



MMS Health Recovery Guidebook

FIRST EDITION

Jim Humble *with Cari Lloyd*

Disclaimer

This book is filled with alternative health restoration protocols that have been found to work from the experience of grassroots efforts 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 whether or not they seek officially recognized medical attention.

The information contained in this book is strictly for educational purposes. Nothing in this book is intended to constitute medical advice or treatment. The protocols described herein have not been approved by the U.S. Food and Drug Administration (FDA). These protocols are official sacraments of the Genesis II Church of Health and Healing. If you wish to apply the protocols in this book, you are taking full responsibility for your actions. You accept 100% responsibility for any and all use made of any information herein.

We do not claim, nor do we believe that these protocols heal the human body. MMS1, MMS2, bentonite clay (Aztec clay), Aloe vera, DMSO, and all other substances, natural or otherwise, mentioned in this book do not in any way cure or heal the body. MMS1 and MMS2 are oxidizers that destroy poisons and kill pathogens by oxidation. MMS2 (hypochlorous

acid [HOCl]) is the same oxidizer that the human immune system generates in order to destroy pathogens and poisons. Bentonite clay is not a

healing agent but rather it absorbs poisons and pathogens and carries them out of the body. A great deal of evidence given by the FDA, EPA and various industrial corporations prove scientifically that MMS1 (chlorine dioxide) kills and or oxidizes pathogens and poisons in food, public water systems, hospitals, and even slaughter houses. It is our belief that the same thing can and does happen in the human body.

Anecdotal evidence from thousands of people around the world indicates

that there is little doubt MMS1 (chlorine dioxide), and MMS2 (when dissolved in water turns to hypochlorous acid [HOCl]) have the ability to kill

pathogens and/or oxidize poisons in the human body. The FDA regulations specify that chlorine dioxide (MMS1) and calcium hypochlorite

(MMS2) can be used in public water systems to purify the water, and chlorine dioxide is used to preserve vegetables, meat and other items.

The human body on an average is 60-75% water. It stands to reason that chlorine dioxide can also purify the water in the body just as it does in public water systems. Once the water of the body is purified, and many of the poisons oxidized, the body can then heal the body.

IV MMS Health Recovery Guidebook

We do not claim that there is medical proof that any of the claims herein are true. There is however, proof for those who care to check and observe.

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and appreciation goes out to all of you.

Thank you, Archbishop Mark Grenon and sons, Bishop Jon Grenon, and Bishop Joe Grenon, for contributing the Vaccine Procedure for overcoming vaccine injuries. In addition, Mark

also developed the MMS1/DMSO Patch Protocol. You will continue to be rewarded for your tremendous work in this life and

the next.

Many thanks to those who have read this book in its pre-release state and offered suggestions. And very special thanks to

the main proofreaders: DD, Jan Wallace, Daniel Bender, Manuel Catedra, and Charlotte Lackney. Thank you for all the hours put in—each of you made important contributions in your own unique way.

VIII MMS Health Recovery Guidebook

Thank you, Andreas Ludwig Kalcker, for sharing with me the

idea of starting out with very low dosing of MMS, which inspired me to develop the Starting Procedure—a milestone for

the use of MMS.

Clara Beltrones first created what is now known as Protocol 6 and 6 to save her daughter from an appendix operation that

may have taken her life. After that experience, she used Protocol 6 and 6 to help hundreds of people. Now others around the

world have helped thousands using Protocol 6 and 6. Thank you, Clara, for this tremendous contribution.

A special thanks to Rev. Paul Beaudry and Cindy Stoe who created the book cover. And an extra special thanks to Cindy Stoe for laying out this book the way we wanted it. I hope that we were not too demanding on you, Cindy. Thanks for bearing with us.

Thank you, Daniel Bender and Rev. Paul Beaudry, for contributing the illustrations in this book.

It goes without saying, thanks to Matt, for all your tech support. And finally, but certainly not least, a big “zikomo kwambiri” to Cari, my co-author, who worked what seemed like endless hours, making sure that what I wanted to say was presented in a clear and understandable way, not to mention handling all the fine-tuning and so many details! Without Cari this book would not be. I am confident, that years from now, thousands of people will have recovered their health—and it would not have happened without Cari.

Chapter IX

Contents

Acknowledgments.....	VII
Preface.....	XV
Introduction.....	1
Chapter 1 - Getting Started.....	5
Definition of Terms.....	5
Clarification.....	8
Measurements Used in This Book.....	10
CDS and CDH.....	12
Is it Safe to Take MMS?.....	12
What MMS is Not.....	13
Understanding Oxidation	15
Oxidation.....	15
MMS and Oxidation.....	15
Other Oxidizing Processes.....	16
A Word to the Wise.....	17
Chapter 2 - Safety Precautions.....	19
MMS/MMS1.....	19

Calcium Hypochlorite (MMS2).....	22
Citric Acid/Hydrochloric Acid (HCl).....	24
DMSO.....	25
Chapter 3 - MMS Basic Essentials.....	29
Activating MMS	30
Citric Acid and Hydrochloric Acid (HCl).....	30
Some Alternative Acids.....	30
Mixing a Basic Dose of MMS1.....	32
Hourly Doses.....	34
The Importance of Consecutive Doses.....	35
Daily Dose Bottle.....	36
How to Test That Your MMS is Good.....	39
Water—The Ideal Liquid for Mixing an MMS1 Dose....	41
Taste Factor/How to Improve the Taste of MMS1	42
MMS1 in a Capsule (to Eliminate Taste)	45
Simply Can't Take One More Drop	47

X MMS Health Recovery Guidebook

Storing MMS.....	49
Feeling Sick.....	50
Pregnant Women and MMS.....	50
Eating While On MMS Protocols.....	51
Nutritional Supplements and the HRP.....	53
Food and Drink to Avoid When on an MMS Protocol...56	
Chapter 4 - DMSO (Dimethyl Sulfoxide).....	57
DMSO—Where and What to Buy.....	58
DMSO—Allergy Test.....	59
DMSO—Safety Precautions.....	60
Chapter 5 - Health Recovery Plan (HRP).....	63
Background.....	63
How it Works.....	63
Overview of Key Protocols/Health Recovery Plan.....	64
Fundamental Principles.....	66
Line-up of Protocols for the Health Recovery Plan.....	67
Exception to the Rule.....	70
Supporting Protocols—When to Add Them.....	71
A Word on the Additional Protocols.....	72
Two Fundamental Health Procedures for the HRP.....	73
1. Brushing Your Teeth.....	73
2. Spraying Your Skin.....	76
Chapter 6 - The Key Protocols.....	79
Starting Procedure.....	79
Three Golden Rules of MMS.....	83
Protocol 1000.....	84
Protocol 1000 Plus	87
Protocol 2000.....	89
Protocol 3000.....	95
Mold/Fungus Protocol.....	99

An Important Review	108
Chapter 7 - HRP and Various Diseases.....	109
Using the HRP in Conjunction with Supporting Protocols for Various Diseases.....	109
Diseases Generally Considered Incurable.....	117

