and other countries where possible, may want to investigate how to claim *religious ex-*

*emption* from vaccines. However, if you are in a position where you have no choice but to take a vaccination, we suggest the following:

## **Dosing for Adults for the Vaccine Procedure**

**1. Two weeks before a vaccination** do the Starting Procedure, followed by Protocol 1000.

**Note:** *In this case I suggest these protocols be followed using MMS1 drops mixed fresh hourly, not with other forms of MMS.*

**2. The day of the vaccine:** Take 6 drops of MMS1 (activated MMS) every 2 hours, (for a total of 4 times) during an 8 hour period. Begin this dosing 1-2 hours before you get the vaccine.

**3. Immediately after the vaccination** is injected (preferably when you get back to your car, or the moment you get home), do the “MMS Patch Protocol” (see page 83). The MMS1/DMSO Patch will help neutralize the toxins in the vaccine.

**4.** Apply this patch 2 more times on vaccination day, at 3 hour intervals, for a total of 3 times.

**5. Next day after vaccination,** continue with Protocol 1000 for 1 week to make sure all toxins are eliminated from the body.

**6.** The Patch Protocol should also be continued 2-3 times daily for one week following the day of the vaccination. This is simultaneous with doing Protocol 1000.

**SPECIAL NOTES:**

- **Protocol 1000 is defined as taking a 3-drop dose of MMS1 every hour for 8 hours a day for 3 weeks or until well.**
- If at any time while taking these doses you begin to feel nausea or diarrhea, lower your intake of MMS1. Cut the amount you are taking in half, then work back up from there when the sick feeling has subsided.
- There may be times when you have no warning before getting a vaccine. Sometimes when traveling, vaccinations can be required to enter various countries. If you do not have warning before getting a vaccination, simply start with Step 2 of the above procedure—"The Day of the Vaccine." In this case, depending upon how your body is reacting, you may want to continue with Protocol 1000 for two weeks after the vaccine, instead of one week.

**How to Adjust the Dosing for the Vaccination Procedure for Children**

For children you would follow the same steps given above; however the amount of MMS1 drops given must be adjusted according to the weight of the child. Here are the guidelines:

**Dosing of MMS1 for Children When Doing Protocol 1000 for the Vaccine Procedure**

Protocol 1000 for an adult is essentially taking a 3-drop dose of MMS1 every hour for 8 consecutive hours. When a child follows Protocol 1000, the amount of MMS1 (activated MMS) that the child should take is determined by body weight. Below is a simple guideline to follow:

| <b>Protocol 1000 for Vaccinations/Children</b>  |   |
|---|---|
| <b>Weight</b>   | <b>MMS1 Dosage</b>  |
| <b>Babies weighing less than 7 lbs</b>  | <b>Start them on 1/4 drop per hour the first day, and then 1/2 drop an hour thereafter.</b> |
| <b>Babies weighing 7-24 lbs (3.2-10 kg)</b>   | <b>Start them on 1/2 drop per hour for the first day, and 3/4 drop per hour thereafter.</b> |
| <b>Above 25 lbs (11 kg), the basic rule of thumb is to give 1 drop of MMS1 (activated MMS) for every additional 25 lbs for a child.</b> |   |
| <b>25-49 lbs (11-22 kg)</b>   | <b>1 drop per hour</b>  |
| <b>50-74 lbs (22-33 kg)</b>   | <b>2 drops per hour</b>   |
| <b>75 lbs (34 kg) and over</b>  | <b>3 drops per hour</b>   |

**Notes:**

- *I have changed the requirements slightly for Protocol 1000 for children on the Vaccine Protocol, because there is normally not enough time to complete the Starting Procedure.*
- *For instructions on how to measure a fraction of a drop, see the Starting Procedure, page 53.*

**Important Note:** *Never exceed the maximum amount per hour for each weight category.*

### **How to Adjust the Dosing for Children for the Day of the Vaccine**

In Step 2 above there are instructions for specific dosing to follow on the day of receiving a vaccine. For children

| Day of Vaccine MMS1 Dosages for Children |                        |
|--|------------------------|
| Weight                                   | MMS1 Dosage            |
| Babies under 7 lbs (3.2 kg)              | 3/4 drop every 2 hours |
| Babies weighing 7-24 lbs (3.2-10 kg)     | 1 drop every 2 hours   |
| 25-49 lbs (11-22 kg)                     | 2 drops every 2 hours  |
| 50-74 lbs (22-33 kg)                     | 4 drops every 2 hours. |
| 75 lbs (34 kg) and over                  | 6 drops every 2 hours. |

you will need to adjust the “day of the vaccine dosing” as follows:

### Important Notes:

- *Dosing on the day of the vaccine should begin 1-2 hours before the vaccine is given and continue every 2 hours for an 8 hour period—4 times in total.*
- **Remember!!**—*If at any time while taking these doses your child begins to experience nausea or diarrhea, lower the intake of MMS1. Cut the amount in half, then work back up from there when the sick feeling has subsided.*

### Adjusting the Patch Protocol for Babies and People with Sensitive Skin:

- ❑ Start with 5 drops of MMS1 (MMS activated), and add 5 drops of DMSO and 10 additional drops of water to dilute the solution. For the very first application do not apply the patch for more than 5 minutes.
- ❑ When the patch is removed take note if there is irritation. If there is no irritation after 5 minutes with the first patch, in 2 hours apply another patch, this time leave it on for 15 minutes. If there is irritation, double the amount of water to

eliminate the irritation on the next application. If there is no skin irritation or burning on the next 15 minute application it is OK to continue with these applications.

❑ If at any time there is skin irritation or burning, then double the additional water beyond what was used on the last application.

❑ A total of 8 patch applications over the 7 days following the vaccination should be enough for babies and people with sensitive skin.

**Note:** *If you live in the USA, you may be able to claim a religious exemption to vaccinations if you hold a sincere belief that use of one or more vaccines violates your spiritual beliefs or your ability to obey your conscience after seeking guidance through prayer or study of scripture. One belief could be that "God does not want His children to penetrate their skin with needles for any reason." Regulations can vary from State to State, and some States are actively trying to do away with such exemptions, so it pays to research, know your rights, and stay up to date on the most recent information in your particular location. See: <http://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>*

## Mosquito-Borne Diseases

### Malaria Protocol

#### Overview

Malaria is one of the simplest diseases to handle with MMS, as it only requires 1 or 2 doses of MMS1 drops. However, unlike treating other ailments with MMS1, for malaria you give 1 initial very strong dose of the activated

drops (MMS1, followed by 1 more strong dose an hour or two later. Under other circumstances, you would not normally give such a strong dose, and if you did, the person would likely be nauseous or possibly vomit unless they worked up to this amount slowly. But, with malaria this very rarely happens, and the large dose seems to knock the malaria parasite out in about four hours, normally without nausea or additional sicknesses.

In my past books, I have suggested using a 15-drop dose of MMS1 to handle malaria. But because the malaria parasite seems to vary widely in its ability to withstand oxidation caused by MMS1 (chlorine dioxide) while in the body, I have found the need to adjust this dosing. There still remains only four strains of malaria that affect humans. However, those four strains vary widely in their strength or weakness from region to region and therefore in their resistance to MMS1 oxidation power.

Normally a single dose of 18 activated drops of MMS will kill most malaria strains in an adult, but unfortunately not always. For some malaria areas in the world it takes up to 30 drops in a single dose to knock out malaria, while in other areas it takes as little as 6 drops to totally kill malaria in an adult. As I said above, **normally an 18-drop dose will handle most malaria, and this is what I suggest for the basic malaria dose.** You wouldn't want to start someone out on a 30-drop dose of MMS if it is not needed, as that could make people extremely sick. So, especially when someone is in a malaria area and attempting to help many cases of malaria he/she must determine the minimum dose needed to kill malaria in their specific region. I will outline how to go about this further along in this section.

## Basics

The female *Anopheles* mosquito is the carrier of the malaria parasite. When someone is bitten by a mosquito carrying malaria, the malaria parasites travel to the liver where they multiply and finally make their way into the blood after seven days or longer. When in the blood they begin to take over and destroy red blood cells. This is the point where the victim becomes sick and feels all the symptoms of malaria. One will not feel any symptoms until the malaria travels out of the liver and into the blood. MMS1 can kill the malaria parasites before they leave the liver, or it can kill the parasites in the blood.

When MMS1 is taken orally it seems to have the best effect against malaria. Only use MMS by injection if the patient absolutely cannot take it orally. **Do not attempt using injections unless you know what you are doing.** Likewise, if you have to use an injection I would suggest using CDS (chlorine dioxide solution) adjusted to pH 7 with MMS (sodium chlorite 22.4% solution in water). Normally, 98% of all malaria is handled with two doses of MMS1 and you don't have to go any further in helping the malaria victim. However, I have added extra instructions below for the situation where larger doses are required, and also for the areas that do not require the large doses of 18 drops.

### **An Ounce of Prevention...**

**For all those living in, or traveling to, a known malaria region, I highly suggest a daily maintenance dose of MMS1 is in order. Prevention is better than illness. (See Page 181 for details on the maintenance dose.)**

The quick test strips are used to determine if a person has malaria and they are considered effective. However, the quick test strips cannot be used to tell if a person is malaria free after being treated by various treatments as malaria antigens will be present for weeks. The antigens are what give a positive reading that may be false.

## **Instructions for Malaria Protocol**

### **Adults**

#### **Step 1.**

- A person should take one 18-drop dose of MMS1 (activated MMS) in 3/4 cup (6 oz or 180 ml) of purified water if possible.

#### **Step 2.**

- Within 1 to 2 hours after the first dose, repeat Step 1 above—that is, take another 18-drop dose of MMS1.

**Note:** Two 18-drop doses will cure 90% of all malaria cases. Actually, usually the first 18-drop dose kills the malaria, but I suggest giving a second 18-drop dose just to make sure the malaria is totally gone. **This is the basic dosing procedure for malaria.**

### **Additional Steps which may be Needed to the Basic Malaria Dose**

➤ If after following the basic dosage for malaria, the first 18-drop dose seems to make the malaria victim sicker, this indicates less MMS1 is needed. The person should drink water until the sickness brought on by the MMS1 dose passes, and he should be alright. If his malaria symptoms have not subsided and he is not feeling better,

then I suggest he take a second dose of MMS1, but with 25% less drops—that would be a 13-drop dose. Even if his symptoms of malaria are gone after his first 18-drop dose, and even though that dose may have made him a little sicker initially, it would be wise to give him one more 13-drop dose, to be sure all the malaria is eradicated.

- If the first two doses do not overcome the malaria within a total of four hours, in other words in four hours if the person is not feeling much better, then give a third dose at the end of four hours. After this third dose, wait two hours. If the malaria symptoms are gone then you can assume everything is OK and the individual can go home. (In the event they start feeling bad again the next day, they should return and take more MMS1. There could be a variety of reasons why the person could start feeling bad again. See further explanation below.)
- If the malaria symptoms continue after taking three doses of MMS1, the victim should continue taking MMS1 every hour, but reduce the dose to 6 drops of MMS1 every hour. If the victim becomes sicker while taking the 6 drops an hour, immediately stop the MMS1; you should not give the person more MMS1 until his added sickness caused by the MMS1 is gone.
- In a case where a person had to back off of the 6-drop doses, wait until the added sickness is gone and then he should begin on Protocol 1000 which he should continue by following the instructions in this manual, increasing or going to the next protocol as the manual suggests. He can stop taking MMS1 when the malaria is gone, unless an additional sickness or disease is present which would also indicate proceeding to do Protocol 1000.

**Important Note:** *As I mentioned above, the standard MMS1 dosage of two 18-drop doses will most often eradicate malaria. If you find the need to keep giving*

*MMS1 doses, as I have explained above, this may be necessary for a variety of reasons. There can be many factors involved in the equation which would necessitate continuing with MMS1. For example, one major reason could be that the malaria victim also has another disease—or even multiple illnesses—in addition to malaria, and this would require more MMS1. and possibly MMS2. In addition keep in mind all the reasons why MMS might not be having an effect as outlined on pages 75-81 in this book. Thankfully, malaria is knocked out very quickly with MMS1, nevertheless the person should not be eating or drinking things that are not compatible with MMS1 while taking their doses and so on. Remember, if MMS1 seems to not be working—there could be many reasons why. So in a case where MMS1 seems to not be working the best course of action would be for the person to start on Protocol 1000 at 1 activated drop per hour and follow through as given in the protocol instructions.*

*There have been cases where someone still has malaria the next day and it was discovered that they didn't like the taste and spit the dose out without anyone knowing. If the person doesn't take the whole dose, it may very well not work. This can be a problem with small children who have issues with taste.*

## **Helping the Masses Recover from Malaria**

The following instructions are taking into account that one is in a malaria area of the world with the intention of helping many people recover from malaria. As mentioned above, I have found there are times you must give either a good bit more or less of the standard malaria dose in order to help people recover their health. Again, this is because the different types of malaria seem to be stronger or weaker in different areas due to a number of reasons, which I will not go into here. But the bottom line is, you will want to determine what the standard dose of

MMS1 should be for the particular type of malaria that is prevalent in the area you are in.

In a situation where you only have one or two malaria cases to handle, it may not matter if you have to take the time to give your malaria victims several doses—they will get well, though it might take a little bit longer. But in a situation where you may have hundreds or even thousands of people to help, you will want to kill the malaria with the first dose, followed by the second within two hours, as many will not be able to return for more doses for a variety of reasons. Therefore you will want to take care of it as quickly as possible. This is the main and very important reason why you will want to determine what dosage to start with so as to knock out malaria quickly in any given region.

**Microscope:** Many people who set out to help eliminate malaria think they must have a microscope to determine if malaria is present, and when it is eliminated. It would be nice if one were to have a microscope and a technician to determine if the malaria is completely gone, but unfortunately in Africa and many places of the world this is not always possible because of finances and other reasons. If you have a microscope and can determine the presence or absence of malaria in the blood that is helpful, but it is a long way from being an absolute necessity.

Believe me, in malaria areas of the world, people know if they have malaria or not. They live with it year after year; unfortunately, it is a part of their lives. They know when they are sick with it, and they know when they feel well. So, determine how the person is feeling, because when using MMS how one is feeling is almost always right. This may not be true with other malaria drugs, but after taking MMS1 and the malaria victim says he is feeling good, you can be pretty sure he is cured of malaria. When using the microscope you will have to wait 24 hours to prove that

all the malaria is gone, while only about four hours is necessary when simply asking the person how he is feeling. It has been my experience after helping thousands of malaria victims, that when the person is feeling good after taking the second dose of MMS, you can be pretty sure that he is malaria free.

Many people that feel good go home after 4 hours and never come back. However, after taking MMS1, a microscope test after only 4 hours will not likely be accurate. When taking MMS1 for malaria, the standard time frame before testing with a microscope to see if one is malaria free, would be to wait a full 24 hours after the person's last dose.

### **How to Determine if a Stronger or Weaker Dosage is Needed for the Malaria in your Area**

#### **Weaker than Normal Strains of Malaria—when to reduce the drops from the standard 18-drop dose**

- If after several malaria victims have taken 18-drop doses and they appear to get sicker at first, this indicates the type of malaria in the area is a weaker strain and you can give less drops to start with. In this case, the next malaria victim in line can take fewer drops. Reduce the drops by 25% from the standard 18-drop dose. This means you would start giving 13-drop doses of MMS1. If this starts helping people improve or they are not feeling sicker two hours after taking the first dose, then always give a second 13-drop dose (after the 2 hours) just to make totally sure the malaria is gone.
  