Chapter XI

Chapter 8 - Reality Check.....	121
Reasons Why You May Not Be Having Complete Success with MMS.....	121
Chapter 9 - Supporting Protocols.....	131
Cough Protocol.....	131
MMS1/DMSO Patch Protocol.....	135
Eyes, Ears and Nose Protocols.....	136
Bath and Foot Bath Protocol.....	142
Enema Protocol.....	148
Colonics.....	152
Douche Protocol	153
MMS Bag Protocol.....	156
Lung Protocol (The Cup).....	159
Chapter 10 - Indian Herb – The Ultimate Health Recovery Effort.....	165
Black Salve.....	167
Chapter 11 - Additional Protocols.....	169
Protocol 6 and 6.....	169
Protocol 4000.....	171
Vaccine Procedure.....	173
Malaria Protocol.....	180
Additional Actions/Basic Malaria Dose.....	182
Helping the Masses Recover from Malaria.....	185
Microscope.....	185
Weaker than Normal Strains of Malaria.....	187
Stronger than Normal Strains of Malaria.....	188
Children (and Malaria).....	189
Chikungunya and Dengue Fever.....	190
Ebola Virus.....	195
Zika Virus.....	195
Mosquito Bites.....	196
MRSA Protocol.....	196
Daily MMS1 Maintenance Dose.....	200
Chapter 12 - Emergency Protocols	203
Stings and Bites.....	204

XII MMS Health Recovery Guidebook

Scorpion Stings.....	204
Bee and Wasp Stings.....	206
Spider Bites.....	210
Brown Recluse Protocol.....	213

Black Widow Protocol.....	217
Snake Bite Protocol.....	219
Food Poisoning Protocol.....	223
Concussion Protocol.....	226
Stroke Protocol.....	227
Heart Attack Protocol.....	236
Burn Protocol.....	245
One Week to Live Protocol.....	249
Chapter 13 - Adjusting Dosages for Children.....	255
A Word to Parents.....	255
Starting Procedure for Children.....	256
Protocol 1000 for Children.....	257
Protocol 1000 Plus for Children.....	258
Protocol 2000 for Children.....	258
Protocol 3000 for Children.....	260
Protocol 6 and 6 for Children.....	264
Patch Protocol for Babies, Children and People with Sensitive Skin.....	265
Daily MMS1 Maintenance Dose for Children.....	266
How to Adjust Supporting and Additional Protocols for Children.....	266
Chapter 14 - Additional Important Information...	273
Biofilms.....	273
MMS2—Details.....	274
Testing if Liquids are Compatible with MMS1.....	278
Pain Relief.....	282
Parasites.....	283
Water Purification with MMS.....	287
Chapter 15 - Animals.....	289
Protocol for Animals.....	289
Oral Dosage of MMS for an Animal.....	290
 Chapter XIII	
General Malaise/Sickness.....	291
If the Animal Has Been Diagnosed.....	292
Calculating Doses/Explanation of Measurements...	293
Protocol for Animals Legend.....	294
Explanation of How to Use the Dosage Charts.....	294
Animal Protocol Dosage Charts.....	300
Drinking Water.....	302
Protocol 3000.....	303
Eyes.....	303
Mouth and Teeth.....	303
Skin Problems.....	304
Supporting and Additional Protocols.....	304
Three Golden Rules for Animals.....	305
In Conclusion.....	306
Appendix A - CDS/CDH.....	307

Appendix B - Genesis II Church.....	313
Appendix C - Acid-Alkaline Diet.....	315
Links of Interest.....	319
About the Author.....	325

XIV MMS Health Recovery Guidebook

Chapter XV

Preface

Since the discovery of the Master Mineral Solution, the awareness of MMS has continued to grow throughout the world. There is a very simple reason for this: Health is a very 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 positive results with MMS share their story with their friends, family and even publically. So, the word gets around.

Unfortunately there is much misinformation floating around regarding MMS. Much of this misinformation comes from bogus media stories that intentionally attack MMS and other alternative methods.

However, some of the misinformation also comes

from well-meaning people. This is due to many reasons. Some zealous folks spread the word, but have

failed to keep up-to-date with new developments; therefore they are passing on outdated information.

Other would-be authorities, and/or owners of websites, for any number of reasons, simply get it wrong.

Whatever the case may be, there is sufficient confusion and misinformation surrounding MMS, and this

has been a major factor which has compelled me to write this book.

I have written this guidebook to help you learn the fundamentals of the Master Mineral Solution (MMS) in a clear and concise manner. From my experience, I know that most people can recover from most any disease that exists. You don't need to know every little detail of how MMS works. You just need to know how to use MMS.

XVI MMS Health Recovery Guidebook

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.

It's very important to understand a basic principle here and that is: simple is not synonymous with there is no work involved. I want to be very clear, if you are seeking health recovery, it's going to take some effort on your part. It's going to require that you take responsibility for your own health and well-being. Consider that if you are in poor health, it probably took you a fair bit of time, maybe years, to get there. So you can expect it to take some time, and for sure some work, to get back to good health. I sometimes say that MMS can be like a magic bullet, but you have to take the necessary steps to get that bullet in motion. If you so choose the road of good health, a most precious commodity, I can guarantee that I have done everything within my power to make it not void of work, but as simple as it can be. If you will follow the Health Recovery Plan as outlined in these pages, you can start following the directions in this book today and possibly start seeing positive results as soon as tomorrow.

In addition, I want to point out that although as the title of this book suggests, this guidebook addresses health recovery, per se, it is also very much about prevention, and consequently longevity. Here is some food for thought: In today's world we are bombarded with toxins on a daily basis—there is

Chapter XVII

hardly any escaping it. I have discovered over the years that many people think they are doing "OK" in the health department. 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, unclear thinking, and poor concentration go 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. 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.

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 seems to be “OK” but you would like to nevertheless achieve optimum health, this book is also for you. Whatever category you fit in—a basic ongoing routine with MMS can help you get healthy, keep you healthy, and help you maintain a good quality of life into your golden years.

For those of you who already have some understanding of MMS, you may notice there are some variations

of what has already been published in my other books or posted on my websites. This volume contains the latest up-to-date information, as well as quite a bit of

completely new information. It includes recent improvements that myself and others 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>

XVIII MMS Health Recovery Guidebook

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. Use

this book, however, for your health recovery instructions.

To your health,

Jim Humble

Chapter 1

Introduction

This book is a guide for the use of one of the most amazing health-giving mineral solutions of our time, the

Master Mineral Solution, or MMS for short. It is produced when a simple substance taken from a mineral is

mixed with any one of several food grade acids. When the two are properly combined, it produces MMS1, which is

highly effective in eliminating toxins and disease pathogens in the body.

In 1996, while on a gold mining expedition in South America, I discovered that MMS quickly restored health to victims of 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 diseases, 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, acid reflux, kidney or liver disease, 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 many others.

The MMS protocols in this book have also been used to overcome addictions to alcohol and drugs, such as heroin and others, without side effects, 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 the results we have seen from around the world, I think it's safe to say when used

properly, MMS has the potential to overcome most diseases known to mankind.

2 MMS Health Recovery Guidebook

The health recovery procedures given in this book are the result of 20 years of teaching people how to use MMS to

recover their health. Scores of people worldwide 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.

The key is to use MMS properly. I want to point out that prior to this time, various malady lists have circulated with advice given on how to use the MMS protocols for any one

of many specific illnesses. The information on these various lists is inadequate, outdated, and sometimes wrong.

Through my years of experience, I have come to the conclusion that with MMS, there is in fact, as I sometimes say, only one MMS protocol. That protocol is the Health Recovery Plan (HRP) as given in this book. This is a milestone discovery and a new concept for the use of MMS. I have come to realize that if the 50 odd protocols outlined in this book are put together correctly and used in the proper sequence, the best results will be achieved. This is not to say that one needs to use all of the protocols in this book. The Health Recovery Plan (see Chapter 5) explains the steps and proper sequence to follow to recover health—and this applies to virtually all illness and disease. MMS is not black or white. But if you will learn and apply the principles I have outlined in the HRP, I am confident that you have a good possibility to recover your health. No matter what your problem is, get going with the Health Recovery Plan. If you follow these guidelines, and pay close attention to the signals your body is giving you, health recovery is possible.

Chapter 3

Something of significant importance in this book is the list of the Three Golden Rules of MMS (see pages 66, 83, 84, 130). These rules are absolutely essential to the Health Recovery Plan, and I might add, these same rules can be applied to any other health recovery program that one might try. The Health Recovery Plan, along with the Three Golden Rules of MMS, are new concepts in the MMS world which everyone should pay close attention to.

I want to clarify a very important point. Many people

naturally say “MMS cures” this or that. I’ve made this same statement myself from time to time in certain situations, when put on the spot, or when the words were put in my mouth, or as a matter of going with the flow of terminology that others use. In our speech and in our global society, we often blur the lines with words and their meanings. But for the record, I want to clarify here, MMS does not cure disease. MMS kills pathogens and destroys (oxidizes) poisons. When pathogens and poisons in the body are reduced or eliminated, then the body can function properly, and thereby heal. I often say, “The body heals the body”. MMS helps to line things up so the body can do just that.

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://mmstestimonials.is>

4 MMS Health Recovery Guidebook

Chapter 5

Chapter 1

Getting Started

Welcome to the MMS Health Recovery Guidebook. I truly hope this book will be of help to you, whatever your health condition may be. We have spent many long hours attempting to put this information in proper order and understandable language. Before we get started, there are some terms you must know in order to understand the world of MMS. Please familiarize yourself with the definition of terms below, and refer to this list as often as needed on your journey to health recovery.

Definition of Terms

Activation: The adding of one substance to a second substance to bring about a chemical change (reaction) of some kind. When a food acid is added to sodium chlorite

in order to release chlorine dioxide, it is said to be activated.

Amber Color: When citric or hydrochloric acid is added

to sodium chlorite (in the percentages mentioned in this book), after 30 seconds the drops should turn amber in color. In this book when we say amber, we are referring to a brown color. This can be anywhere from light to dark brown, but not yellow. The amber color of MMS activated drops before adding water, is much like the color of a glass amber bottle (such as is used for essential oils, various medicinal potions, or for beer bottles), when held up to the light.

5

6 MMS Health Recovery Guidebook

Chlorine Dioxide: A chemical compound (ClO_2) taken from a naturally 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 is known to have many other healing qualities of its own, as well as enhancing the effectiveness of MMS, helping to carry it deeper into the tissues.

Herxheimer Reaction: Anytime large amounts of pathogens are being killed off in the body quicker than the

body is able to eliminate the toxins that the dead pathogens produce, it can cause nausea, vomiting, headaches,

diarrhea or other distress, such as excessive tiredness.

This is called a Herxheimer reaction and is common when going through a detoxification program, such as following the protocols in this book. Please note that although the experience may not make you feel particularly good, experiencing a Herxheimer reaction is usually a sign that healing is taking place. This book contains guidelines on

how to ease into the process of detoxification and hopefully help one minimize the effects of a Herxheimer reaction.

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

Mineral: The definition of the word mineral as used in this

book is taken from the third definition in the Random

House Dictionary and the fourth definition in the Merriam-Webster Dictionary, which are both similar. A mineral is

“any substance that is neither animal nor vegetable.”

Chapter 7

MMS: Unactivated MMS, which is a 22.4% solution of sodium chlorite (NaClO_2) in water. (This is made from 80% sodium chlorite powder or flakes.)

MMS1: Also referred to as activated MMS. (Note the added “1” to MMS.) It is MMS (sodium chlorite) plus an activator (food acid). When the two are mixed together they produce MMS1 (chlorine dioxide [ClO_2]).

Note: Although the chemical formula for chlorine is “Cl”, the chemical formula Cl is also found in the chemical formula for chlorine dioxide (ClO_2), and it is also found in the chemical formula for table salt (NaCl). Chlorine dioxide is totally different from common household bleach (sodium hypochlorite, which also has Cl in its chemical formula, NaClO) which is toxic and known to be cancer causing. Chlorine dioxide (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 an 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.

1 – Getting Started

8 MMS Health Recovery Guidebook

MMS2: Calcium hypochlorite, $\text{Ca}(\text{ClO})_2$, when mixed with water turns into a solution of hypochlorous acid, which is

an oxidizing acid that the human immune system naturally produces to destroy disease germs and clean up poisons in the 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 a chemical taken from sodium chloride (NaCl, plain salt), which is a natural mineral found in large deposits throughout the world.

There are many different processes for making sodium chlorite (NaClO₂). It cannot be done in your kitchen. It must be done in a factory. When this industrial process is completed, you have sodium chlorite (NaClO₂), which is the raw material for making MMS. MMS is a 22.4% solution of sodium chlorite in water.

WPS: Water Purification Solution, this is the same formula as MMS. It is 22.4% sodium chlorite (NaClO₂), in

purified or distilled water.

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 diseases 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:

Chapter 9

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 usually sold by the name of MMS, and is called MMS in this, and other books and websites.

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 simply called 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

1 – Getting Started

10 MMS Health Recovery Guidebook

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 Cappuccino, another a Mocha Late, another a simple Espresso, an Americano, Turkish Coffee, Irish Coffee, Vienna Coffee, Café Cubano, Caffè Latte, or a good ol' 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.

So, 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.

Measurements Used in This Book

The primary measurements used in this book are drops, fluid 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

Chapter 11

ounce to 30 milliliters; 1/2 cup to 4 fluid ounces or 120 milliliters. (Wherever one finds ounce or ounces written in this book, we are referring to a fluid ounce or fluid ounces.)

In addition, the same is true for measuring drops. There are varying factors that weigh in to measuring a drop. In this book I have chosen to follow a general rule of thumb (based on the metric system) of 20 drops equals 1 milliliter. It is important to note that drop size may differ among different droppers, bottles with dropper caps, etc. Overall, if you are using good bottles that the drops fall easy from, one drop at a time, and the bottles do not leak, or tend to give you runaway drops—everything should be fine. If your dropper bottles do not work well, consider finding another supplier for your MMS and activator.

MMS Health Recovery

Guide Legend

MMS unactivated MMS

MMS1 activated MMS

MMS2 calcium hypochlorite

HCl hydrochloric acid

ml milliliter

1 ml 20 drops

1 ounce 30 ml

1 Tablespoon 15 ml

1 teaspoon 5 ml

1/2 cup 4 ounces/120 ml

cc cubic centimeter

1 ml 1 cc

1 – Getting Started

12 MMS Health Recovery Guidebook

CDS and CDH

Other than MMS1, there are 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 have been successful in helping people restore their health. However, in this Guidebook 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. (See Appendix A.)