- I mentioned earlier that I have been in areas of the world where malaria was handled with a 6-drop dose of MMS1. The general rule of thumb and basic principle of MMS is, if the victim is getting sicker than his sickness is already making him with the MMS1 doses, then you must

lower the dose—lower the dose, but **do not stop** giving MMS1. So, in the event that the 13-drop dose is still making one sick, then lower the dose again. Try an 8-drop dose next time, or for the next person, continue the process until you find the comfortable dose that helps the people in that region get well, and does not make them sicker. In this case, generally speaking, we are talking about giving the next person in line a smaller dose.

**Important Note:** *Remember, if the first dose was too much or the first two doses were too much and it made the malaria victim sicker in any way, then back off and do nothing for several hours as the person will probably be OK as soon as his body eliminates most of the poisons. Give him water to drink until he is feeling better, but never force water on him.*

### **Stronger than Normal Strains of Malaria—when to increase the drops from the standard 18-drop dose of MMS1.**

➤ In the case where a person needs three 18-drop doses to recover from malaria, you can be pretty sure if you are continuing to help people recover their health in that same area, that the next people who come to you from that area will need a stronger first dose than 18 drops. If you have a few people needing three 18-drop doses, this is an indicator that it is time to increase the amount of drops in dosing people if you want to handle malaria in one dose, followed by the suggested second dose to be sure. In this case I would increase MMS1 by 25%, that is, use at least 25 drops for the first dose, followed by a second 25-drop dose in two hours to be sure. So if an 18-drop dose is not having a sufficient effect after 3 doses, start increasing until you find what works. First try 25-drop doses and then go up to 30 if needed. It may take up to 30 drops to kill the malaria in some areas.

**Note:** *Once you have established a proper dosage for the area you are in, using water to mix your doses, it is acceptable to use soda or a compatible juice with MMS1 (see pages 28-31 for more information) for the doses because many people have problems with taste. Then if it should turn out for any reason that the soda or juice doesn't work, in other words, people are no longer getting well, you can always go back to water. One never is really sure that the soda or juice in any given area will not destroy MMS1, (see page 28-31).*

## **Children**

The standard dosage for helping children recover from malaria must be determined by the weight of the child. Other than this, all the same principles apply as stated above. In other words if you are giving a child the "normal" dosage of MMS1 for malaria and he/she is either getting sicker or not getting well after 3 doses, then you would follow the same procedure as outlined above to decrease or increase the drops by 25% each time, in order to find the right dosage. The chart below will help determine the dosage for children.

**Note:** *All the drops on the chart below are referring to activated drops of MMS (MMS1).*

**Additional MMS Doses:** In all cases if the malaria doses given above do not work and the child is still sick there is a high probability of there being a second disease present in the victim. In that case start those who still have sickness present should begin the Starting Procedure, followed by Protocol 1000 as per the instructions for children starting on page 165.

| <b>Malaria Protocol for Children</b> |                                 |                             |                                |                                  |                                 |
|--------------------------------------|---------------------------------|-----------------------------|--------------------------------|----------------------------------|---------------------------------|
| <b>MMS1 Drops Required</b>           |                                 |                             |                                |                                  |                                 |
| <b>Weight</b>                        | <b>Minimum Strength Malaria</b> | <b>Low Strength Malaria</b> | <b>Normal Strength Malaria</b> | <b>Stronger Strength Malaria</b> | <b>Maximum Strength Malaria</b> |
| <b>Babies under 12 lbs (5.5 kg)</b>  | <b>1-drop dose</b>              | <b>2-drop dose</b>          | <b>2-drop dose</b>             | <b>3-drop dose</b>               | <b>3-drop dose</b>              |
| <b>12-24 lbs (5.5 -11 kg)</b>        | <b>3-drop dose</b>              | <b>3-drop dose</b>          | <b>4-drop dose</b>             | <b>5-drop dose</b>               | <b>7-drop dose</b>              |
| <b>25-49 lbs (11-23 kg)</b>          | <b>4-drop dose</b>              | <b>5-drop dose</b>          | <b>6-drop dose</b>             | <b>8-drop dose</b>               | <b>9-drop dose</b>              |
| <b>50-74 lbs. (23-34 kg)</b>         | <b>6-drop dose</b>              | <b>8-drop dose</b>          | <b>10-drop dose</b>            | <b>13-drop dose</b>              | <b>15-drop dose</b>             |
| <b>75-100 lbs (34-45 kg)</b>         | <b>8-drop dose</b>              | <b>11-drop dose</b>         | <b>14-drop dose</b>            | <b>18-drop dose</b>              | <b>22-drop dose</b>             |
| <b>100 lbs (45 kg) and Up</b>        | <b>10-drop dose</b>             | <b>14-drop dose</b>         | <b>18-drop dose</b>            | <b>23-drop dose</b>              | <b>29-drop dose</b>             |

## **Chikungunya and Dengue Fever Protocol**

### **Overview**

Both Chikungunya and Dengue Fever are viral diseases caused by mosquitoes. They are showing up more and more around the world. It is claimed that both diseases have no specific medical treatment. The body can eventually overcome these diseases, however, sometimes after prolonged suffering and/or with difficult complications. Both diseases can cause death. MMS is effective in helping people recover their health in a short time from both Chikungunya and Dengue Fever.

**Chikungunya:** Generally this disease starts with an abrupt onset of fever, often accompanied with joint pain.

Other common symptoms include muscle pain, headache, nausea, fatigue and rash. It can also affect the eyes, ears, and digestion. It is similar to Dengue in some ways and can be misdiagnosed in areas where Dengue is common. The body generally heals itself from the disease in several weeks, but it is possible for this disease to become chronic and thus last for months or years. Normally, Chikungunya shows up somewhere between 4 to 12 days after being bitten by a mosquito carrying the virus.

**Dengue:** This disease usually comes on with a fever. It is similar to Chikungunya but there are some important differences. There are the extreme muscle and joint pains, and generally a rash, and often pain behind the eyes. It may seem to go away in 4 or 5 days or more, but then after 2 to 4 days it comes back with a rash that completely covers the body except for the face. The rash will often be even in the palms of the hands and bottoms of the feet. It may go away in a few days or it might last much longer. There can also be chills during this disease. It sometimes gets very severe and can cause hemorrhaging and death, especially in small children. Dengue fever shows up sometime within 3 to 15 days after being bitten by the mosquito carrying the Dengue virus.

## Basics

Both Dengue Fever and Chikungunya can be overcome by MMS1 or MMS2 which kills the virus and then the body can quickly rebuild health. Overcoming these diseases is not the same as with Malaria. Malaria is a parasite which is a much larger microorganism and requires an initial large shock (dose) of MMS1 to eradicate. Viruses require the presence of MMS 1 or 2 over a period of time to destroy them. We have had the best success with these two diseases by starting them off with two stronger than normal doses of MMS1, then going right in to Protocol 1000, which keeps MMS1 present in the body for 8 hours

or a little longer each day. MMS2 can be substituted for MMS1 (when not available) in this protocol, as per the directions below.

## **Instructions for Eradicating Dengue and Chikungunya in the Body**

### **Step 1.**

□ Do Protocol 6 and 6, which is taking a 6-drop dose of MMS1, then wait an hour and take a second 6-drop MMS1 dose. (See page 111 for full instructions on Protocol 6 and 6.)

**Note:** *If the first 6-drop dose causes nausea, in that case, drop to 1/2 of that (a 3-drop dose), for the second dose.*

### **Step 2.**

□ After two 6-drop doses, continue with Protocol 1000 as per the instructions on page 58.  
**Continue with Protocol 1000 for at least 3 weeks (21 days).**

## **Children**

➤ If you are helping a child please follow the proper dosages for children for Protocol 6 and 6 and Protocol 1000. Remember, dosing for children is determined according to the child's weight. See the children's section in this manual starting on page 165. Follow all rules; for example, lower the dosage when nausea or increased sickness shows up.

## **In the Case that MMS1 is not Available**

If MMS1 is not available, but MMS2 (calcium hypochlorite) is, you can substitute this for MMS1 for Dengue and Chikungunya. Follow the steps below carefully:

### **Step 1.**

- First, read carefully the instructions in this manual regarding MMS2 on pages 182. Do not use MMS2 without having a clear understanding of how it works.

### **Step 2.**

- Once you have an understanding of MMS2, how it works, and are fully aware of the needed precautions for using it—fill size 0 gel capsules 1/2 full with MMS2.

### **Step 3.**

- Take one capsule every two hours for 10 hours a day. (This is 5 capsules a day, taken two hours apart.) Continue until the sickness is gone. Generally Dengue or Chikungunya will be gone in 3 or 4 days.

## **Children**

**I do not recommend MMS2 for small children, nor for all children no matter their age or weight. Please read the guidelines and instructions regarding MMS2 and children on page 169-170.** In the case that you have determined the child can take MMS2, proceed as per the instructions below.

### Step 1.

- ❑ Use size 3 gel capsules for children, filled 1/2 full with MMS2. Remember, **only give this to a child who is old enough and can be trusted to properly swallow a gel capsule without breaking it open in the process.**
  
- ❑ If nausea or increased sickness shows up, reduce the powder in the capsules by 1/2. If needed, keep reducing by 1/2 until the capsules do not cause additional sickness or nausea.

## MRSA Protocol

### Overview

**MRSA** (Methicillin-resistant Staphylococcus Aureus), is commonly known as *staph*. Both on the inside and the outside of the body this infection can become quite a problem. It is an infection that is resistant to all known antibiotics. Sadly, every year MRSA kills many people. Fortunately with MMS, it is easy to control.

### Basics

MRSA can be a problem internally as well as externally, manifesting in painful eruptions on the outside of the body. Anyone with MRSA should be taking the MMS1 protocols as per the Health Recovery Plan, beginning with the Starting Procedure and then on to Protocol 1000, and continuing on with more protocols if needed as outlined in this book. Those with skin eruptions should also be using chlorine dioxide gas on these external eruptions, as this handles the infection quite easily. This same procedure is also effective for any standard boil.

## **Instructions for Overcoming MRSA (and Boils)**

### **Step 1.**

- ❑ Begin by taking MMS1 with The Starting Procedure, followed by Protocol 1000 (see page 58).

**Note:** *For those who have MRSA that is manifesting on the outside of the body, or those who have a boil, immediately begin the following steps using chlorine dioxide gas, while simultaneously beginning Step 1 above. If preferred, the MMS1/DMSO Patch Protocol can also be used on MRSA sores or boils in place of the following gas procedure. (See page 83)*

### **Step 2.**

- ❑ Find a glass, cup or bowl that will fit over the MRSA infection or the boil. It is best if the bowl or cup is clear glass so you can see through it and observe what is happening. Glass is preferable, but a clear plastic container would work. If you can't find this, then use a regular coffee cup or bowl.

### **Step 3.**

- ❑ Clear the area around the MRSA infection or boil so that the cup or glass can sit securely over and around the infection and so that no MMS gas will be able to escape. You will be holding the glass in place. It will not be there longer than five minutes.

**Step 4.**

□ Determine how many drops of MMS1 (activated MMS) to use. Depending on the size of the infection, use from 5 to 20 drops of MMS1 (using 4% HCl or 50% citric acid to activate). Use 5 drops for a MRSA infection or a boil about 1/2 inch (1.25 cm) in diameter. Use 10 drops of MMS1 for a MRSA infection or boil 1 inch (2.5 cm) across. For any sore 2 inches (5 cm) or larger in diameter, use 15 to 20 drops.

**Step 5.**

□ Using Step 4 above as your guide to the number of drops to use, put these drops in your container and immediately cover the infection or boil. Be careful to hold the container so that the MMS will not run down on your skin, and so that you are not allowing any gas to escape. You may have to lie down. **Do not apply this for longer than five minutes maximum.**

**Step 6.**

□ The chlorine dioxide gas generated by the activated MMS will cover the infection in seconds, and you will be able to see the infection open up, and the inside of the infection will drain out in a couple of minutes. Stand, or sit, or lie down so that the infection—be it on the side of your arm, or face, or leg—can drain, allowing the pus to drain downward into your MMS container. Have some sterile gauze or paper towels handy to absorb the remaining pus when you remove the container.

### Step 7.

- You may repeat Steps 1 through 6 a second time within a few minutes of the first application if it appears that some pus may still be remaining in the infection. In any case, after doing Steps 1 through 6 one or two times, cover the area with Vaseline, which will help prevent any further infection.

### Step 8.

- You may repeat Steps 1 thru 6 a third time, but **only after you wait at least four hours after the second application**, and **only after you have washed off the Vaseline** as thoroughly as possible with soap and water. In the rare case where pain and soreness persists, you may repeat Steps 1 through 6 once every four hours until the condition clears. At this point, wait four hours between each application of Steps 1 through 6. Each time you repeat Steps 1 through 6, you should coat the area with Vaseline to prevent further infection and be sure to wash off the Vaseline before further applications of Step 1 through 6.

### Step 9.

- Most likely, there will be a hole in the skin and flesh where the infection was located. You may put a little Vaseline in the hole. It should heal up in two or three days. The Vaseline prevents further re-infection. You may spray it with the MMS1 spray bottle (see instructions on page 50), but that is seldom needed.

**Step 10.**

□ As per Step 1 above, the person with MRSA should complete The Starting Procedure, followed by Protocol 1000. If they are also treating sores on the outside of the body, and the sores clear up before the 3-week period that Protocol 1000 calls for is finished, it would nevertheless be best to finish the 21 days of Protocol 1000. This will further cleanse the body of unwanted bacteria and toxins.



# Chapter 10

## Emergency Protocols

The basic idea when an emergency strikes is to act fast. You want to get something into the body that will help handle the condition and kill the poisons that might be present. Below, you will find some emergency situations that we have found MMS to be particularly helpful in. This is, by all means, not meant to be a comprehensive list. MMS will also work for many other emergency situations. Keep in mind with these protocols one may need to disregard the advice given elsewhere in this book of not taking too much MMS while at the same time, being careful not to go too far. Follow these instructions and listen to what the body tells you—be it your body or someone else's.

### **Disclaimer**

These emergency protocols are an alternative for those individuals who find themselves in a dire situation and unable to seek mainstream medical help for one reason or another, be it logistics, financial, or otherwise, such as a personal decision to not want to go to the hospital and subject oneself to allopathic procedures. The decision to choose an alternative is a personal choice. The responsibility is 100% on each and every individual for any and all use made of any information herein. If one is not prepared to take full responsibility for their own health, be it in a severe or less severe case, I strongly advise they seek conventional medical attention.

## Spider Bites

In most places around the world, there are two particularly dangerous spiders, the Brown Recluse and the Black Widow. Many years ago, I developed treatments for these bites that are quick, simple, and effective.

### Brown Recluse Protocol

Overall, the Brown Recluse spider is considered the most dangerous spider bite that anyone might receive (outside of rare species in the jungle). Many people have died from Brown Recluse bites. One website lists that each year 25% of people bitten die from the bite. This may or may not be true; however, there is no doubt that such a bite can give a person a great deal of trouble. I have yet to meet a medical doctor who can offer a successful treatment for a Brown Recluse bite. However, I have found the procedure below to be quite effective. With the Brown Recluse, you want to be sure to treat any bite as soon as possible.

#### Overview

##### **How do you know if you have a Brown Recluse bite?**

Normally, you will not know right off that you've been bitten by a Brown Recluse, unless you actually see the spider bite you. With a Brown Recluse, you never feel the bite. But if you have been bitten, usually after about four hours, you will begin to feel itching. It won't feel very strong at first, not even enough to scratch, but then it will become more intense. When you look at the area that itches, you will notice a small red spot about the size of a grain of wheat, and by that time it is likely you will have scratched it several times. From that point things worsen fairly rapidly. The itching becomes extremely bad and then turns into painful itching, and this then becomes

acute pain. The time lapse to get to this point of acute pain can vary, usually anywhere from 8 to 24 hours.