Is it Safe to Take MMS?

In 20 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 recorded death (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,

Chapter 13

except a single industrial accident not related to MMS, to

the approximately 950,000 deaths caused by pharmaceutical drugs yearly, or the 15,000 deaths caused by

Ibuprofen and Aspirin, in the US alone. 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.

What MMS is Not

There have been critics who have tried to discredit MMS by saying that it is “bleach” or it is derived from bleach, therefore I would like to explain some basics here. To thoroughly cover this subject, it is necessary to delve quite deeply into chemistry. However, the basics are quite simple and that is what I will touch on here. Although chlorine dioxide (ClO_2) and table salt (NaCl) both have the chlorine element in its composition (again, note the “Cl” in both formulas stands for chlorine), in this case the chlorine is in a form that is not dangerous and is in fact helpful. On the other hand, household bleach which is sodium hypochlorite (NaClO), also has Cl in the formula, but in this case the chlorine (Cl) is in a different form and can be, in some cases, very dangerous. (Please note that these three substances, although they all have “Cl” in some form in the formula, are all completely different.)

1 – Getting Started

14 MMS Health Recovery Guidebook

You can look on the internet for the MSDS (Material Safety Data Sheet) for this information. This safety data

sheet shows under “Stability Data” that sodium hypochlorite (NaClO), which again, is household bleach, can react

with toilet bowl cleaners, rust removers, vinegar, acids, and ammonia products to produce hazardous gases that have caused hospitalization and even death. As many as

2,200 hospitalization incidents occur each year with British subjects. When mixed with various tap waters and

brought in contact with the human body it can produce chemicals that are cancer causing, which chlorine dioxide and table salt cannot do.

Chlorine dioxide is manufactured in one of several different processes from minerals and chemicals taken from

the naturally occurring mineral, sodium chloride (NaCl), which is actually table salt. So, common table salt, sodium chloride (NaCl) through various manufacturing processes becomes sodium chlorite (NaClO₂). Chemically this is

done by adding two atoms of oxygen (O₂) to each molecule of salt (NaCl) to produce (NaClO₂) which is sodium

chlorite. Then when this sodium chlorite is mixed with a weak food acid it becomes chlorine dioxide (ClO₂) which is the main active ingredient in the protocols discussed in this book.

Chlorine dioxide has hundreds of uses in industry and is used at more than 1,000 times stronger than the MMS Health Recovery solution in this book. Our standard dose of 3 drops of sodium chlorite solution (22.4% sodium chlorite in water) in 4 ounces/120 ml (1/2 cup) of water does not make any kind of a solution that can be called “bleach” referring to something strong enough to clean a toilet, etc. Critics that talk about MMS being bleach only succeed in unnecessarily scaring people and causing those they scare to continue suffering or even die. Just look at the formula—NaClO₂ (sodium chlorite/MMS) is

Chapter 15

different than NaClO (sodium hypochlorite)—different formula, different substances. So be smart, don't let others fool you!

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. This either completely destroys the 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. Beneficial bacteria are highly resistant to oxidation and thus are not harmed by chlorine dioxide.

1 – Getting Started

16 MMS Health Recovery Guidebook

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

Chapter 17

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.

Note: For a more detailed explanation of understanding

MMS and the oxidation process, 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 of the Genesis II Church (see Appendix B). 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 20

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

Chlorine Dioxide 0.95 volts

Oxygen 1.30 volts

Hydrogen Peroxide 1.80 volts

Ozone 2.07 volts

1 – Getting Started

18 MMS Health Recovery Guidebook

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 (Chapter 5). Once you have read and understand Chapter 1 through Chapter 6, you can start on your path to health recovery, beginning with the Starting Procedure (see page 79). 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. 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.

Memory Restored: An elderly guy (in his 80-90's), who claimed he was the last survivor of the chemical company (since closed), that used to operate in New Plymouth, and made Agent Orange, and many other toxic sprays. After 50 odd years working there, he said that he was so full of toxins that he couldn't remember things that he had done the day before, along with other health effects relating to a build-up of toxins in the body. Someone told him about MMS, which he tried. He phoned me on the second day all excited, saying that he remembered all he had done the day before. He claimed to be 100% better within about a week on MMS. He is now an advocate for MMS, telling everyone who is willing to listen. —P

Chapter 19

Chapter 2

Safety Precautions

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 these precautions, but be aware of them before you begin your journey to optimum health.

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.

MMS/MMS1

Ü 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 MMS.

Ü Never allow MMS (sodium chlorite solution) to sit in an unmarked bottle or glass. It has no smell and it is often difficult or impossible to tell the difference between MMS

20 MMS Health Recovery Guidebook

and water. 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.

Ü Make sure all bottles of MMS, acid, etc. 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. If using paper labels, it helps to cover them with Scotch tape, to avoid them disintegrating and

falling apart, if leakage gets on them over time.

Ü 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.

Ü 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 (2,000 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. Do not bite and swallow, this must be chewed very well. Or take 1 level teaspoon of bicarbonate of soda in 1/4 of a cup (2

Chapter 21

ounces/60 ml) of water. Drink a few more sips of plain water after this if desired.

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

Ü 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. A dilute solution may also discolor some fabrics, depending on the concentration and the fabric. (There are two exceptions to this rule of putting full strength MMS on the skin, you can do so for short periods of time to help burns and mosquito bites, see pages 245 and 196 for proper instructions.)

Ü Avoid breathing in high concentrations of 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 156) be especially careful not to directly breathe in the fumes. There are times when breathing in the gas in small controlled amounts (see page 159) 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.

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

Ü When traveling with, or transporting MMS, activator acid, and other supplies necessary to do the protocols in 2 – Safety Precautions

22 MMS Health Recovery Guidebook

this book, 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 on page 26). Be sure that all these are properly packaged so they cannot possibly spill. (Suggestion: Put in plastic bags, tape, and then put in double Ziploc bags). If traveling by air, be sure to know the airline regulations for transporting various types of liquids and supplies (and in what quantities) 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.

CALCIUM HYPOCHLORITE (MMS2)

Ü 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.

Ü 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.

Ü 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.

Chapter 23

Ü Avoid contact with skin and eyes when in the powder form.

Ü Do not directly breathe the fumes from calcium hypochlorite.

Ü Do not make more MMS2 capsules than you need for a month, as the capsules will become brittle and can easily break open.

Ü If you use a capsule machine to make up your MMS2 capsules (see pages 93-94, 274-278), 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 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.

- Calcium hypochlorite (MMS2) should never, ever be packed in the same container, box, or suitcase as DMSO. When transporting these items always pack them separately.

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 it could become very uncomfortable in your stomach. (If this should happen by accident, drink plenty of cold water to alleviate any discomfort.)

2 – Safety Precautions

24 MMS Health Recovery Guidebook

- 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, 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 MMS1/DMSO doses, you can do this, but the MMS2 capsule must be separated out by one-half hour from the MMS1/DMSO doses. Never take a dose of anything containing DMSO and an MMS2 capsule at the same time!

CITRIC ACID/HYDROCHLORIC ACID (HCl)

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 gets 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. Some suggested precautions to avoid splashes in the eyes to begin with would be—wear glasses when pouring acids, take care to keep the bottle at a distance and height so as to avoid a splash in the eye, use a deep enough glass.

Ü For 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.

Ü Our protocols call for 4% HCl. In this concentration it should not do serious damage if accidentally spilled on the skin, but it should, nevertheless, be rinsed off immediately.

Chapter 25

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 within the same room, you should also carry water with you. This will enable you to 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, do so in a very well ventilated area, use a proper mask, wear gloves and be very careful to not breathe in the fumes, as it can cause damage.

DMSO

Ü 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.

Ü If applying DMSO topically, be sure your hands and nails are clean and free from contaminants (including soap residue) when handling DMSO. You want to also be sure the area to which you apply DMSO is clean.

Ü When washing an area of the skin before applying DMSO, it is best, if possible, to use natural, chemical-free soap to wash application areas and hands. Whether this is available or not, be sure any soap is completely rinsed off—or use no soap at all. Simply wash well (rubbing the skin) with clean water.

Ü The best method to apply DMSO to the skin is simply to use clean dry bare hands when rubbing the DMSO into your body or on someone else.

Ü If using bare hands to apply DMSO, do not wear finger nail polish. DMSO is a solvent that will not only dissolve

26 MMS Health Recovery Guidebook

the polish, but will also carry its toxic ingredients through the skin and into the body. You can cover your hand in a plastic sandwich bag (this type of plastic in general, is OK for use with DMSO) to apply the DMSO.

Ü After handling DMSO, never wash it off with soap as it can carry the soap into the skin/tissues. Simply rinse the hands well with clean water.

Ü Keep full strength DMSO out of your eyes.

Ü Do not 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. (If applying frequently or in large amounts for some skin types it may cause the skin to become wrinkly, but this soon passes.)

Ü 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 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.

- DMSO should never, ever be packed in the same container, box, or suitcase as calcium hypochlorite (MMS2). When transporting these items always pack them separately.

Chapter 27

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 it could become very uncomfortable in your stomach. (If this should happen by accident, drink plenty of cold water to alleviate any discomfort).

- If adding DMSO to an MMS1 dose, as per Protocol 1000 Plus for example, you must calculate no more than 3 drops of DMSO to each drop of MMS1, 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 MMS1/DMSO doses, you can do this, but the MMS2 capsule must be separated out by one-half hour from the MMS1/DMSO doses. Never take a dose containing DMSO and an MMS2 capsule at the same time!

2 – Safety Precautions

Heroine Free: Thank you for giving our world MMS. I have personally helped quite a few people to get off a full blown heroin addiction in three to four days only with 3/4 drop of MMS1 an hour. This is every hour when they are awake. I have also included MMS1 baths, using 25 drops of MMS1 per bath. I have personally assisted a hand full of people with 100% unbelievable results. —Ravi, England

28 MMS Health Recovery Guidebook

Candida Gone: I had Candida so badly that not only was I exhausted for years on end, but the fungus had migrated to my eyes and ears. It was like looking out through sheets of waxed paper. My ears buzzed and rang non-stop. I itched all over, especially at night when it was so bad it would wake me from a deep sleep. I had many other symptoms and tried many cures, none of which worked until I tried

MMS. I had to change my diet to a very low carb diet because sugar feeds yeast. I don't think you can get better if

you continue eating the standard American diet, so I modified my diet to include almost no grains, no sugars of any

kind, and very limited fruit. You must do this in order to recover. I had found a product called Syclovir that did a great job at holding the symptoms at bay, but there was no cure even after a year on the product. Then I read that MMS could help kill Candida so I took 7 drops 4 times per day and began to see improvement. I think it's been about 2 months of this approach and my energy is sky high. I can tolerate more carbs now with no symptoms. I feel great and I know it's because of the MMS. In addition, MMS has reversed the arthritis I had in my toes and it must have cleaned out my veins because I can now exert myself and not become out of breath. What a miracle MMS has proved to be in my life! —Kathryn
ef

Multiple Recoveries: MMS1 and 2 has cured me of pros-

tate enlargement/pain...gum/tooth infection and candida.

Amazing! I use MMS to bathe in...great for the skin and tired muscles. —James A., New Zealand

Chapter 29

Chapter 3

MMS Basic Essentials

There is some fundamental information which you must know before attempting to use MMS. Like many things, MMS is easy to use once you are familiar with it. But, the last thing you should do is try to use it without knowing what you are doing. If you choose to take responsibility for your own health, please do your homework before attempting to carry out any of the protocols in this book. Here are two key factors that could make a world of difference to your health recovery:

1. Every time you start a protocol, even though you may have read the book initially or some months back, be sure to thoroughly review the information in the particular protocol you are about to begin. It is important to have a clear understanding of everything that must be done before starting. This will help you gather all the materials needed for the protocol, and help you avoid getting to a certain step in the protocol and being caught

short, or realizing you did something wrong in the beginning. Some protocols are more detailed than others and

some contain important cautions and/or details that are essential to success. So refresh your memory and have a clear understanding of every detail before you begin a protocol.

2. If at all possible, have a partner. MMS has many uses. You may do just fine using a protocol for a general cleanse

29 MMS Health Recovery Guidebook

or to overcome a common cold. But when you are very sick, whether it be with a very bad flu or a more serious or long term illness, you may not feel up to mixing a dose,

or preparing a bath or keeping track of hours and measurements. Don't try to go it alone. Find someone, a

spouse, a parent, son or daughter, aunt or uncle, grandparent, a friend or a caregiver, who can help you on your

journey to wellness.

Activating MMS

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 book 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. The standard activation time for mixing these drop-for-drop doses using 50% citric acid or 4% HCl is 30 seconds. See page 32 for full instructions on how to mix a basic MMS1 dose.

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

Chapter 31

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

three minutes, instead of 30 seconds which is the standard activation time for either 50% citric acid or 4% HCl.

Notes

Ü When using the juice of a fresh lemon or lime it is

important to not use a citrus press that in any way squeezes the peel (skin or outer surface) of the lemon or lime. The

properties of the oil from the lemon/lime peel if mixed with the juice can prevent the activation of sodium chlorite and thus leave one with a dose that is useless. You can prevent

this problem by squeezing the lemon/lime by hand. The various plastic and metal squeezers (especially the hand held type) put too much of the peel's oils into the juice of the lemon/lime. So squeeze the lemon/lime by hand. By this I mean cut the lemon/lime in half, take one half into your hand and gently squeeze out the number of drops you need. Simply count the drops as they fall for the amount of drops you need for your dose.

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

Ü Throughout this book we suggest using 50% citric acid as an activator. This has been used for years with success in MMS formulas. There are some however, who use 33% or 35% citric acid. Availability in different percentages varies from country to country. These percentages are also acceptable to use for mixing up a dose of MMS1. At these percentages (33% and 35% citric acid), you also use a

1-to-1 drop ratio with MMS and wait 30 seconds for activation time.

3 – MMS Basic Essentials

32 MMS Health Recovery Guidebook

Mixing a Basic Dose of MMS1

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

Step 1

q Always use an empty, clean, dry, drinking glass.

q Tilt the glass slightly sideways and drop your drops of MMS so they go to the corner of the bottom part of the glass. Always hold the dropper bottle or pipette (eye dropper) straight up and down when dropping drops.

q If using a 50% solution of citric acid or 4% solution of HCl, add the same amount of activator on top of the MMS drops. (For each drop of MMS add 1 drop of acid.)