If nothing is done, the pain will get worse until you go to the doctor where medicine is prescribed for the pain. The pain killer may possibly take away the pain, but it doesn't address the underlying cause of the pain. Soon a tiny hole begins to develop. The hole can get bigger and bigger and will eventually go all the way to the bone. Depending on where the bite is, people have been known to lose half of a leg, or most of their face as the hole gets bigger. In severe cases, some people suffer up to two years before they die. I am sharing these details, in hopes that you can avoid this situation, and likewise help someone else if necessary.

## **Instructions for Brown Recluse Spider Bites**

### **Step 1.**

- Always start with Protocol 1000 right away (in an urgent case like this, you can skip the Starting Procedure).
  
- Be sure to follow through with the full three weeks of taking MMS1, eight consecutive hours a day.

### **Step 2.**

- In addition to Protocol 1000, simultaneously begin treatment with zinc oxide.
  
- Mix equal parts of zinc oxide and Vaseline Petroleum Jelly.
  
- Make this into a paste. If your salve is too thick to spread, mix a tiny bit of cod liver oil, coconut

oil, olive oil, or another carrier oil, into it to make it slightly easier to apply.

### **Step 3.**

- Spread a generous portion of the salve on the bite area and gently rub it in for a minute or two.
- Next, add more salve to the bite area to make sure it is nice and thick.
- Cover the area with gauze and adhesive tape. Bandage it well, but not so tight that it does not get some air.

### **Step 4.**

- Repeat step three (above) after four hours. It is not necessary to wash off the former application.

### **Step 5.**

- Repeat step three (above) again, after another four hours. This will be the third application of the zinc oxide salve.

### **Step 6.**

- After three applications of the zinc oxide ointment, (each one four hours apart) the pain and itching should subside. If however, there is still discomfort, begin using the MMS1 spray bottle, which is a solution of 10 activated drops of MMS to 1 ounce of purified water, (see page 50). Wash the area before using the spray bottle.
- Spray the affected area every 20 minutes or so, until everything is all cleared up.

**Step 7.**

- Remember, throughout the above treatment the victim should be taking MMS1 as per Protocol 1000, every hour on the hour. The person should be out of danger in two weeks or less.

**Variation:** If available in your country, *Desitin* Baby Diaper Rash Ointment—Extra Strength, has also been successful in treating Brown Recluse Spider bites. This formula contains zinc oxide. Check the ingredients to be sure you get the one that contains 40% zinc oxide, which is the extra strength formula. The formulas that contain 20 to 25% zinc oxide may work, but the 40% formula is more certain to work.

**Notes:**

- *In the event that you cannot get zinc oxide, you might be able to find zinc chloride which can be used instead. Zinc chloride or oxide will usually produce results in less than four hours, but if you have any continued problem at all from using zinc chloride, be sure to get some zinc oxide and treat it again.*
- *There are various brands of Petroleum Jelly on the market. I recommend the "Vaseline" brand for mixing with clay or zinc oxide to make a salve. Vaseline has the unique ability to wet and penetrate and remain in place on the skin for hours longer than most oils. Sometimes coconut oil, olive oil and other oils can be used to carry various medicinal substances to the skin and hold them there. However, nothing matches the ability of Vaseline to hold healing medicines in contact with the skin for hours while at the same time act as a healing agent itself. Use the various other oils only if you cannot obtain the Vaseline.*

➤ *This treatment above with zinc oxide has been known to relieve a Brown Recluse spider bite within four hours.*

## **Black Widow Spider Bite Protocol**

It is not a fable; the Black Widow indeed has a bright red hourglass shape on her belly. Many people are bitten by the Black Widow spider yearly, but very few die from her bite. Probably less than 5 people die in the US each year according to most of the websites.

### **Overview**

The bite of the Black Widow is different than the Brown Recluse spider. Normally with this bite there is immediate pain, followed by a number of possible reactions. There can be muscle cramps, abdominal pain (stomach ache), weakness, tremors, body aching, and in more severe cases, nausea, vomiting, fainting, dizziness, chest pain and difficulty breathing.

For the Black Widow bite, there is an antivenin available. I am not telling you one way or the other to take the antivenin. I didn't use it myself when I was bitten by a Black Widow, but many have used it. However, like most pharmaceutical drugs, there is a long list of side effects from this drug, including possible death for those who have a history of asthma. Other reactions include rash, hives, itching, difficulty breathing, difficulty swallowing, tightness in the chest, and swelling of the mouth, face, lips and tongue. An alternative to taking the antivenin is MMS1. See instructions below.

## **Instructions for Black Widow Bite**

### **Step 1.**

The first thing to do is to begin a slight variation of the 6 and 6 Protocol given in this manual (see page 111) as follows:

- ❑ Take a 6-drop dose as instructed, but in the case of a Black Widow bite, take the second 6-drop dose after only 1/2 hour as opposed to 1 hour.

### **Step 2.**

- ❑ Simultaneously, immediately after taking the first 6-drop dose, as per the step above, and while waiting to take the second 6-drop dose, do the following:
  - ❑ Obtain a large fresh Aloe Vera leaf.
  - ❑ Cut off the serrated edges and then cut the leaf open lengthwise. Then cut a piece about 2 inches x 2 inches (5 cm x 5 cm) and put the fresh Aloe Vera—flesh side down—right onto the bite. Hold the piece in place and cover it with gauze and secure it firmly with adhesive tape. Be sure that air cannot get between the Aloe Vera leaf and the bite on the skin.

(In an emergency, use whatever is available to keep the Aloe Vera in place until you can get the proper supplies, (i.e. gauze/adhesive tape) but secure it down well so there is no air getting to the bite).

- ❑ Leave this on for 12 hours and the bite should be OK. However, to make sure, repeat this procedure one more time with a fresh piece of Aloe Vera. Tape it on for another 12 hours and that should be all that is needed.
  
- ❑ The poison is neutralized and the pain disappears due to the healing action of the fresh Aloe Vera plant and the detoxifying effect of MMS1. You will have avoided the side effects of the pharmaceutical drugs used for Black Widow spider bites.

### **Step 3.**

- ❑ One half hour after taking the first 6-drop dose (and hopefully applying the Aloe Vera) take the second 6-drop dose.

### **Step 4.**

- ❑ One half hour after taking the second 6-drop dose (hopefully you will have applied the first application of Aloe Vera during this time) begin Protocol 1000, but begin by taking a 1/2 drop dose the first hour and increase the amount each hour by 1/2 drop, building up to a 3-drop dose each hour, as Protocol 1000 calls for.
  
- ❑ Follow through with Protocol 1000 for two weeks, taking MMS1, eight consecutive hours a day. If needed, continue for a third week on Protocol 1000, or as long as necessary.

# Snake Bite Protocol

## Overview

This protocol has not been widely used or proven, due to a lack of snake bite cases coming to us. However, the fact is, MMS1 neutralizes poisons of most kinds. The poison of the snake variety is a very complex molecule, and MMS1 (chlorine dioxide) destroys complex molecules by oxidation. So in an emergency, it would be better to do something rather than nothing. And in any case, it would be a good idea to apply this protocol in addition to whatever medical treatment is used, but do not allow anyone to cut into your snake bite because it can make the situation worse.

## Instructions for treating a snake bite

**Important Note:** *As quickly as possible start getting MMS1 into the body. The dosing for a snake bite consists of 3 doses of MMS1 taken 1/2 hour apart, followed by starting Protocol 1000.*

### Step 1.

- ❑ The first thing to know about treating snake bites is—**do not cut them open**. This will only spread the poison further allowing it to get into other tissues. Many movies and TV shows have demonstrated the cutting idea, but it is **not** a good thing to do.

### Step 2.

- ❑ Immediately take a 12-drop dose of MMS1.

**Step 3.**

Simultaneously, in conjunction with taking MMS1 doses, apply an MMS1/DMSO patch on the bite area. Do this immediately after taking the first MMS1 dose as per Step 2 above.

**Important: The snake bite patch is a significantly different formula than the MMS1/DMSO Patch on page 83 in this manual.** See directions for the snake bite patch below.

**Step 4.**

One half hour later, after the first 12-drop dose of MMS1, take a 6-drop dose of MMS1.

**Step 5.**

One half hour later, after the first 6-drop dose of MMS1, take a second 6-drop dose of MMS1.

**Step 6.**

One half hour later, (after taking the 3 doses of MMS1 mentioned in Steps 2, 3, and 4 above) begin Protocol 1000. That is, take a 3-drop dose of MMS1 every hour for eight consecutive hours a day.

**Step 7.**

Continue with Protocol 1000 for at least two weeks, or longer if there is any indication of the snake bite still causing trouble. Reduce the number of hourly drops by 1/2 if they are making you sick. Reduce, but do not stop taking them

hourly. In the case of a snake bite, you can skip the Starting Procedure.

### **Making a Patch for a Snake Bite as Required in Step 3 Above**

**Important Note:** *The recipe for the patch for a snake bite is different than is described in the MMS1/DMSO Patch Protocol on 83 of this manual.*

#### **Step 1.**

Activate 10 drops of MMS with 10 drops of 50% citric acid or 4% HCl. Count to 30 seconds, and then add 20 drops of water.

❑ Immediately pour this mixture on a piece of gauze approximately 2 inches by 2 inches (5 cm by 5 cm) and at least two layers thick. If this mixture is not enough to completely soak the patch, then add more activated drops with equal drops of water, so as to be able to soak the patch in the mixture. In the case of an extra large snake bite, you can adjust the patch to include more than 10 drops.

#### **Step 2.**

❑ Tape the soaked gauze onto the snake bite, leave it for 15 to 20 minutes (no more)!

❑ **Caution! Do not use DMSO in a patch for a snake bite.** This can be a serious mistake. The DMSO will spread the poison and take it deeper into the tissues, worsening the problem.

**Step 3.**

- ❑ Apply a fresh patch (a second patch) in 1 hour. This will mean in the first two hours after being bitten, you will have applied two MMS patches. Add more water to the patch if you notice irritation of the skin.

**Step 4.**

- ❑ After the first two patches, wait three hours and apply another fresh patch, and continue applying a fresh patch every three hours.
- ❑ In total, you should keep applying the patches according to these instructions, every three hours, for a 24 hour period. Remember, you are also doing Protocol 1000 during this time.
- ❑ If the MMS1 patch is burning your skin, continue by adding some more water until the patch is not burning, but do not add more water than necessary.

## **Food Poisoning Protocol (or Any Poison Received by Mouth)**

According to the CDC (Center for Disease Control), over 5,000 people die from food borne poisons or diseases in the United States each year, with similar figures world-wide. So the point is that it is advantageous to know what to do about food poisoning.

A friend of mine was poisoned once while eating dinner with myself and others. We never knew if it was on purpose or just a fluke accident, but after taking a sip of his drink, he stood up and immediately collapsed and fell

to the floor. I helped him up. He assured me he was alright and wanted to go to the restroom. He was not in any way intoxicated. He walked off to use the restroom and after a minute I checked on him and found him lying on his back on the floor. He managed to prop himself up on one elbow and he looked up at me and tried to say something, but he couldn't talk.

I quickly mixed up a 15-drop dose of MMS1, (I always carry small bottles with me) and handed it to him. He immediately drank it down. Within 5 minutes he said, "Boy, that was crazy." Then he sat up. He said before he took the dose everything was going black on him. In 10 minutes he was feeling OK and I was able to help him to his feet. We returned to the table where he asked for a new plate of food and he was fine.

This serves as a wonderful example of how MMS1 can cancel out some poisons right on the spot.

## **Overview**

The first step of the Food Poisoning Protocol is a nice big dose of MMS1, along the same lines as for the Malaria Protocol. With poisoning you want to hit it hard with the first dose. But don't expect it to always clear up immediately; you may have to persist a bit. We have treated many cases of food poisoning. It does not always clear up as fast as it did with my friend, but MMS1 has often proven to be successful with cases such as this. You should always carry two small bottles (MMS and activator) with you at all times. Be ready—if you suspect food poisoning or any other kind of poisoning, get some MMS1 into the body as fast as possible.

## **Instructions for Food Poisoning Protocol**

### **When a person suspects poisoning:**

#### **Step 1.**

- Take a 12-drop dose of MMS1 (activated MMS). See page 25 for how to prepare a MMS1 dose.

#### **Step 2.**

- Wait 15 minutes after the first 12-drop dose, and then take a 6-drop dose of MMS1.

#### **Step 3.**

- Wait another 15 minutes and take another 6-drop dose, this would be the third dose.
- If the person is provoked to vomit during this time—welcome it, do not fight it, for this will help expel the poison from the body. Vomiting may or may not occur if the MMS1 neutralizes all of the poison in the body. It may flush it out without the need to vomit.

#### **Step 4.**

- If vomiting does not occur while taking the first 3 doses, do not worry. But, take at least 2 more doses (4th and 5th doses); these should be MMS1, 3-drop doses, spaced out by 15 minutes.

#### **Step 5.**

- Normally the above amount of MMS1 will handle the job, but if you are still very sick you may need to take more MMS1 and make yourself

vomit. There is nothing wrong with making yourself vomit if you need to do so. In the case of poisoning, vomiting may be necessary in some instances, so don't hesitate if it is needed—it is best to flush the poison out.

□ One may have to use the old trick of putting his finger down his throat to induce the vomiting. This is not nearly as aggressive as going to an emergency clinic and having your stomach pumped. You can calculate the need to vomit by how sick you still are. If you are still sick you may need to vomit and/or take more MMS1, as there is no down side to taking more MMS1, other than having some nausea and then possibly vomiting, diarrhea, or a headache.

**Note:** *With poisoning, although unpleasant, vomiting and diarrhea are both efficient ways to rid the body of the toxins.*

### **Step 6.**

□ If after doing all of the above you are still very sick you may need to have your stomach pumped. In that case, don't hesitate; go to a clinic. However, normally under most poisoning conditions, if you have taken the above protocol, you will be OK by this time.

## **Stroke Protocol**

About 700,000 strokes happen in the United States each year, and of that number approximately 150,000 deaths occur. So strokes are nothing to be ignored. When a stroke is coming on, follow the protocol below. Using DMSO and MMS1 can stop it in its tracks. Both DMSO and

MMS will dissolve blood clots throughout the body, including in the brain. DMSO has been used in the USA since 1955 and many people have testified about how it has helped overcome strokes. Likewise, DMSO and MMS1 have been used together for an increased benefit by thousands.

### **Signs of a stroke are:**

- **Face Drooping**—Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?
- **Arm Weakness**—Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **Speech Difficulty**—Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence, like "The grass is green." Is the sentence repeated correctly?

If someone shows any of these symptoms, even if the symptoms go away, it is time to start the protocol below, or get the person to the hospital immediately if that is their choice. Check the time so you'll know when the first symptoms appeared. In the case of seeking medical assistance, you can still begin with the first doses of DMSO, followed by MMS1 as per the instructions below. Getting DMSO and MMS1 into the body right away may save a life. And if you do this, the person might be OK by the time you are able to get to the hospital. If the decision is made to go to the hospital, it's best to always call an ambulance or get someone else to drive. A person should never attempt to drive himself to the hospital if experiencing a stroke.

## **Instructions for Overcoming a Stroke with MMS and DMSO**

### **Day One—at the Onset of a Stroke**

#### **Step 1.**

- ❑ At the onset of a stroke, take 2 full tablespoons of DMSO in 1/2 cup (4 ounces/120 ml) of water every 15 minutes for 1 hour. Mix the dose and drink it down immediately.