Step 2

q Swirl the drops a little as you count to 30 seconds; in this amount of time the mixture should turn amber in color.

Step 3

q Then add 1/2 cup (4 ounces/120 ml) of drinking water or juice or other liquid as per the instructions on pages 41-45.

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

Chapter 3 – MMS Basic Essentials 33

Mixing a Basic Dose of MMS1

34 MMS Health Recovery Guidebook

Be careful: Some chlorine dioxide gas is likely to escape 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 is called for and it can be very healing to the lungs and sinuses, but 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).

Hourly Doses

When I wrote my first book, I instructed people to work up to 3 large doses of MMS1 each day. If you read my first book, or any one of a number of random web sites that

have put up information from that book, and unfortunately have not updated it, then it is time to learn something

new. In the beginning, when I suggested the larger dose, I always had people work up to it a little at a time. Back then the suggestion was to work up to a 15-drop dose taken 3 times a day.

The drawback of the old method was that many people were having a pretty strong Herxheimer reaction. They would feel a lot worse before they got better. With time, and with more experience under my belt, I began to realize that taking smaller doses of MMS1 more often throughout the day brought better results. Perhaps the most important reason for this is because MMS1 only lasts in your system for an hour, possibly an hour and a half at most. So keeping MMS1 running through your system on an hourly basis is imperative. This way MMS1 is hitting the pathogens continuously and does not allow pathogens

time to regroup and build back up. Instead, being constantly hit without a chance to regroup, they die off. This

new method works and we clearly see positive results.

Chapter 35

In 2009, I went to Malawi, a small country in southeast

Africa. While there, 800 HIV/AIDS cases came to me. These people took only 3 drops of MMS1 every hour, for eight hours a day, for three weeks. Guess what? The 3-drop doses, taken eight hours a day for 21 days, were 99% effective in eradicating HIV/AIDS. There were only five failures out of the 800 cases, and of these five, instructions were not properly followed in one way or another.

Since that time hundreds of thousands of people have

taken 3–drop doses on an hourly basis and have recovered their health. This change to smaller hourly doses, as

opposed to large doses less often, probably represents the biggest development from earlier instructions.

To sum it up, after years of experience, we have come to

learn that most diseases (other than malaria), are substantially more responsive to hourly doses of MMS1,

spread out over an eight to ten hour period daily. This is more effective than 1, 2, or 3 large doses per day. This is true for cancer and for most diseases. People have been

using hourly protocols in recent years with amazing success. There are a few other exceptions to the hourly dose

rule, other than malaria, such as Protocol 6 and 6 (see page 169), and some of the Emergency Protocols (see Chapter 12).

So, to reiterate: Please do not follow instructions that talk about 3 large doses of 15 drops each. (Unless it is an exception to the rule, as mentioned above.)

The Importance of Consecutive Doses

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 3 – MMS Basic Essentials

36 MMS Health Recovery Guidebook

the morning, then a three hour break, then four more hours later in the day.

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.

Daily Dose Bottle

In recent years we have taught the use of a daily dose bottle. The main inspiration for this bottle was to help facilitate people in taking their hourly dose. However, we have since concluded that maximum benefit from taking MMS1 is derived when each hourly dose is made up fresh. This phenomenon was first noticed with thousands of autistic children who used the daily dose bottle for an ample time period. Then, when the children were switched over to doses made up individually and

fresh each hour, many more improvements were reported than when their doses were mixed into one bottle for

the entire day.

In my 20 years of working with MMS, and personally

helping thousands of people, I have noticed overall greater results in health recovery when individually mixed fresh

doses of MMS1 were used. In addition, our very active Health Ministers around the globe who work extensively with MMS, and with large numbers of people (by the thousands), have also reported the same results.

If for various reasons there is no other choice but to make up an all-day mixture instead of mixing each dose fresh every hour, it is certainly well worth your while, and better than taking no MMS at all. But my recommendation is, if

Chapter 37

at all possible, stick to mixing fresh hourly doses. You will have a greater chance of getting well much quicker.

Note: A daily dose bottle entails mixing up all your MMS1 doses for the day into one bottle from which you drink a certain amount each hour. For example, if you were on Protocol 1000, it calls for taking a 3-drop dose of MMS1 (3 drops is the maximum—you start with less), every hour for eight consecutive hours. If making a daily bottle you would activate 24 drops of MMS, and add the drops to a 1 liter/quart bottle of purified water. If you drink 4 ounces out of the bottle, you would have a 3-drop dose. There can be any number of reasons why making up a fresh hourly dose of MMS1 may seem challenging and not possible. Perhaps one has a job where they drive a lot.

Mixing a dose while driving is not easy, nor do I recommend it. I have found, however, through receiving sub-

stantial feedback from people around the world, that

where there is a will, there is a way. Consider that your health is worth the effort to find a way to mix up your hourly doses. It can be as simple as carrying your MMS and activator acid bottles around in a Ziploc bag.

Tips

Ü When you are on the go, you might want to have small 1/2 ounce (15 ml) size bottles of MMS and acid activator to carry in your purse or pocket. (These can be refilled when needed from your larger bottles at home.)

Ü If you are on the go and find yourself in and out of the office, the car, meetings, stuck in traffic and so on, purchasing a small portable pouch or lunch bag to keep your MMS supplies on hand and ready to go along with you at all times can be of help. All you need are your bottles of MMS and acid activator, a small 4 ounce/120 ml size glass, and a bottle or two of purified water. As a rule, 3 – MMS Basic Essentials

38 MMS Health Recovery Guidebook

I do not recommend mixing and drinking your doses in plastic cups, glass is preferred. But if you are on the go, it may be convenient to take along small disposable plastic cups, 4 ounce/120 ml size. This would not be what you use all the time, but when you are on the go it could be helpful.

Ü If and when it is still not convenient to do all of the above, and you find yourself in situations where stopping to mix your dose is not possible, an alternative to succumbing to using an all day dose bottle as a rule rather than the exception, would be to only pre-mix doses for the hours when there is no other choice.

For example, say you are a teacher and you have to stand in front of your class for two or three hours. You know in advance you cannot excuse yourself to go mix up a dose during that time. In this case, mix up 2 or 3 doses in a bottle beforehand. Drink your hourly dose from that bottle during the time you cannot slip away to mix up a fresh dose. In almost any situation it is acceptable to have a water bottle on hand. Then, when possible, go back to mixing your fresh hourly doses. This helps one be able to continue with consecutive hourly doses, without breaking the 8 or 10 hour cycle of the protocols. All MMS1 doses are usually taken in 4 ounces/120 ml of water (or other compatible liquid). Try to find 4 ounce/120 ml bottles and pre-mix the amount of doses you will need, in individual bottles. Or, if you know you need two hours worth of

pre-mixed doses, an 8 ounce/240 ml bottle would do, or for three hours a 12 ounce/360 ml bottle. You may want to use an indelible marking pen to mark off your bottle in 4 ounce/120 ml sections. Find what works best for you. This method is a combination of the pre-made dose bottle and mixing up fresh hourly doses. Remember, fresh mixed doses are best, but resort to this combination of the two—fresh doses and doses prepared ahead of time

Chapter 39

in a bottle, when there is no other choice. Keeping up with consecutive hourly doses is important.