**Important Note:** *At the onset of a stroke, also start taking MMS1, beginning with Protocol 6 and 6, and taking the first 6-drop dose within 2 minutes after the first DMSO described in Step 1. The person should be taking DMSO simultaneously with MMS1. For full instructions on how to take the MMS1, see Step 4 below.*

#### **Step 2.**

- ❑ The second and third hour, continue to take DMSO every 15 minutes, but reduce the dosage to 1 teaspoon of DMSO in 1/4 cup (2 ounces/60 ml) of water.
- ❑ This will be three hours in total of taking DMSO every 15 minutes; the first hour taking the higher dose described in step one above, and the next two hours the lower dose—1 teaspoon every 15 minutes, as described here.

**Important Note:** *Please take note that when you lower the amount of DMSO in your dose, it is important to also lower the amount of water you mix with it.*

### Step 3.

❑ After the first three hours of taking DMSO every 15 minutes in the two different dosages described in Step 1 and Step 2 above, continue taking DMSO for the remaining part of the first day, but reduce the frequency of your doses. One time every hour take 1 teaspoon of DMSO in 1/4 cup (2 ounces/60 ml) of water.

### Step 4.

❑ At the onset of a stroke, also begin Protocol 6 and 6. This is two 6-drop doses of activated MMS (MMS1), taken one hour apart. (See page 111 for full details of Protocol 6 and 6.) MMS1 and DMSO work in conjunction with one another, therefore the first 6-drop dose of MMS1 for a stroke, should be taken in less than two minutes time after the first dose of DMSO. It must be mixed up in a second 1/2 cup of water.

**Important Note: *Do not mix the MMS1 dose in with the DMSO mixture. Do not confuse this with other protocols where it does call for adding DMSO drops to the MMS1 dose, but in this case the dose of DMSO is much higher than in other protocols, therefore it is recommended to not mix the DMSO in the same dose with MMS1. Take the MMS1 dose in less than two minutes time after the DMSO dose, but separately, not in the same cup of water.***

❑ The second 6-drop dose of MMS1 should be taken an hour later and in the same manner, following the DMSO dose. Do not take more than two 6-drop doses of MMS1, one hour a part.

❑ After completing the two 6-drop doses of MMS1, on the third hour, start with Protocol 1000, which is a 3-drop dose of MMS1 every hour for eight hours a day. Anytime one feels nausea or diarrhea or otherwise sick, they should reduce the number of drops by at least 1/2, until the body indicates it's time to build back up again. If a person is led to lower the dose of MMS1, they should lower it, but do not quit taking it altogether.

### **Day Two—After the Onset of a Stroke**

❑ After following the procedure for day one above, continue the second day taking MMS1, doing Protocol 1000, and continue with this protocol for three weeks.

❑ On day two after a stroke, you can reduce the DMSO intake to 1 tablespoon in the morning and 1 tablespoon in the evening and continue with this for one week.

❑ After completing one week taking DMSO twice daily, continue to take at least 1 tablespoon of DMSO per day until you have improved your health.

❑ Take the DMSO doses and MMS1 doses as close together as possible—the MMS1 dose in less than two minutes after the DMSO dose.

❑ Take a look at your diet and see how it can be improved.

❑ Continue this procedure as long as there is any evidence of the stroke.

**Important Note:** *We have mentioned here what to do on "day one" at the onset of a stroke. However, a stroke can strike at any time, and should one feel a stroke coming on in the evening, for example, it would be wise to follow the dosing mentioned above, into the night. In other words, stay up or set an alarm if you have to, in order to take your doses, as strokes can afflict people in their sleep.*

## Heart Attack Protocol

About 600,000 heart attack deaths happen in the US each year. When a heart attack is coming on, following the combined DMSO/MMS1 protocol below, can stop it in its tracks. DMSO has been used in the US since 1955 and there are many testimonies about how it has helped overcome heart attacks. In addition, MMS1 has been used extensively since the year 2000, and DMSO and MMS1 have both been used together for an increased benefit by thousands.

Signs of a heart attack are pain in the chest, arms, (especially the left), back, neck, jaw, and upper stomach; and shortness of breath, nausea, lightheadedness, and cold sweats.

If one suspects a heart attack coming on, it's time to start on the protocols, or get the person to the hospital immediately if that is their choice. Check the time so you'll know when the first symptoms appeared. In the case of seeking medical assistance, you can still begin with the first doses of DMSO, followed by MMS1 as per the instructions below. Getting DMSO and MMS1 into the body right away may save a life. And if you do this, the person might be OK by the time you are able to get to the hospital. If the decision is made to go to the hospital, it's best to always call an ambulance or get someone else to drive. A person should never attempt to drive oneself to the hospital if experiencing a heart attack.

## **Instructions for Overcoming a Heart Attack with MMS1 and DMSO**

### **Day One, at the Onset of a Heart Attack**

#### **Step 1.**

- ❑ At the onset of a heart attack, take 2 full tablespoons of DMSO in 1/2 cup (4 ounces/120 ml) of water every 15 minutes for 1 hour. Mix the dose and drink it down immediately.

**Important Note:** *At the onset of a heart attack, also start taking MMS1, beginning with Protocol 6 and 6, and taking the first 6-drop dose within 2 minutes after the first DMSO described in Step 1. The person should be taking DMSO simultaneously with MMS1. For full instructions on how to take the MMS1, see Step 4 below.*

#### **Step 2.**

- ❑ The second and third hour, continue to take DMSO every 15 minutes, but reduce the dosage to 1 teaspoon of DMSO in 1/4 cup (2 ounces/60 ml) of water.
- ❑ This will be three hours in total of taking DMSO every 15 minutes; the first hour taking the higher dose described in step one above, and the next two hours the lower dose—1 teaspoon every 15 minutes, as described here.

**Important Note:** *Please take note that when you lower the amount of DMSO in your dose, it is important to also lower the amount of water you mix with it.*

### Step 3.

❑ After the first three hours of taking DMSO every 15 minutes in the two different dosages described in Step 1 and Step 2 above, continue taking DMSO for the remaining part of the first day, but reduce the frequency of your doses. One time every hour take 1 teaspoon of DMSO in 1/4 cup (2 ounces/60 ml) of water.

### Step 4.

❑ At the onset of a heart attack, also begin Protocol 6 and 6. This is two 6-drop doses of activated MMS (MMS1), taken 1 hour apart. (See page 111 for full details of Protocol 6 and 6.) MMS1 and DMSO work in conjunction with one another, therefore the first 6-drop dose of MMS1 for a stroke, should be taken in less than two minutes time after the first dose of DMSO. It must be mixed up in a second 1/2 cup of water.

❑ **Important:** Do not mix the MMS1 dose in with the DMSO mixture. Do not confuse this with other protocols where it does call for adding DMSO drops to the MMS1 dose, but in this case the dose of DMSO is much higher than in other protocols, therefore it is recommended to not mix the DMSO in the same dose with MMS1. Take the MMS1 dose in less than two minutes time after the DMSO dose, but separately, not in the same cup of water.)

❑ The second 6-drop dose of MMS1 should be taken an hour later and in the same manner, following the DMSO dose. Do not take more than two 6-drop doses of MMS1, one hour a part.

❑ After completing the two 6-drop doses of MMS1, on the third hour, start with Protocol 1000, which is a 3-drop dose of MMS1 every hour for eight hours a day. Anytime one feels nausea or diarrhea or otherwise sick, they should reduce the number of drops by at least 1/2, until the body indicates it's time to build back up again. If a person is led to lower the dose of MMS1, they should lower it, but do not quit taking it altogether.

### **Day Two—After the Onset of a Heart Attack**

❑ After following the procedure for day one as outlined above, continue the second day taking MMS1, doing Protocol 1000, and continue with this protocol for three weeks.

❑ On day two after a heart attack, you can reduce the DMSO intake to 1 tablespoon in the morning and 1 tablespoon in the evening and continue with this for one week.

❑ After completing one week taking DMSO twice daily, continue to take at least 1 tablespoon of DMSO per day until you have improved your health.

❑ Take the DMSO doses and MMS1 doses as close together as possible—the MMS1 dose in less than two minutes after the DMSO dose.

❑ Take a look at your diet and see how it can be improved.

❑ Continue this procedure as long as there is any evidence of the heart attack.

**Important Note:** *We have mentioned here what to do on "day one" at the onset of a heart attack. However, a heart attack can strike at any time, and should one feel a heart attack coming on in the evening, for example, it would be wise to follow the dosing mentioned above, into the night. In other words, stay up; set an alarm if you have to in order to take your doses, as heart attacks often strike during sleep.*

## Burn Protocol

### Overview

Burns cause acid to be generated in the skin and tissues which were burned. Unactivated MMS (22.4% solution of sodium chlorite [ $\text{NaClO}_2$ ] in water) is highly alkaline and alkaline water cancels acid, thus when one gently rubs **unactivated** MMS onto the burn most of the acid will be neutralized which will eliminate much of the pain. The acid in the burn may activate some of the chlorine dioxide in the MMS, thus oxidizing some of the burn poisons and also reducing the pain. Normally the pain is gone instantly or in a few minutes when using *unactivated* MMS, but sometimes on very bad burns it can take longer. Healing time for burns treated with *unactivated* MMS can be up to 4 times faster than normal.

**Important Note:** *The following protocol suggests using unactivated MMS. Please note this is an exception to the normal rule of always activating MMS, and this is used for burns only. In general, for all other uses, we always recommend activating MMS with a food grade acid, then adding the indicated amount of water before use.*

## Treating Burns Using Unactivated MMS

### Step 1.

- ❑ In case of a burn on the hand, face or anywhere else on the body, immediately, or as soon as possible, spray, squirt or drop plenty of MMS on the burned area. Don't be concerned about getting a little unactivated MMS on the skin. (See below: You will be washing it off in 5 minutes.)
- ❑ With the fingertips gently rub (barely touching but enough to make sure of contact), the MMS directly into the burn. The pain will begin to diminish immediately.

### Step 2.

- ❑ **Do not allow the unactivated MMS to remain on the skin for more than 5 minutes!** It **must** be rinsed off with clean cool or cold water. If you forget and allow the MMS to remain on the burn it will aggravate the burn and the healing will take longer than usual.

### Step 3.

- ❑ Depending upon the severity of the burn, the pain normally will stop within 5 minutes. If the pain is not completely gone within those 5 minutes, it is permissible to apply a second amount of unactivated MMS and follow the exact procedure again as outlined above.
- ❑ In the case of severe burns, as long as the pain continues it is OK to put the MMS back on the

burn, for no longer than 5 minutes each time. Apply the unactivated MMS every 1/2 hour for two hours, and then one time every hour for 2 hours longer. In general, the pain will be gone long before four hours.

## **Treating Sunburns Using Unactivated MMS**

### **Step 1.**

- In case of sunburn, either severe or a very light case, it is best to spray the unactivated MMS directly on the burned area.
- Rub the MMS very gently onto the burn.

### **Step 2.**

- Be sure to rinse the MMS off with clean cool or cold water in 5 minutes or less. Do not allow it to remain on the skin more than 5 minutes or it will cause the skin to peel.

### **Step 3.**

- With sunburn, the pain may start up again in several hours, in this case apply the unactivated MMS again, but for no longer than 5 minutes, then rinse off with clean cool or cold water.
- Do not apply the unactivated MMS more than 5 more times and not more often than one time per hour. Never let it remain on the skin more than 5 minutes.
- In general, sunburn clears up in a day.

# Chapter 11

## Adjusting Protocol Dosages for Children

### **A Word to Parents**

In this book we assume that every parent is totally responsible for their children's health. Ideally, if you are going to give MMS to a child, you should have enough experience with it to have used it yourself first. Read this book in its entirety and check out some of the links in the back of the book for more information and testimonies.

However, if there is an emergency concerning your child, you may just have to trust the information in these pages and follow the directions, if you so choose, even if you haven't used MMS yourself.

We have written this book taking extreme care to make it understandable for you, but we expect each person to take full responsibility for their use of the data. We have done our very best to bring you the latest available information from the results of thousands of people around the world who have used MMS.

When giving the protocols to children, the same principles apply to them as for an adult. For example, if a protocol calls for hourly doses for an adult, it would also call for hourly doses for a child. Taking MMS hourly is important. Also, if the child begins to be nauseous or have diarrhea,

reduce the dose by 50% (or more if necessary) until the problem subsides and then increase back up to the proper amount indicated for the particular protocol the child is on.

The thing that varies for children is the dosage size—the **number** of drops you give, or the **size** of the capsule. The amount of MMS1 and MMS2 you give a child is determined by the weight of the child. Following are instructions on how to determine the amount of MMS1 and MMS2 for children to take when on the various protocols in this book.

## Starting Procedure for Children

The Starting Procedure should always be done before a child goes on to Protocol 1000. For further information on the Starting Procedure, including how to measure a fraction of a drop, see page 54-55, and follow details given there.

| <b>Starting Procedure MMS1 Dosage Guide for Children</b> |                 |                 |                 |                 |
|--|-----------------|-----------------|-----------------|-----------------|
| <b>Drops Per Hour</b>                                    | <b>Day 1</b>    | <b>Day 2</b>    | <b>Day 3</b>    | <b>Day 4</b>    |
| <b>Babies less than 7 lbs (3.2 kg)</b>                   | <b>1/8 drop</b> | <b>1/8 drop</b> | <b>1/4 drop</b> | <b>1/2 drop</b> |
| <b>Children 7-24 lbs (3.2-11 kg)</b>                     | <b>1/8 drop</b> | <b>1/4 drop</b> | <b>1/4 drop</b> | <b>1/2 drop</b> |
| <b>Children 25-49 lbs (11-23 kg)</b>                     | <b>1/4 drop</b> | <b>1/4 drop</b> | <b>1/2 drop</b> | <b>3/4 drop</b> |
| <b>Children 50-74 lbs (23-34 kg)</b>                     | <b>1/4 drop</b> | <b>1/2 drop</b> | <b>1/2 drop</b> | <b>3/4 drop</b> |
| <b>Children 75-100 lbs (34-45 kg)</b>                    | <b>1/4 drop</b> | <b>1/2 drop</b> | <b>1/2 drop</b> | <b>3/4 drop</b> |

## Protocol 1000 for Children

Protocol 1000 is taking a dose of MMS1 every hour for eight hours a day. The adult dose for Protocol 1000 is 3 drops of MMS1 per hour, however, please remember, as per the instructions for this protocol starting on page 58, one must *work up* to the 3-drop dose. This same principle applies for children.

The basic rule of thumb for dosing with MMS for children is when the child weighs above 25 lbs (11 kg), give 1 drop of MMS1 (activated MMS) for every additional 25 lbs for a child. But, remember the golden rule of MMS—whenever the child (or anybody for that matter) begins to experience nausea, diarrhea or other discomfort beyond what the sickness is already causing, cut back the dosage by 50%, or more if needed, until the symptoms subside and

| <b>Protocol 1000 MMS1 Dosage Guide for Children</b> |   |
|---|---|
| <b>Weight</b>                                       | <b>MMS1 Drops Per Hour</b>  |
| <b>Babies weighing less than 7 lbs (3.2 kg)</b>     | <b>3/4 drop per hour the first day of Protocol 1000, then work up to 1 drop per hour for the remaining 21-day period of protocol.</b> |
| <b>A baby weighing 7-24 lbs (3.2-10 kg)</b>         | <b>3/4 drop per hour to start and work up to 1 drop per hour for the remaining 21-day period.</b>                                     |
| <b>Children 25-49 lbs (11-22 kg)</b>                | <b>Start with 1 drop per hour and stay at 1 drop per hour for the remaining 21-day period.</b>  |
| <b>Children 50-74 lbs (22-33 kg)</b>                | <b>Start at 1 drop per hour and work up to 2 drops per hour for the remaining 21-day period.</b>                                      |
| <b>Children 75 lbs (34 kg) and over</b>             | <b>Start at 1 drop per hour and work up to 3 drops per hour for the remaining 21-day period.</b>                                      |

then work back up to the proper dosing for the weight of the child. Generally this would be in one to three days.

**Important Note:** *Never go beyond these amounts of drops per hour, as per the child's respective weight, while on Protocol 1000.*

## Protocol 1000 Plus for Children

Protocol 1000 Plus for children, is the same ratio as for an adult dose when adding DMSO, that is, for every 1 drop of MMS1 (activated MMS) you give a child, you add 3 drops of DMSO. Be sure to diligently follow the instructions on page 61 for Protocol 1000 Plus to be sure you are mixing the dose correctly and adding the DMSO at the right time.

## Protocol 2000 for Children

Protocol 2000 for a child works the same as for Protocol 2000 for an adult, but again, the amount of MMS1 and MMS2 for a child will be different than that of an adult. Please read the section on Protocol 2000, page 64, as well as the section on MMS2 Details, on page 182.

When on Protocol 2000, give the child as much MMS1 as he/she can tolerate (**but without going over the maximum amounts in the chart below**) without feeling sicker than the illness is already causing. This requires very careful observation of the child. Be ready to reduce the dose if there are any signs of nausea or diarrhea (again, beyond what the sickness is already causing). Although you want to raise the dose of MMS1 to what the child can tolerate, there is a stopping point. Never give the child more than the maximum amounts of MMS1 listed below, which are calculated according to the weight of the child. Please note, the weight scale for MMS1 below is

calculated differently than in Protocol 1000, because the amounts of MMS1 are significantly higher while on Protocol 2000.

| <b>Protocol 2000 for Children<br/>Maximum Dosage Guide for MMS1</b> |  |
|---|--|
| <b>Weight</b>   | <b>Drops Per Hour</b>                    |
| <b>10 lbs or less (4.5 kilos or less)</b>                           | <b>Take no more than 3 drops hourly.</b> |
| <b>10-20 lbs (5-9 kg)</b>   | <b>Take no more than 5 drops hourly.</b> |
| <b>20-40 lbs (9-18 kg)</b>  | <b>Take no more than 5 drops hourly.</b> |
| <b>40-60 lbs (18-27 kg)</b>   | <b>Take no more than 6 drops hourly.</b> |
| <b>60-80 lbs (27-36 kg)</b>   | <b>Take no more than 7 drops hourly.</b> |

### **Protocol 2000 for Children—MMS2 Doses**

Protocol 2000 calls for taking MMS2 in capsule form, while also taking MMS1. I do not suggest giving MMS2 to children under 75 lbs. If the child is over 75 lbs and has a life threatening disease you may want to consider giving him/her MMS2, especially if MMS1 is not available. However, **do not use MMS2 for children unless the child knows how to take capsules and can be trusted to swallow it down immediately, not let it linger in their mouth, not bite down on it, chew it, or break it open in their mouth**, as this would not be a pleasant experience. **Please use caution.**

Do not give a child MMS 2 (only for 75 lbs [34 kg] and up) unless you have thoroughly read and studied the instructions in the section on Protocol 2000, page 64, and the section *MMS2—Details*, page 182, for instructions on how to make MMS2 capsules, and cautions about MMS2 and DMSO.

| <b>Protocol 2000 for Children<br/>Dosage Guide for MMS2</b> |   |
|---|---|
| <b>Weight</b>   | <b>Size of MMS2 Capsule</b>   |
| <b>Children under 75 lbs (34 kg)</b>                        | <b>Do not use MMS2 for children under 75 lbs.</b>   |
| <b>Children 75-100 lbs (34-45 kg) and Up</b>                | <b>Use a size 4 capsule filled to 1/4 at first and then work up to a 3/4 full capsule in two days and thereafter.</b> |

## **Protocol 3000 for Children**

This is an adaptation of the original Protocol 3000 which can be used for children. The amounts of MMS1 and DMSO used here is the same as in Protocol 3000 for adults. However, it is the method of applying the mixture to the skin that is different. The method below is more convenient.

### **Instructions for Protocol 3000 for Children**

#### **Preparation**

- You will need three spray bottles, preferably either 2 or 4 ounce bottles. Almost anywhere in the world one can find spray bottles at pharmacies or department stores. If smaller bottles are not available, larger spray bottles can be found in grocery or hardware stores.
- Make sure the spray bottles are completely clean.
- Clearly label each bottle so their contents will not be mistaken.

- ❑ Prepare the clean, dry bottles as follows:

**Bottle #1:** Prepare a standard MMS1 spray bottle—10 drops of MMS1 per ounce of water. (See page 50.)

**Bottle #2:** Fill the bottle with DMSO. If your DMSO is pure 99% you may want to dilute it a little with purified water if the child has sensitive skin. But the stronger the DMSO the better as long as there is absolutely no problem with itching or burning.

**Bottle #3:** Fill a clean spray bottle with purified water (bottled, distilled or reverse osmosis). Make sure it is clearly marked as water.

## Applying MMS1/DMSO to the Skin

Before beginning this procedure, ask the child to tell you if it hurts, or stings, or burns the minute he feels it.

### Step 1. Test the skin.

- ❑ On a bare portion of the child's arm spray one single spray of bottle #3 (water bottle) on an area about the size of your hand.
- ❑ Then spray with bottle #2 (DMSO) right on top of the same area.
- ❑ Immediately spray with bottle #1 (MMS1), right on top of the same area.
- ❑ Then take your bare hand and gently rub in the ingredients in a circular motion.

- ❑ Give it about 5 minutes to see if there will be any stinging, burning or itching. If there **is** any of these, spray some more water on the area, and rub it in gently.
- ❑ If the test does not cause any burning, stinging or itching, proceed to Step 2.
- ❑ If any burning, stinging or itching persists, then rinse the test area well, add as much as 20% pure water to the DMSO bottle and repeat the test on a new area of the skin.
- ❑ If irritation occurs the second time, dilute the DMSO further. Keep repeating this process until there are no symptoms. However, if you have to dilute the DMSO more than 50%, there would not be much point in using this procedure.

## **Step 2. Applying MMS1 and DMSO.**

- ❑ Spray a very light spray of water on one of the child's arms on the top side. With your hand gently spread the water in order to dampen the area. Do not use a lot of water just make the skin damp.
- ❑ After applying the water, spray the DMSO on the same area on the top of the arm, and then spray the MMS1 on top of that. Gently spread the mixture over the area with a bare hand. (Do not use rubber or latex gloves.)
- ❑ If the skin where you sprayed seems too dry you can add an additional spray of DMSO and MMS1 and again gently rub it.

- ❑ After spreading the mixture, allow it to dry on the arm if there is no irritation. Leave it on the skin for several hours before washing.

### **Step 3.**

- ❑ In one hour repeat these same steps on the other arm.

### **Step 4.**

- ❑ Continue with these steps hourly, covering a different area of the body each time. Go to one leg, and then the other leg, and then if everything is ok go to the back, and then the stomach. Be gentle and use plenty of water if needed. Do not cause pain or itching or burning.

**Important Note:** *I want to emphasize the following safety precautions, especially when using this procedure for children, to assure there is absolutely no harm done to the child:*

- If the DMSO/MMS1 mixture burns or irritates the skin, this indicates the DMSO is too strong (various skin types can handle different strengths of DMSO).
- If irritation does occur, spray on some more water quickly until the child says there is no more hurt.
- In the case of severe burning rinse the DMSO off with lots of plain water (do not use tap water to rinse the skin, in this case, purified water is best). Do not use soap until you have rinsed the area very well, as DMSO can carry small amounts of soap into the skin.

- If your DMSO bottle is too strong, keep diluting the DMSO up to a total of 50% water until there is no problem with burning or pain.

## Protocol 6 and 6 for Children

Protocol 6 and 6 consists of two 6-drop doses of MMS1 taken separately, one hour apart. This protocol is particularly effective for colds, flu, pains, allergies and other sicknesses that seem to just be starting. It is helpful for a wide range of things. See page 111 for more details and full instructions on Protocol 6 and 6; however, adjust the dosage for children according to the chart below.

| <b>Protocol 6 and 6 for Children</b>         |                            |
|--|----------------------------|
| <b>Weight</b>                                | <b>MMS1 Drops Per Hour</b> |
| <b>Babies 12 lbs (5.5 kg) and less</b>       | <b>1 and 1 drop dose</b>   |
| <b>Children 12-24 lbs (5.5-11 kg)</b>        | <b>2 and 2 drop dose</b>   |
| <b>Children 25-49 lbs (11-23 kg)</b>         | <b>3 and 3 drop dose</b>   |
| <b>Children 50-74 lbs (23-34 kg)</b>         | <b>4 and 4 drop dose</b>   |
| <b>Children 75-100 lbs (34-45 kg)</b>        | <b>5 and 5 drop dose</b>   |
| <b>People 100-lbs and up. (45-kg and up)</b> | <b>6 and 6 drop dose</b>   |

## Patch Protocol for Babies, Children and People with Sensitive Skin

See page 83 for instructions on how to make the patch. Adjust the drops for the patch for babies, children and people with sensitive skin as follows:

- Start with 5 drops of MMS1 (MMS activated), and add 5 drops of DMSO and 10 additional drops of water to dilute the solution. For the very first

application do not apply the patch for more than 5 minutes.

❑ When the patch is removed take note if there is irritation. If there is no irritation after 5 minutes with the first patch, in 2 hours apply another patch. This time you can use more MMS1 and DMSO and leave it on for 15 minutes. If there is irritation, double the amount of water to eliminate the irritation on the next application. If there is no skin irritation or burning on the next 15-minute application it is OK to continue with these applications.

❑ If at any time there is skin irritation or burning, then double the additional water beyond what was used on the last application.

## **How to Adjust Supporting and Additional Protocols for Children**

The following charts explain how to adjust all other Protocols for children.

| <b>Babies 12 lbs (5.5 kg) and Less</b> |  |
|--|--|
| <b>Protocol</b>                        | <b>Dosage</b>  |
| <b>Bag Treatment</b>                   | <b>Do not use.</b>   |
| <b>Baths and Foot Baths:</b>           | <b>Use 1/4 number of drops of adult dose —page 90.</b>   |
| <b>Black Widow Bite</b>                | <b>Same as adults —page 144.</b>   |
| <b>Brown Recluse Spider Bite</b>       | <b>Same as adults —page 140.</b>   |
| <b>Burns</b>                           | <b>Same as adults —page 162.</b>   |
| <b>Enema</b>                           | <b>Use 1/4 number of drops of adult dose —page 92.</b>   |
| <b>Eyes/Ears/Nose</b>                  | <b>Use 1/8 drop of MMS1 per ounce of distilled water for the eyes; and 1/4 drop per ounce of distilled water for the ears and nose — page 84.</b>                |
| <b>Food Poisoning</b>                  | <b>Use 1/4 number of drops of adult dose —page 150.</b>  |
| <b>Fungi</b>                           | <b>Same as adults —page 98.</b>  |
| <b>Heart Attacks for Babies</b>        | <b>Use 1/8 amount of DMSO and do the 6 and 6 (but for babies see above which would actually be 1 and 1) and follow all of the instructions on page 158.</b>      |
| <b>Indian Herb</b>                     | <b>Do not use.</b>   |
| <b>Mouth and Teeth</b>                 | <b>Use 1 drop of MMS1 per ounce of water —page 48.</b>   |
| <b>Protocol 4000</b>                   | <b>Do not use for babies.</b>  |
| <b>Spray Bottle</b>                    | <b>Use 3 drops MMS1 per ounce of water —page 50.</b>   |
| <b>Strokes for Babies</b>              | <b>Use 1/8 amount of DMSO and do the 6 and 6 (but for babies see dosage above, it would actually be 1 and 1) and follow all of the instructions on page 153.</b> |

| <b>Children 12-24 lbs (5.5-11 kg)</b> |   |
|---------------------------------------|---|
| <b>Protocol</b>                       | <b>Dosage</b>   |
| <b>Bag Treatment</b>                  | <b>Do not use.</b>  |
| <b>Baths and Foot Baths</b>           | <b>Use 1/4 number of drops of adult dose —page 90.</b>  |
| <b>Black Widow Bite</b>               | <b>Same as adults —page 144.</b>  |
| <b>Brown Recluse Spider Bite</b>      | <b>Same as adults —page 140.</b>  |
| <b>Burns</b>                          | <b>Same as adults —page 162.</b>  |
| <b>Enema</b>                          | <b>Use 1/4 number of drops of adult dose —page 92.</b>  |
| <b>Eyes/Ears/Nose</b>                 | <b>Use 1/8 drop of MMS1 per ounce of distilled water for eyes and 1/2 drop of MMS1 per ounce of distilled water for ears and nose —page 84.</b>         |
| <b>Food Poisoning</b>                 | <b>Use 1/4 number of drops of adult dose —page 150.</b>   |
| <b>Fungi</b>                          | <b>Same as adults —page 98.</b>   |
| <b>Heart Attacks</b>                  | <b>Use 1/8 the drops and 1/8 the DMSO an adult would use. Also do the 6 and 6 but for children of this weight, which is actually 2 and 2 —page 158.</b> |
| <b>Indian Herb</b>                    | <b>Do not use.</b>  |
| <b>Mouth and Teeth</b>                | <b>Use 1 drop of MMS1 per ounce of water —page 48.</b>  |
| <b>Protocol 4000</b>                  | <b>Do not use for a child of this weight.</b>   |
| <b>Spray Bottle</b>                   | <b>Use 3 drops MMS1 per ounce of water —page 50.</b>  |
| <b>Strokes</b>                        | <b>Use 1/8 the drops and 1/8 the DMSO an adult would use. Also do Protocol 6 and 6, but for children of this weight it would be 2 and 2 —page 153.</b>  |

| <b>Children 25-49 lbs (11-23 kg)</b> |  |
|--------------------------------------|--|
| <b>Protocol</b>                      | <b>Dosage</b>  |
| <b>Bag Treatment</b>                 | <b>Do not use.</b>   |
| <b>Baths and Foot Baths</b>          | <b>Use 1/4 number of drops of adult dose —page 90.</b>   |
| <b>Black Widow Bite</b>              | <b>Same as adults —page 144.</b>   |
| <b>Brown Recluse Spider Bite</b>     | <b>Same as adults —page 140.</b>   |
| <b>Burns</b>                         | <b>Same as adults —page 162.</b>   |
| <b>Enema</b>                         | <b>Use 1/4 number of drops of adult dose —page 92.</b>   |
| <b>Eyes/Ears/Nose</b>                | <b>Use 1/4 drop of MMS1 in each ounce of water for eyes and 1/2 drop of MMS1 per ounce of water for ears and nose —page 84.</b>                                    |
| <b>Food Poisoning</b>                | <b>Use 1/4 number of drops of adult dose —page 150.</b>  |
| <b>Fungi</b>                         | <b>Same as adults —page 98.</b>  |
| <b>Heart Attacks</b>                 | <b>Use 1/4 the drops and 1/4 the DMSO that an adult would use. Also do Protocol 6 and 6 but for children of this weight it is actually 3 and 3 —page 158.</b>      |
| <b>Indian Herb</b>                   | <b>Do not use.</b>   |
| <b>Mouth and Teeth</b>               | <b>Use 1 drop of MMS1 per ounce of water —page 48.</b>   |
| <b>Protocol 4000</b>                 | <b>Do not use for a child of this weight.</b>  |
| <b>Spray Bottle</b>                  | <b>Use 5 drops MMS1 per ounce of water —page 50.</b>   |
| <b>Strokes</b>                       | <b>Use 1/4 of the drops and 1/4 of the DMSO that an adult would use. Also do Protocol 6 and 6, but for children of this size it is actually 3 and 3 —page 153.</b> |