How to Test That Your MMS is Good

When activating MMS, it is very important that the drops of MMS and activator turn amber color within the first 30

seconds. In this book when we say amber, we are referring to a brown color. This can be anywhere from light to

dark brown, but not yellow. The amber color of MMS activated drops before adding water, is much like the color of a glass amber bottle (such as is used for essential oils, various medicinal potions, or for beer bottles), when held up to the light.

Mix up a 3-drop dose of MMS1 to do this test, if you use less drops it will be difficult to adequately judge the color. It is best to carry out this test in a room with good lighting. When you have mixed your drops (before adding water), 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. If you look down into the glass, the drops will often look lighter yellow, but if you view the drops at eye level (with good lighting) you should see a darker shade—that is, amber. Although it turns dark, it must also be transparent (see-through). The drops must appear amber in color. The amber color will fade and become light yellow in about 15 minutes. Do not let the solution sit for more than a minute before consuming it, as it will lose potency.

The amber color is an important indicator that the drop mixture 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. This amber color indicates that you have the correct liquids

40 MMS Health Recovery Guidebook

and a correct mixture. Very few 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 and/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 light yellow and not amber color, you can use those drops for the time being, while you try to get some good MMS and acid activator. But I would suggest you do not use this solution (light yellow, not amber, drops) for more than a week or so. If the solution does not at least turn yellow do not use it at all.

Various factors can weigh in as to the color of the drops, such as the type of glass you are using, making sure the glass is completely dry to start, 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.

Note: If you are using an alternative acid such as lemon, lime, or vinegar at a 1-to-5 drop ratio with MMS, your drops will not turn amber in color. In this case, if you want to test that the MMS is good, mix up a 3-drop dose of MMS1 (this would be 3 drops of MMS and 15 drops of lemon, lime or vinegar) and wait three minutes. Then add

Chapter 41

1/2 cup (4 ounces/120 ml) of water and test the ppm, which should be 25 ppm. (For testing the ppm, see page 278.)

Water—The Ideal Liquid for Mixing an MMS1 Dose

Ü The ideal is to take your MMS1 dose in water only.

MMS1 doses should be taken in 1/2 cup of water (this is 4 ounces or 120 ml), or mineral water. Children usually need less than a half cup of water. When a child takes 1 drop of MMS1 or less, he should use 1/4 cup of liquid.

Ü MMS1 should be taken in drinking (purified) water—never tap water that has chlorine, fluoride or other toxins

added, as these will cancel out the effectiveness of MMS1 and may even make you sick. Usually it is best to purchase bottled water. Keep in mind, all bottled water is not created equal. Don't automatically assume just because it's bottled, it is more safe, clean or pure than tap water. Some bottled water contains fluoride, chlorine or other harmful substances. So check out your water source. Read the labels and/or check with manufacturers to know what you are getting. Distilled water or reverse osmosis water can also be used.

Caution: Please remember that most places in the world use a toxic form of chlorine as a water purifier. Even worse than that, many places add 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 one's teeth and there are hundreds of thousands of teenagers who have teeth with blotches as a result. Use a good quality bottled drinking water for these protocols unless you get your water from a pure water spring or well or you have a reverse osmosis water filter. Distilled water can also be used.

3 – MMS Basic Essentials

42 MMS Health Recovery Guidebook

Taste Factor/How to Improve the Taste of MMS1

Ü Why do MMS1 doses taste extremely bad for some people? We have noticed that some people develop extreme revulsion to taking MMS1 at one time or another while on an MMS protocol. Sometimes it gets so bad that people simply cannot take it anymore. I think there may be an explanation. Possibly the pathogens create the aversion to MMS1 as a survival mechanism for the pathogens to keep the person involved from continuing to take whatever it is that might destroy them. In any case, if this happens to you, it is well worth your while to do whatever you can to try and overcome the aversion to taking MMS1. Endeavoring to keep a positive attitude can help, then try one or some of the things mentioned below to help overcome the taste problem.

Ü Many people agree, that MMS1 doses activated with 4% HCl (hydrochloric acid) taste better than those activated with 50% citric acid. If you are using citric acid and the taste is bothersome, try switching to HCl. It is really a personal matter—see what works best for you.

Ü Though water is the ideal, if you cannot take MMS1 with water only, because the taste bothers you, some (not

all) natural juices are OK to use if they do not have harmful preservatives and/or added Vitamin C or ascorbic acid, as this will cancel out the effectiveness of MMS1. 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 have no added Vitamin C (or ascorbic acid). Never use orange or tangerine juice in any form with MMS1. You may have these juices at least two hours before or after your MMS1 protocol for the day.

Ü Many teas are not compatible with MMS. However, there are some herbal teas that are compatible. This can vary depending on what tea you are using, i.e. the fresh

Chapter 43

herb or a tea bag that possibly is laced with a contaminant of some kind. Use the test strip method described on page 278 to be sure what is compatible.

Ü Some sodas work fine with MMS1: Coke, Pepsi, Sprite, 7-Up, and Canada Dry Ginger Ale (use only the original formulas; do not use Diet Soda or “Light” or “Zero”). We do not recommend using these drinks in the long term, or for Protocol 1000 (due to the sugar content), as you’ll be drinking this 8 times a day. I would suggest fizzy mineral water as a better choice because it is sugar free. However, if taste is an issue, for someone who is seriously sick, taking an MMS1 dose in soda is better than not taking it at all. You could mix your dose in a 4 ounce/120 ml size 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 my attention that soda companies tend to adjust their formulas from time to time, and often differ from country to country. The safest way to know if your drink is compatible with MMS1, is to test the drink with a chlorine dioxide test strip. (See page 278 for more information on these test strips produced by the LaMotte Company, and how to use them to test compatibility with MMS1 and various liquids.) 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 five or six days, I strongly suggest switching to another liquid to drink your dose.

Ü Smell can have a huge affect on taste. If you find you can't stomach the taste of MMS1, try changing how you drink your dose. Some people actually hold their nose while drinking their dose. A small-mouth bottle or glass,

as opposed to a wide-mouth one can work wonders. Using
3 – MMS Basic Essentials

44 MMS Health Recovery Guidebook

a small-mouth bottle does not allow your nose to be inside the container that is out-gassing chlorine dioxide (ClO₂). Glasses and bottles come in all shapes and sizes. Be inventive! Be on the outlook—an empty juice bottle or jar from some other product might serve you well. Search out what works just right for you.

Ü If you would like to branch out and use various juices, or sodas other than those mentioned in this book to mix with MMS1, as a rule it is a good idea to test for compatibility with MMS. Use the test strip mentioned earlier in this section (see directions on page 278).

Ü Some people have suggested the use of stevia to improve the taste of their MMS1 drinks. We have found that the quality of stevia varies. Some is highly processed and some brands/types cancel out the effectiveness of MMS1. If you want to use stevia, we suggest you use test strips (see page 278) to confirm if the type you are using is compatible with MMS1. (A company called SweetLeaf® makes liquid stevia and their plain non-flavored SteviaClear® drops are compatible with MMS1. If you want to use the various flavors of SweetLeaf® stevia, again, use the test strips to be sure it's compatible with MMS1—compatibility may vary from flavor to flavor.)