| <b>Children 50-74 lbs (23-34 kg)</b> |  |
|--------------------------------------|--|
| <b>Protocol</b>                      | <b>Dosage</b>  |
| <b>Bag Treatment</b>                 | Use 1/2 the number of drops an adult would use —page 96.   |
| <b>Baths and Foot Baths</b>          | Use 1/2 number of drops of adult dose —page 90.  |
| <b>Black Widow Bite</b>              | Same as adults —page 144.  |
| <b>Brown Recluse Spider Bite</b>     | Same as adults —page 140.  |
| <b>Burns</b>                         | Same as adults —page 162.  |
| <b>Enema</b>                         | Use 1/2 number of drops of adult dose —page 92.  |
| <b>Eyes/Ears/Nose</b>                | Use 1/4 drop of MMS1 in each ounce of water for eyes and 1/2 drop of MMS1 per ounce of water for ears and nose —page 84.                                   |
| <b>Food Poisoning</b>                | Use 3/4 number of drops of adult dose —page 150.   |
| <b>Fungi</b>                         | Same as adults —page 98.   |
| <b>Heart Attacks</b>                 | Use 1/2 the drops and 1/2 the DMSO that an adult would use. Also do Protocol 6 and 6, but for children of this weight it is actually 4 and 4 see page 158. |
| <b>Indian Herb</b>                   | Follow the instructions that come with the Indian Herb—page 107.   |
| <b>Mouth and Teeth</b>               | Use 2 drop of MMS1 per ounce of water —page 48.  |
| <b>Protocol 4000</b>                 | Do not use for a child of this weight.   |
| <b>Spray Bottle</b>                  | Use 10 drops MMS1 per ounce of water —page 50.   |
| <b>Strokes</b>                       | Use 1/2 the drops and 1/2 the DMSO that an adult would use. Also do Protocol 6 and 6, but for children of this weight it is actually 4 and 4 —page 153.    |

| <b>Children 75-100 lbs (34-45 kg) and Up</b> |   |
|--|---|
| <b>Protocol</b>                              | <b>Dosage</b>   |
| <b>Bag Treatment</b>                         | Use 1/2 the number of drops an adult would use —page 96.  |
| <b>Baths and Foot Baths</b>                  | Use the same number of drops that an adult would use —page 90.  |
| <b>Black Widow Bite</b>                      | Same as adults —page 144.   |
| <b>Brown Recluse Spider Bite</b>             | Same as adults —page 140.   |
| <b>Burns</b>                                 | Same as adults —page 162.   |
| <b>Enema</b>                                 | Use the same number of drops an adult would use —page 92.   |
| <b>Eyes/Ears/Nose</b>                        | Use 1/4 drop of MMS1 per ounce of water for eyes and 1 drop of MMS1 per ounce of water for ears and nose —page 84.                |
| <b>Food Poisoning</b>                        | Same as adults —page 150.   |
| <b>Fungi</b>                                 | Same as adult —page 98.   |
| <b>Heart Attacks</b>                         | Use MMS1 and DMSO the same as adults. Also do Protocol 6 and 6, but for children of this weight it is actually 5 and 5 —page 158. |
| <b>Indian Herb</b>                           | Follow the instructions that come with the Indian Herb.—page 107.   |
| <b>Mouth and Teeth</b>                       | Use 2.5 drops of MMS1 per ounce of water —page 48.  |
| <b>Protocol 4000</b>                         | Use a size 4 capsule filled to 1/4 at first and then work up to a 3/4 full capsule in two days and thereafter—page 112.           |
| <b>Spray Bottle</b>                          | Use 10 drops MMS1 per ounce of water —page 50.  |
| <b>Strokes</b>                               | Use the same MMS1 and DMSO as adults. Also do Protocol 6 and 6, but for children of this weight it is actually 5 and 5 —page 153. |

# Chapter 12

## Additional Important Information

### Daily MMS1 Maintenance Dose

**A daily maintenance dose of MMS1 is very important.** With the tremendous amount of toxins, poisons and other health hazards that cause disease in today's society, prevention is essential to help one enjoy a healthy and balanced life. MMS1 can help you reach this goal. A good time to take your maintenance dose is before bedtime, which aids the detoxification process during sleep. In times of stress or when local things are "going around" flu, coughs, colds, etc., or anytime you have extra exposure to toxins, such as during travels, and so on, I suggest doubling the maintenance dose. That is, if you take a daily maintenance dose and you have extra exposure, take it twice a day (morning and evening) instead of once. If you take a maintenance dose three times a week, instead take it daily during these times.

You will notice on the dosage charts below I am suggesting that adults under 60 years of age take a maintenance dose three times a week, and yet I suggest children take a daily maintenance dose (adjusted according to their weight). This is because children, as a rule, are exposed to a wide variety of toxins throughout the day; they play on the floor or in the dirt, put dirty hands into their mouths, etc.

| <b>Daily Maintenance Dose—Children</b> |                      |
|--|----------------------|
| <b>Age and Weight</b>                  | <b>Daily Dosage</b>  |
| <b>12 lbs or less (5.5 kg or less)</b> | <b>1 drops daily</b> |
| <b>12-24 lbs (5.5-11 kg)</b>           | <b>2 drops daily</b> |
| <b>25-49 lbs (11-23 kg)</b>            | <b>3 drops daily</b> |
| <b>50-74 lbs (23-34 kg)</b>            | <b>4 drops daily</b> |
| <b>75-100 lbs (34-45 kg)</b>           | <b>5 drops daily</b> |
| <b>100-lbs and up (45 kg and up)</b>   | <b>6 drops daily</b> |

| <b>Daily Maintenance Dose—Adults</b>                  |                          |
|---|--------------------------|
| <b>Age and Weight</b>                                 | <b>Daily Dosage</b>      |
| <b>Adults 60 years and over<br/>100 to 200 lbs</b>    | <b>6 drops daily</b>     |
| <b>Adults 60 years and over<br/>200 lbs and over</b>  | <b>8 drops daily</b>     |
| <b>Adults 60 years and under<br/>100 to 200 lbs</b>   | <b>6 drops 3x a week</b> |
| <b>Adults 60 years and under<br/>200 lbs and over</b> | <b>8 drops 3x a week</b> |

## **Mosquito bites**

When bitten by a mosquito, dab one drop of unactivated MMS right on the bite and gently rub it in. The itching should stop in several minutes. It is not usually necessary to wash the MMS off after rubbing it in, but if you prefer, wash the area with soap and water after waiting at least 15 minutes.

## **MMS2—Details**

MMS2, calcium hypochlorite, is known in most places as Pool Shock. It is sold in pool stores and grocery stores throughout the world. As long as it is for swimming pools,

manufacturers cannot put bad things in the pools that would hurt swimmers, and thus cannot put harmful things in the calcium hypochlorite. The package will say it contains somewhere from 45% to 85% available chlorine. **This is not true.** As long as you have **calcium** hypochlorite (not **sodium** hypochlorite, which does produce chlorine) there is no available chlorine. When calcium hypochlorite is dissolved in water it turns into **hypochlorous acid (HOCl)** and no chlorine is available. HOCl is the same acid that your body naturally generates to kill disease and destroy poisons. When you take MMS2, you are giving your body more of its own ammunition against disease. The microorganisms in a swimming pool are killed by the HOCl and not by chlorine. Manufacturers only say there is available chlorine in order to make the calcium hypochlorite sell, as many in the world unfortunately still think that chlorine is a safe and effective product for killing microorganisms.

## Instructions

### Step 1.

- Purchase calcium hypochlorite from a local store. (It is available in most countries throughout the world mostly from pool stores or grocery stores and sometimes department stores.)

### Step 2.

- Purchase some empty gel capsules, size #1 or #0. If you cannot find these, purchase a regular bottle of some type of vitamin capsules in one of these same sizes. Empty the capsules by pulling them apart.

**Step 3.**

- ❑ Fill the capsules with the calcium hypochlorite granules. Do not try to grind the granules finer. Just use the granules as they are. Always start low in the amount you add to your capsule and increase your doses gradually.
  
- ❑ For size #1 capsules, start with filling the capsule 1/4 full, increase to 1/2 full, and then to 3/4 full—then to a full size #1 capsule.
  
- ❑ For #0 size capsules start with filling the capsule 1/8th full, and then go to 1/4 full, then to 1/2 full. Do not fill the #0 size capsule more than 3/4 full.
  
- ❑ When actually taking these capsules, start with taking one capsule at the lowest dose. Two hours later take another capsule also at the lowest dose.
  
- ❑ Then two hours later, go up to the next level, that is take another capsule but this time of the medium size dose. Two hours later, take the second capsule of the medium size dose.
  
- ❑ If there are no problems after taking these 4 capsules, then go to the maximum size dose and stick with that as your standard MMS2 dose for the duration of time you are taking MMS2.
  
- ❑ Always take MMS2 capsules two hours apart.
  
- ❑ Always drink the first MMS2 capsule down with 1 full cup (8 ounces/240 ml) of water. With each capsule after that, drink at least 1/2 cup (4 ounces/120 ml) of water, but drink more if you need it.

**Notes:**

*In case of nausea or diarrhea reduce the amount of calcium hypochlorite in each capsule by 50%. When these symptoms subside, slowly increase the amount to the suggested doses given above.*

*If you have purchased MMS2 capsules already made up, you may need to open the capsules and empty out some of the powder in order to follow the above instructions.*

*These are the general guidelines for making MMS2 capsules. See Protocol 2000 or Protocol 4000 for specific instructions on dosing with MMS2.*

## **Testing to See if Liquids are Compatible with MMS**

### **Step 1.**

- Measure out 1/2 cup (4 ounces/120 ml) of any liquid that you want to test to see if you can use that liquid for taking a dose of MMS1. All teas, juices, soft drinks and other liquids other than what has been mentioned in this book as compatible with MMS1, should be tested.
  
- Mix up a 3-drop dose of MMS1 and pour it into the 4 ounces/120 ml of liquid that you have just prepared.

### **Step 2.**

- Remove a single test strip from the LaMotte container and dip it into the 4 ounces of liquid containing your 3-drop properly prepared dose. (Do not move the strip around while in the liquid.)

- ❑ Count 2 seconds using the “one one-thousand, two one-thousand” method, then remove the strip from the liquid. (Do not flick any of the liquid off the strip when you take it out.) Do a similar count up to ten and then check the strip with the color chart on the side of the Lamotte container. When you use 3 MMS1 drops in 4 ounces/120 ml of liquid, your number should be between 25 and 100.
- ❑ Cover and set aside your liquid out of the light with the 3 drops of MMS1 and wait 1 hour.
- ❑ After 1 hour do the same test over again with the same liquid, but with a new test strip. The number indicated by the color chart should again be between 25 and 100, if it is, your liquid is compatible with MMS1.
- ❑ If the reading is above 10 after one hour, you could still use that type of liquid providing you drink your dose immediately after putting the MMS1 in.



This is a picture of a container of 50 test strips for measuring the strength of chlorine dioxide. You can buy them over the Internet from La Motte Company, Chestertown, MD.

Their Site is <http://www.lamotte.com>.

Go to this site and put “chlorine dioxide” into the search box. There will be a list of distributors around the world.

Choose the distributor nearest you and check with them to make sure they carry the test strips.

## Parasites

There is an old saying that seems to prove true most of the time, and that is that we need to have a balance in all things. Because someone has discovered some parasites in their body is not a reason to jump right into harsh poisonous treatments to expel them all. Let me explain.

First, I want to point out that this is not by any means meant to be all comprehensive on the theme of parasites. This is a vast subject and there can be a wide variety of reasons why parasites can cause problems in the human body. This information is food for thought, as well as some pointers on where to get started when trying to rid (or reduce) the body of unwanted parasites.

There are many types of parasites, and it might surprise some people to discover that not all parasites are bad, and expelling them from the body is not always the best thing to do. There are quite a few books available today pointing out that the human body needs parasites. Parasites do not **always** come from eating the wrong thing, or from walking through the woods, or through the grass, or walking along the sea shore in bare feet. Parasites show up in various parts of the body when needed because of an existing bad condition. Parasites do not eat healthy flesh or tissues. They eat dying and rotten tissues and other microorganisms that may be dead. Normally, they are not there to hurt the area, but rather to *clean up* the mess. They are often one of the body's last stands against a bad problem that is hurting the body.

Many parasites are symbiotic (aiding life). Parasites often come from within our bodies, and, as I mentioned above,

not always from outside the body. We get rid of them by restoring health to the body, not by using various poisons to kill them. Poisons for parasites are also poisons for us and they do a certain amount of damage to our bodies. It is somewhat like using chemotherapy. Allopathic medicine advocates very harmful poisons to try to kill cancer before the cancer kills the body. At least that is the theory, and using poisons to kill parasites is similar. I believe that first using MMS to kill the pathogens and remove the heavy metals and toxins that cause disease is the best way to go. MMS is able to correct the cause of disease and then the body can repair itself and parasites are likely to be expelled in the process as well. Do as much good as you can with MMS and then consider what is necessary to handle the parasites.

The first step would be to follow the protocols in this manual. These protocols have overcome thousands of unhealthy conditions. Start at the beginning with the Starting Procedure and follow through as the Health Recovery Plan indicates. Once your body has healed, then the parasites—not having dead flesh or toxins to feed on—will die off, then the body can expel worms and parasites naturally through the bowels if they are functioning properly.

Now, having said all that, remember what I said about balance. There are times when a person can have too many parasites. I'm not saying there is never a need to expel them. There are many reasons, too many to name here, why parasites may get out of hand. But briefly, as I said, many parasites are symbiotic—many come from within our body, **but not all**. There is no doubt that some enter the body in our food and through other ways. Thankfully, nature has provided ways for handling these things if everything is working properly in the body. When stomach acid is normal for example, this destroys most parasites and/or parasite eggs that enter the body

through food. Regular bowel movements also keep things moving and parasite larva goes through before it has a chance to latch on to the colon and hatch. When one gets drastically constipated and things get backed up, it's another story. Some suggest that a highly nutritious diet will keep parasites at bay. So there are many whys and wherefores as to why some people have a high amount of parasites and others do not.

In any case, if the parasites get too far out of balance, large quantities of parasites must be addressed directly. If a person has healed their body from disease or conditions that brought on parasites to *clean things up*, but an imbalance of parasites persist, then taking extra steps to rid the body of parasites is necessary. I suggest more natural ways to accomplish this, rather than using pharmaceutical drugs.

Most health food stores have various natural treatments for killing or balancing parasites in the body. Likewise, there are many herbs and foods in nature that accomplish this purpose if taken correctly. Some researchers have shown that parasites are particularly vulnerable to a variety of herbs which are lethal only to them. Investigate and find out what is common in your country and location. Look up Dr. Hulda Clark's *Herbal Parasite Cleanse for Beginners* on the Internet At:

<http://www.drclark.net/cleanses/beginners/herbal-parasite-cleanse/parasite-chart-for-adults>

In addition, there are those who use electrical frequencies to kill parasites and that sometimes is beneficial without hurting the body. I believe that the electric current frequency machines work well, but in thousands of cases I have personally not found many folks that really needed to destroy their parasites with the electric frequency machine. But, in the case where it is needed, I would recommend Pavel's electronic zapper machine. Go to:

bestzapper.net/en/ for information. I should also mention that Pavel's machine can be adjusted to kill pathogens which cause a wide variety of diseases other than parasites which of course destroys the disease, thus restoring health just like MMS.

Nature provides many things within the body which we have not learned to use. Modern science for the most part has not tried to learn these things. When a body dies if it is put in a completely sterile room where there are no germs or pathogens or worms, within a few hours the body will be riddled with parasitic worms which will, in a few days, destroy the body completely except for the skeleton. All those worms came from within the body, not from walking through the woods. We cheat nature of its job by taking a corpse to the mortuary and embalming it with a poison that preserves it and kills the worms that would otherwise return it to dust. Nature provides for decomposing the body back to nature once it dies and nature provides parasites (of which many are really symbiotic organisms) that help the body to overcome some extremely bad conditions.

**Note:** *Some people are of the opinion that there is a connection with autism, parasites and vaccines. My suspicion is that the vaccines confuse the natural parasites and also create a more toxic environment that they then try to clean up. They may go overboard and reproduce to the point of causing a problem in the person and thereby contribute to the symptoms of autism. By detoxing the body and reducing the parasite population, thousands of children with autism have shown significant improvements. Check out Kerri Rivera's book on the subject.*

# Chapter 13

## Animals

### Protocol for Animals

#### Overview

All of the protocols in this book can be applied to most animals (except ruminants, see below)—from dogs and cats, to horses, hamsters, to elephants. This chapter on animals is not meant to be comprehensive by any means. Time and space do not permit at the time of this writing. However, I do want to give you some general guidelines and rules for animals, which if followed should allow you to handle most of their diseases and health problems.

#### Why only mammals?

#### Basics

As mentioned in the Forward of this book, those of you who have read my previous writings on MMS may notice some variations here to what I've published in the past. For animals, as with humans, through on-going use of MMS we have learned new things. It has become more and more obvious that animals and humans react to the healing benefits of MMS in similar ways.

Basically all the same rules apply for animals as with people when using MMS. That is, if the animal seems to get better with what you are doing, keep up with what

you are doing. Do not change anything. If the animal seems to get sicker with MMS, such as getting diarrhea or vomiting, then reduce the dosage you are giving by one half, but do not stop. If you do not see positive results of any kind within 3-4 days, you would then go to the next level of protocol. With animals, I suggest less waiting time than with people before going to the next level of the protocol because normally animals respond (heal) faster than humans. For the most part you can treat an animal with MMS pretty much the same as a human. If you have read and carefully studied this manual, the same rules and principles apply, with some minor adjustments.

- Oral dosage of MMS is different for animals than for humans and depends on their weight.
- Ruminants (e.g., cows, sheep, goats, etc.) have a gastrointestinal anatomy that is different from that found in humans, cats, dogs, etc. I have it on good authority—although not from personal experience—that ruminants should never receive MMS orally. Instead, these animals must receive a variation of MMS known as CDI shot (Chlorine Dioxide Injectable). This variation of MMS was developed by Dr. Andreas Kalcker and is saline solution infused with chlorine dioxide that has a pH of about 7.

**Important Note:** *The oral dosing information that follows is not for ruminants. Further information for ruminants can be found in Andreas Kalcker's book on CDS. The details of CDS and CDI are beyond the scope of this book, but may be included in future editions.*

### **Oral Dosage of MMS for an Animal**

**Important Note:** *All oral doses of MMS for animals must be calculated according to the weight of the animal; More on this below.*

## General Malaise/Sickness

If your animal is not well, and the animal **has not been diagnosed** with any particular disease (i.e., cancer, etc.) I suggest trying Protocol 6 and 6 first.

### Step 1.

- Give Protocol 6 and 6 (**but be sure the amount is adjusted for the weight of the animal**, as per the chart below).

### Step 2.

- If the animal is well after you have done Step 1 above, good, the animal can go on the daily maintenance dosage.

### Step 3.

- If however the animal has improved some or even a lot with one 6 and 6 procedure, but is not all the way well yet, then follow the rule that says if things are improving do not change anything—keep doing what you are doing. In this case, after the first 6 and 6, wait a few hours, and give the animal another 6 and 6 dosage (remember, adjusted for the weight of the animal as per the chart below).
- If the animal continues to show improvement but is not fully recovered, give 6 and 6 in the morning and 6 and 6 in the evening, as long as the animal is improving, until well.

### Step 4.

- ❑ If the animal gets well after taking a 6 and 6 dosage a few times as needed, you can stop this protocol and begin the maintenance dosage one time every day.

**Note:** *In the case where you give an animal 6 and 6 one time and they do not show **any** signs of improvement, move right on to the Starting Procedure followed by Protocol 1000 and continue on with the Health Recovery Plan if needed. Again, remember, all doses for your animal must be adjusted according to the weight chart below.*

**If the animal continues to be unwell after Protocol 6 and 6 has been administered, or has been diagnosed with a particular disease:**

### Step 1.

- ❑ If the animal does not get well, or if your animal has already been diagnosed with a specific disease, such as pneumonia or cancer or any other disease, you will need to begin with the Starting Procedure and move on to Protocol 1000 and progress up through Protocol 1000 Plus, 2000, and 3000 according to the instructions in this Manual. Just be sure to adjust the amount of MMS for each dosage according to the weight of the animal as given in the chart below.

## Calculating Doses and Explanation of Measurements for Animals

➤ **The size of the dosage should always be determined by the weight of the animal.** Below is the chart for dosing animals. Please read this chart carefully as the

different drops, milliliters, and milligrams change in the chart. Be attentive to the changes. Follow the guidelines below:

➤ **Cup1 and Cup2:** You will need to prepare a solution of MMS1 in water, from which you will measure out a certain amount of drops or milliliters of the solution to give to your animal. As stated above, the dosage for animals is determined by the weight of the animal. Cup1 is a weaker solution of MMS. It is for small animals, because they need a very small amount. Therefore the solution you are taking drops from needs to be much weaker than for larger animals. Cup2 is a stronger solution used for larger animals.

| <b>Protocol for Animals Legend</b> |                        |
|------------------------------------|------------------------|
| <b>ml</b>                          | <b>milliliters</b>     |
| <b>1000 ml</b>                     | <b>1 liter</b>         |
| <b>mg</b>                          | <b>milligrams</b>      |
| <b>kg</b>                          | <b>kilogram</b>        |
| <b>ml</b>                          | <b>milliliter</b>      |
| <b>lbs</b>                         | <b>pounds</b>          |
| <b>d-C1</b>                        | <b>drops from Cup1</b> |
| <b>d-C2</b>                        | <b>drops from Cup2</b> |
| <b>ml-C1</b>                       | <b>ml from Cup1</b>    |
| <b>ml-C2</b>                       | <b>ml from Cup2</b>    |
| <b>MMS1</b>                        | <b>activated MMS</b>   |
| <b>d-MMS1</b>                      | <b>drops of MMS1</b>   |

- **Measurement for Cup1:** Use 1 drop of MMS1 in 1/2 cup (4 ounces/120 ml) of water. From this solution you will measure out drops or milliliters to give your animal, as per the chart below.

- **Measurement for Cup2:** Use 8 drops of MMS1 in 1/2 cup (4 ounces/120 ml) of water. From this solution

you will measure out drops or milliliters to give your animal as per the chart below.

**Note:** Use distilled or bottled water for these solutions, to make sure there is no chlorine or fluoride in the water.

### **Explanation of Columns of the Dosage Chart for Animals:**

**Note: Weight of animals** given both in pounds and in kilograms.

**Column 1: Starting Procedure** dosage for animals.

**Column 2: Protocol 1000** dosage for animals. The same as Protocol 1000 for people, you work up gradually to the 3-drop dose; the three figures in this column represent the gradual dosage. The first number is the starting dose, the second number is the middle dose, and the third number is the maximum dose that you would ever give an animal for that particular weight listed in the column for Protocol 1000.

- ❑ Always start with the Starting Procedure then move on to Protocol 1000, increasing the dosage slowly to the maximum dose for Protocol 1000, but no higher than the dose listed in the column row on the chart or the weight of your animal.
- ❑ If at any time you notice your animal getting sicker you have increased his dose too quickly. Reduce the dose immediately by 50%.
- ❑ If the animal does not get better you would move on to Protocol 1000 Plus, which means add in DMSO with each oral dose. The amount of DMSO to add is three times the amount of the

MMS dose you are giving, whatever it is for the weight of your animal.

**Column 3: Protocol 2000** dosage for animals, again, depending on their weight. I have only given two numbers in this column. This is because the principle of Protocol 2000 is you work up to taking as many drops as you can per hour but without getting sick. So, the first number is the amount you would start your animal on. The second number in this column is the maximum amount of MMS that an animal is likely to be able to take according to the animal's weight—never go over the second figure listed.

- ❑ Start with the first number given in this column, and then increase the amount of MMS in small increments every 2-3 hours as it seems the animal can take it. Or if you notice an improvement do not change the dose from that point until there is no more improvement, then you can increase slowly but do not go over the second figure.
- ❑ If at any time your animal seems to get diarrhea, vomits, or shows other signs of increased sickness, decrease the dosage by 50%. The last amount you gave without the animal getting sick is most likely the correct dosage to stay at.
- ❑ Remember; on this Protocol continue with giving DMSO along with the MMS.

**Column 4: Protocol 6 and 6** dosage for animals.

- ❑ You may find this column the most important and useful because Protocol 6 and 6 will cure most problems of animals besides the spray bottle. Just

follow the instructions under the heading **General malaise/sickness** above in this section.

**Column 5: MMS2** dosage for animals.

❑ MMS2 is difficult with animals and normally you don't have to use MMS2, but if your animal seems resistant to getting better you may want to try it. In that case these are the amounts your animal needs every two hours while on the protocol—the same as with humans. Read the instructions for people on page 182. The amounts of MMS2 given in the chart below are the maximum amounts to give. Start the animal out with a much smaller dosage than given in the chart and then work up to the amount given. **Do not give any more than this amount five times a day** which would be every two hours over a 10-hour period.

❑ Give 1 ml of water for each mg of MMS2 if you are getting your animal to swallow a capsule.

❑ If you cannot get the capsule down your animal's throat you can put the MMS2 (calcium hypochlorite) in its drinking water. Take the total amount of water your animal is supposed to drink in a day (that is something you can find on the internet), add 1/2 to 1 times the amount of MMS2 mg that your animal should take in a day (as listed in column 6 and the row giving your animal's weight) to the animal's drinking water.

❑ If you are serious, you will need to buy a milligram scale. I suggest the Gemini-20 Portable Milligram Scale. It has the capacity to weigh 1 milligram up to 20 grams, which is accurate enough with the capacity for animals—one pound

to heavier than a horse. The cost varies from US\$ 24 dollars to US\$60 dollars and they can be bought on the Internet and shipped almost anywhere in the world. In the US you can buy them from Wal-Mart or eBay. Just go to Google and put in Gemini-20 Portable Milligram scale for a number of companies that sell this amazing scale. If you don't have a scale and cannot get one, keep in mind that a size 0 (zero) capsule holds approximately 300 mg of MMS2 which you could divide several times to get lesser amounts.

**Column 6: Maintenance Dosage** amounts for animals.

❑ A daily maintenance dosage of MMS1 will keep your animals clear of toxins, pathogens (sickness causing microorganisms) and parasites. You could mix it up and put it in their drinking water for the day. A full day's water supply would be good to mix this dosage in and it would not really taste bad.

❑ If you haven't been treating your animal with MMS, and you give it a maintenance dose and it makes it sick, this is an indication that there are toxins that need to be flushed out. In this case, put your animal on the Starting Procedure, followed by Protocol 1000. After completing Protocol 1000, continue with a daily maintenance dosage.

**Note on *Animal Protocol Dosage Chart Shading*:**

- White area of the chart represents doses from Cup1.
- Medium shaded area represents doses from Cup2.
- Dark shaded area represents MMS1 drops.

| <b>Animal Protocol Dosages: Chart 1</b>    |                             |                              |                           |
|--|-----------------------------|------------------------------|---------------------------|
|  | <b>1</b>                    | <b>2</b>                     | <b>3</b>                  |
| <b>Weight of Animal</b>                    | <b>Starting Procedure</b>   | <b>Protocol 1000</b>         | <b>Protocol 2000</b>      |
| <b>1 - 2 lbs.<br/>(0.45 - 0.9 kg)</b>      | <b>8-16-24<br/>d-C1</b>     | <b>1.5-3-4.5<br/>ml-C1</b>   | <b>4.5-12<br/>ml-C1</b>   |
| <b>2 - 4 lbs<br/>(0.9 - 1.8 kg)</b>        | <b>15-30-45<br/>d-C1</b>    | <b>3-6-9<br/>ml-C1</b>       | <b>9-24<br/>ml-C1</b>     |
| <b>4 - 6 lbs<br/>(1.8 - 2.7 kg)</b>        | <b>1.5-3-4.5<br/>ml-C1</b>  | <b>6-12-18<br/>ml-C1</b>     | <b>18-48<br/>ml-C1</b>    |
| <b>6 - 8 lbs<br/>(2.7 - 3.6 kg)</b>        | <b>4-8-12<br/>d-C2</b>      | <b>1-2-3<br/>ml-C2</b>       | <b>3-8<br/>ml-C2</b>      |
| <b>8 - 12 lbs<br/>(3.6 - 5.5 kg)</b>       | <b>6-12-18<br/>d-C2</b>     | <b>1.2-2.4-3.6<br/>ml-C2</b> | <b>3.5-9.5<br/>ml-C2</b>  |
| <b>12 - 16 lbs<br/>(5.5 - 7.2 kg)</b>      | <b>8-16-24<br/>d-C2</b>     | <b>1.5-3-4.5<br/>ml-C2</b>   | <b>4.5-12.5<br/>ml-C2</b> |
| <b>16 - 22 lbs<br/>(5.7 - 10 kg)</b>       | <b>10-20-30<br/>d-C2</b>    | <b>2-4-6<br/>ml-C2</b>       | <b>6-16<br/>ml-C2</b>     |
| <b>22 - 30 lbs<br/>(10 - 13.6 kg)</b>      | <b>14-28-42<br/>d-C2</b>    | <b>3-6-9<br/>ml-C2</b>       | <b>9-24<br/>ml-C2</b>     |
| <b>30 - 40 lbs<br/>(13.6 - 18 kg)</b>      | <b>19-38-57<br/>d-C2</b>    | <b>3.5-7-10.5<br/>ml-C2</b>  | <b>10.5-30<br/>ml-C2</b>  |
| <b>40 - 55 lbs<br/>(18.1 - 25 kg)</b>      | <b>25-50-75<br/>d-C2</b>    | <b>5-10-15<br/>ml-C2</b>     | <b>15-40<br/>ml-C2</b>    |
| <b>55 - 75 lbs<br/>(25 - 34 kg)</b>        | <b>1.5-3-4.5<br/>ml-C2</b>  | <b>6-12-18<br/>ml-C2</b>     | <b>18-48<br/>ml-C2</b>    |
| <b>75 - 100 lbs<br/>(34 - 45.4 kg)</b>     | <b>2.5-5-7.5<br/>ml-C2</b>  | <b>10-20-30<br/>ml-C2</b>    | <b>30-80<br/>ml-C2</b>    |
| <b>100 - 150 lbs<br/>(45.4 - 68 kg)</b>    | <b>3.5-7-10<br/>ml-C2</b>   | <b>14-28-42<br/>ml-C2</b>    | <b>42-112<br/>ml-C2</b>   |
| <b>150 - 200 lbs<br/>(68 - 91 kg)</b>      | <b>4.5-9-13<br/>ml-C2</b>   | <b>18-36-54<br/>ml-C2</b>    | <b>54-144<br/>ml-C2</b>   |
| <b>200 - 300 lbs<br/>(91 - 136 kg)</b>     | <b>7-14-21<br/>ml-C2</b>    | <b>2-4-6<br/>d-MMS1</b>      | <b>6-16<br/>d-MMS1</b>    |
| <b>300 - 500 lbs<br/>(136 - 227 kg)</b>    | <b>11-22-33<br/>ml C2</b>   | <b>3-6-9<br/>d-MMS1</b>      | <b>9-24<br/>d-MMS1</b>    |
| <b>500 - 1000 lbs<br/>(227 - 454 kg)</b>   | <b>1.5-3-4.5<br/>d MMS1</b> | <b>6-12-18<br/>d-MMS1</b>    | <b>18-48<br/>d-MMS1</b>   |
| <b>1000 - 1500 lbs<br/>(454 - 681 kg)</b>  | <b>2.5-5-7.5<br/>d-MMS1</b> | <b>10-20-30<br/>d-MMS1</b>   | <b>30-80<br/>d-MMS1</b>   |
| <b>1500 - 2300 lbs<br/>(681 - 1045 kg)</b> | <b>3-7-10<br/>d-MMS1</b>    | <b>14-28-42<br/>d-MMS1</b>   | <b>42-112<br/>d-MMS1</b>  |

| <b>Animal Protocol Dosages: Chart 2</b>    |                               |                |                          |
|--|-------------------------------|----------------|--------------------------|
|  | <b>4</b>                      | <b>5</b>       | <b>6</b>                 |
| <b>Weight of Animal</b>                    | <b>6 and 6</b>                | <b>MMS2</b>    | <b>Daily Maintenance</b> |
| <b>1 - 2 lbs.<br/>(0.45 - 0.9 kg)</b>      | <b>9 &amp; 9<br/>ml-C1</b>    | <b>2 mg</b>    | <b>9 ml-C1</b>           |
| <b>2 - 4 lbs<br/>(0.9 - 1.8 kg)</b>        | <b>18 &amp; 18<br/>ml-C1</b>  | <b>4 mg</b>    | <b>18 ml-C1</b>          |
| <b>4 - 6 lbs<br/>(1.8 - 2.7 kg)</b>        | <b>36 &amp; 36<br/>ml-C1</b>  | <b>12 mg</b>   | <b>36 ml-C1</b>          |
| <b>6 - 8 lbs<br/>(2.7 - 3.6 kg)</b>        | <b>6 &amp; 6<br/>ml-C2</b>    | <b>16 mg</b>   | <b>6 ml-C2</b>           |
| <b>8 - 12 lbs<br/>(3.6 - 5.5 kg)</b>       | <b>7 &amp; 7<br/>ml-C2</b>    | <b>24 mg</b>   | <b>7 ml-C2</b>           |
| <b>12 - 16 lbs<br/>(5.5 - 7.2 kg)</b>      | <b>9 &amp; 9<br/>ml-C2</b>    | <b>32 mg</b>   | <b>9 ml-C2</b>           |
| <b>16 - 22 lbs<br/>(5.7 - 10 kg)</b>       | <b>12 &amp; 12<br/>ml-C2</b>  | <b>44 mg</b>   | <b>12 ml-C2</b>          |
| <b>22 - 30 lbs<br/>(10 - 13.6 kg)</b>      | <b>18 &amp; 18<br/>ml-C2</b>  | <b>60 mg</b>   | <b>18 ml-C2</b>          |
| <b>30 - 40 lbs<br/>(13.6 - 18 kg)</b>      | <b>21 &amp; 21<br/>ml-C2</b>  | <b>80 mg</b>   | <b>21 ml-C2</b>          |
| <b>40 - 55 lbs<br/>(18.1 - 25 kg)</b>      | <b>2 &amp; 2<br/>d-MMS1</b>   | <b>110 mg</b>  | <b>2<br/>d-MMS1</b>      |
| <b>55 - 75 lbs<br/>(25 - 34 kg)</b>        | <b>3 &amp; 3<br/>d-MMS1</b>   | <b>150 mg</b>  | <b>3<br/>d-MMS1</b>      |
| <b>75 - 100 lbs<br/>(34 - 45.4 kg)</b>     | <b>4 &amp; 4<br/>d-MMS1</b>   | <b>200 mg</b>  | <b>4<br/>d-MMS1</b>      |
| <b>100 - 150 lbs<br/>(45.4 - 68 kg)</b>    | <b>6 &amp; 6<br/>d-MMS1</b>   | <b>300 mg</b>  | <b>6<br/>d-MMS1</b>      |
| <b>150 - 200 lbs<br/>(68 - 91 kg)</b>      | <b>7 &amp; 7<br/>d-MMS1</b>   | <b>400 mg</b>  | <b>7<br/>d-MMS1</b>      |
| <b>200 - 300 lbs<br/>(91 - 136 kg)</b>     | <b>12 &amp; 12<br/>d-MMS1</b> | <b>600 mg</b>  | <b>12<br/>d-MMS1</b>     |
| <b>300 - 500 lbs<br/>(136 - 227 kg)</b>    | <b>18 &amp; 18<br/>d-MMS1</b> | <b>1 gram</b>  | <b>18<br/>d-MMS1</b>     |
| <b>500 - 1000 lbs<br/>(227 - 454 kg)</b>   | <b>36 &amp; 36<br/>d-MMS1</b> | <b>2 grams</b> | <b>36<br/>d-MMS1</b>     |
| <b>1000 - 1500 lbs<br/>(454 - 681 kg)</b>  | <b>56 &amp; 56<br/>d-MMS1</b> | <b>3 grams</b> | <b>56<br/>d-MMS1</b>     |
| <b>1500 - 2300 lbs<br/>(681 - 1045 kg)</b> | <b>86 &amp; 86<br/>d-MMS1</b> | <b>5 grams</b> | <b>86<br/>d-MMS1</b>     |

**Note:** *Remember, MMS (unactivated sodium chlorite) should never be put in a metal cup or container. Only use glass or good quality plastic water bowls for your animals if putting MMS in their drinking water. On the other hand if you activate the MMS first in a glass or plastic container making it MMS1 and add the water, then after it is activated and mixed with water it is OK to put in metal containers that are often used for drinking water for animals.*

**Measuring:** It is helpful to have on hand a 10-milliliter syringe to measure out ml for your animal. This can usually be purchased at a veterinary store.

## **Additional Important Information on How to Administer Certain Protocols to Animals**

### **Protocol 3000 for Animals**

➤ With Protocol 3000 you will need to use a spray bottle just the same as with people and a spray bottle for DMSO as well. Actually it is simple; just spray a leg or area with what it takes to make the liquid reach the skin through the hair. Then spray DMSO on top of that. See below for ideas on how to use a spray bottle for animals. Remember DMSO kills the MMS in about three hours, but you are going to spray again before three hours, so it is OK to mix the two—MMS1 and DMSO—on the body by first spraying one and then spraying the other one on top. **But do not mix MMS1 and DMSO in the same spray bottle as they will eventually cancel one another out.**

### **Spray Bottle for Animals**

➤ The amount of drops you put in a spray bottle for an animal is the same as for people. However, spraying a hairy animal can be tricky, (for some animals more than others, depending on the length, thickness and amount of

hair). If you want the liquid to actually reach the skin, which is the goal, you can accomplish this by parting the hair, spray, and then use your fingers if necessary to lightly pat and help the liquid reach the skin. Then move over another 1/2 inch or so, part the hair again, spray, and so on, until you have covered the entire desired area needing the spray.

**Note:** You may need to shave an area that is being treated.

### **Supporting and Additional Protocols for Animals**

- For animals, it isn't always easy, but you can use all the other protocols on animals if you need to use them. Using MMS for the eyes, ears, nose, the spray bottle, the patch, and everything except the oral doses should be the same strength for animals as for people as per the instructions in this book.
- Please note, some of these amounts—such as using MMS in the eyes for an animal—has been updated since writing my last book. I now suggest using a much weaker dosage for animals' eyes. (See pages 85-86 for mixing up spray for the eyes.)
- **Mouth and Teeth:** Use the same measurements and process for brushing the animal's teeth as for people. This will not only help to keep your animal's breathe fresh, but all the same principles apply as for people—remember, nearly all diseases are influenced to some extent, either large or small, by the condition of the mouth. (See page 48-50.) It is OK to use the standard spray bottle (see page 51) in your animal's mouth.

## The Golden Rules for Animals

- The same rule applies for animals as for people: if at any time your animal seems to get sicker on MMS, reduce the dosage you are giving by 50%. Once the sickness passes and the animal is OK with the smaller dosage, you can try to slowly work back up, but be careful to not make the animal sicker.
- If the animal is improving on the dosage you are giving and/or what you are doing, do not change what you are doing—keep it up.
- If the animal is not getting better on the dosage you are giving after two or three days, go to the next higher protocol.

**Important Note: *Horses and some other animals cannot vomit*** so be careful to not give your animal, **especially a horse**, too much MMS because making a horse sick is more dangerous than making someone sick who can vomit (because vomiting is the body's way of getting rid of unwanted things, poisons, etc.). However, horses respond to MMS quickly, usually more quickly than people and I have seen a horse overcome a cold using MMS in half an hour. Expect most animals to respond quickly.

## In Conclusion

This is the close of the Genesis II Church of Health and Healing Health Recovery Instruction Manual. Remember, almost all diseases and health problems can be remedied with MMS by following the instructions in this manual. For more information and solutions concerning the vast majority of dangerous illnesses prevalent in our society today, visit our websites.

If you follow these instructions your health will be restored in a reasonable amount of time; however, there is never a 100% guarantee, and there are other things that can still be done. We encourage you to continue to learn more about how to use MMS to recover your health and from there go on to use proper food and supplements to reach and maintain optimum health and prevent illness in the future.

Best intentions for optimal health,

Archbishop Jim Humble

Co-Author: *Cari Lloyd*



## About the Author

Jim Humble first began his work in the health field in his early 20's when he became the manager of a health food store in Los Angeles, California. He authored a 200 question "Nutritional Evaluation Test" that determined the vitamins, minerals, proteins, and fats a person's body might be deficient in. The test was later computerized and was considered by many to be the most accurate method of determining deficiencies known at the time. Over the years Jim has maintained his interest in alternative health, and worked with numerous healing modalities including healing his own broken neck in record time using magnets. He has authored many successful books and his current developments are outlined in this instruction manual.



Jim first started his career in the Aerospace industry, where he quickly became a research engineer. He worked on the first intercontinental missile, wrote instruction manuals for the first vacuum tube computers, worked on secret radio control electronics, and dozens of other "state of the art" electronic projects at Hughes Aircraft Company, Northrop Aircraft, General Motors Research Defense Laboratories, and others. After 20 years in the Aerospace Industry, Jim went into gold mining where he developed methods of gold recovery that replace the use of mercury to help overcome health issues for small miners. He wrote 5 books on the subject of recovering gold from its ores. In 1996, while prospecting for gold in South America, he discovered what has come to be known as MMS, a simple health formula that cured malaria. In the years that followed, he worked to further improve the formula. Eventually a missionary group invited him to Africa where he successfully treated over 5,000 malaria cases and victims of other diseases. Since that time, hundreds of thousands of people have used MMS to recover their health from a wide range of diseases.

**For more information:**

[www.mmswiki.is](http://www.mmswiki.is)

[www.jimhumble.is](http://www.jimhumble.is)

**Contact:** [healthrecovery@jimhumble.is](mailto:healthrecovery@jimhumble.is)

## Links of Interest

### MMS Wiki:

<http://mmswiki.is>

### Jim Humble Homepage:

<http://jimhumble.is>

### Jim Humble Bookstore:

<http://jhbooks.org>

### Jim Humble Social Media:

<http://facebook.com/archbishopjimhumble>

<http://youtube.com/jimhumblelive>

<http://twitter.com/jimhumblelive>

### Jim Humble Affiliate

#### Program:

<http://jimhumbleaffiliate.com>

### MMS Suppliers Around The World:

<http://waterpurificationsuppliers.is>

### MMS Testimonials:

<http://mmstestimonials.is>

<http://video.mmstestimonials.is>

<http://facebook.com/mmstestimonials>

<http://youtube.com/mmstestimonials>

<http://twitter.com/mmstestimonials>

### Genesis II Church / MMS

#### Newsletter Archive:

<http://mmsnews.is>

### Genesis II Church of Health & Healing contact emails:

[support@genesis2church.is](mailto:support@genesis2church.is)

[membership@genesis2church.is](mailto:membership@genesis2church.is)

[seminars@genesis2church.is](mailto:seminars@genesis2church.is)

### Genesis II Church of Health & Healing website:

<http://genesis2church.is>

### Genesis II Church Social Media:

<http://facebook.com/genesisiichurch>

<http://twitter.com/genesisiichurch>

<http://youtube.com/genesisiichurch>

### Espanol:

#### Iglesia Genesis II:

<http://iglesiagenesis2.org>

#### Foro de Genesis II:

<http://forogenesis2.org>

### MMS Noticias:

<http://mmsnoticias.org>

### Social media espanol:

<http://youtube.com/iglesiagenesisii>

<http://twitter.com/iglesiag2>

<http://facebook.com/iglesiagenesisii>

### Testimonios de MMS:

<http://youtube.com/testimoniosdemms>

<http://twitter.com/testimoniosdemms>

<http://facebook.com/testimoniosdemms>

## NOTES

## NOTES

## What the People Say

I have had multiple health problems and they are all finally clearing up due to the MMS. I had a 27-year-old leg ulcer which was several inches long and is now gone. It took 1 month to clear up. My sinuses are finally clear so I no longer cough until I vomit. My arthritis is MUCH better. Fungus on my feet is gone. My gums no longer hurt. My vision is actually improving so that I am able to drive again. This product is incredible. Even the neuropathy in my feet is less painful. I had been taking up to 22 pills, 3 times a day, for all my health issues. Now I just take supplements. God bless you Jim Humble! —Joshua Jenkins

MMS has been the most effective treatment for Lyme disease. Almost 6 years of agonizing symptoms after numerous tick bites, thousands of dollars on doctors and natural remedies and now this little bottle of MMS which cost me about 12 and lasted 3 months, has given huge relief of Lyme disease symptoms. —Dianne Ellis, Australia

Cured 3 dogs (all terminal), first had lymphoma was hours away from death, 1 drop of MMS revived her (a miracle). Second dog had lung cancer, cured her. Third dog had liver failure, cured her. Also recommended MMS to a friend with fibromyalgia, he was disabled; no longer...he is now better and healthy. Thank God for MMS. —RB

Have been taking MMS1 & 2 to treat my stage 3 ovarian cancer. It's been wonderful. Recently my blood tests revealed that my tumor markers were now in the normal range so I went onto a maintenance dose. —Vanessa

After 7 very expensive years trying to overcome weeks at a time of debilitating joint and muscle pain (fibromyalgia)...I am finally free of any symptoms of fibromyalgia. Thank God for Jim Humble! —Brent, USA

I have been using MMS about 7 years now. I am nearly 77 years old and in pretty good health. Thanks to MMS, I have not been sick for more than 1 day in the last 7 years as at the first sign of sickness of any kind I take MMS. I think Jim Humble deserves a Humanitarian Award for his selfless work with MMS. —Len Bridger, Canada

### **For more testimonials:**

*[mmstestimonials.is](http://mmstestimonials.is)*

*[video.mmstestimonials.is](http://video.mmstestimonials.is)*

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*[www.mmswiki.is](http://www.mmswiki.is)*

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