Ü We personally have made up a water jug with purified water and a little honey and kept this in the fridge to mix with MMS1 drinks throughout the day. This has helped the taste to some people's liking. We do suggest however, because there are many different qualities and types of honey, (and some honey is quite adulterated) that again, the safest thing to do would be to test your drink with honey water. Use the test strip method, to be sure the type of honey you are using is compatible with MMS1.

Chapter 45

Ü Another way to improve the taste of an MMS1 dose is to use cold water in each dose. Simply keep a bottle of purified water in the fridge for this purpose.

Ü Whatever you choose to mix with MMS1, try to drink it right away so that no more than 60 seconds passes from the time you first began mixing.

MMS1 in a Capsule (to Eliminate Taste)

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

Step 1

q Have your supplies on hand. For this method you will need empty capsules and an eye dropper in addition to your drops, and a clean, dry glass for activating them. You will also need drinking water nearby to be able to take your capsule immediately after it is made. See the chart on page 46 for the proper size capsules to use for the dose you are taking.

Step 2

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

q Immediately take the eye dropper, suck up the activated drops from the glass, and carefully put them in the capsule.

q Push the capsule lid closed and double check it is securely in place.

3 – MMS Basic Essentials

46 MMS Health Recovery Guidebook

Step 3

q Take the capsule with at least 1/2 cup (4 ounces/120 ml) of water immediately. Do not wait after filling the capsule, as the drops will begin to melt it.

Notes

Ü Do not activate the MMS in the capsule itself. Pressure generated inside the small space of the capsule during the activation process 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.

Ü The size capsule you will need depends on the size dose you want to take. (See 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.

MMS1 Capsule Size and Dosage

Capsule Size Total Drops

Size 4: holds a 3 drop dose total 6 drops

Size 3: holds a 4 drop dose total 8 drops

Size 2: holds a 5 drop dose total 10 drops

Size 1: holds a 6 drop dose total 12 drops

Size 0: holds a 7 drop dose total 14 drops

Chapter 47

Ü Note that as the capsule number gets 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 #0 size capsule (the large size) to take any size dose, but many people cannot easily swallow #0 capsules. Using the size capsule that corresponds with the amount of drops in your dose is best.

Ü If you have trouble swallowing capsules or pills then this method is probably not a good idea for you. Also not suggested for young children.

Simply Can't Take One More Drop

Here I would like to address a scenario when someone feels they just can't take one more drop of MMS. Maybe they have been on a protocol for some time and they reach a point where they are not feeling all that great (this is likely because a wave of toxins are being released in the body and causing a sick feeling). Or, maybe they were not taking any MMS1, but they fall sick for one reason or another, and feel so sick that they just don't feel like they can stomach MMS1.

There is an important process at play here that I have observed over the past 20 years, and that is, that one's body can develop a revulsion to the MMS that goes far beyond bad taste. I've seen it time and time again. I believe that it is created by the pathogens. Think of it as a type a survival mechanism that protects the disease. When the disease senses that something the person is eating or taking might destroy it, the disease itself will put out a signal that creates a revulsion within the person to the substance that is going to affect it (in this case, MMS1). This revulsion can kick in when the person so much as even thinks about taking MMS1. When this happens, what can they do?

3 – MMS Basic Essentials

48 MMS Health Recovery Guidebook

If you are sick in bed and feeling pretty bad, or if the situation develops while you are taking MMS1 and you reach a point where you can no longer stomach the idea of taking one more drop—the following procedure can be of help.

The principle here is that you do not want to stop taking MMS1 all together. Even what seems like a very, very small amount of MMS1 taken on an hourly basis can work to help rid the body of pathogens and recover health. In order to “handle” MMS1, for a period of time, you may have to reduce your dose to less than 1 drop an hour.

Some have had to reduce their intake to 1/2 drop, 1/4 drop, 1/8 drop, and in extreme cases to 1/16 drop an hour. The idea is—do not quit! Even a tiny bit of MMS on

an hourly basis can help your body overcome the problem.

Instructions

Step 1

q Please refer to the Starting Procedure (see page 79) for instructions on how to prepare a 1/4-drop dose.

Once you have prepared a 1/4-drop dose you can take 1/2 of it to make a 1/8-drop dose. Or take 1/4 of the 1/4-drop dose to make a 1/16-drop dose. Prepare and take whatever small dose you have chosen for several hours, or a day or two.

Step 2

q Once you are comfortably taking the small amount, start slowly increasing the hourly dose. Increase slowly at a pace you are comfortable with.

q Keep increasing slowly, or stay low. Some people will be able to get up to a 1/4-drop dose, and then continue

Chapter 49

to increase their dosing steadily. But there are some who for various reasons cannot increase their intake of MMS beyond a fairly small amount, yet they are able to get well with low dosing. This is explained more thoroughly in Chapter 5, Health Recovery Plan (HRP) and Chapter 6, The Key Protocols.

Note: If you have not been on a protocol and have not been taking DMSO already, but you have newly fallen sick enough to be in bed and you're feeling pretty down, do not try to use DMSO with MMS1 at this point, unless you have already been using DMSO in a protocol you are doing. (When you are feeling so sick you don't want to take anything, it's best to stick to trying to take one thing at a time. DMSO added to the MMS1 you're making an effort to take as is, might add to the difficulty. Try to build up your stamina to taking MMS1 first, before adding in DMSO.) Do not try to use DMSO when you are taking less than 1-drop doses.

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. (Plastic classified with #3 in the triangle is not recommended.) Use

bottles with plastic lids as sodium chlorite (and chlorine dioxide as well) will eventually dissolve a metal lid.

3 – MMS Basic Essentials

50 MMS Health Recovery Guidebook

Feeling Sick

If nausea, vomiting, diarrhea, or excessive tiredness occurs while taking MMS1, (see Herxheimer reaction on page 6) immediately reduce the dose by one half but do not stop taking MMS1 unless the symptoms are too much to handle. In this case, stop altogether until the condition has cleared. Once the symptoms have cleared, then start back at one half the amount you were taking before the symptoms occurred. If you reduce the amount by one half and the above mentioned reactions continue, reduce by another half. Reduce your MMS1 intake in increments until you find the amount you can take without causing sickness from the MMS1. Even a very small amount of MMS1 on an hourly basis will help you, so the idea is to try not to quit all together if possible. When you find a comfortable amount of MMS1 that you can tolerate, stick with that for one to two days and then try to increase your intake slowly until you reach the proper amount for the protocol you are on.

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

Pregnant Women and MMS

Thousands of pregnant women 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 book—see Chapter 13.) Everyone

is responsible for making their own health decisions.
Check with an educated health professional, if desired.

Chapter 51

Eating While On MMS Protocols

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 8:20-8:30 am, and your next dose at 9:00 am. Your breakfast should be relatively simple and small and take no longer than 10-15 minutes to eat. 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, you could have your larger 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 page 56 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 and MMS2—at least two hours before starting the protocol. The idea is to adjust your dosing to fit your needs and schedule. See what works for you.

3 – MMS Basic Essentials

52 MMS Health Recovery Guidebook

The effectiveness of MMS can be cancelled out when mixed with certain foods which are particularly high in antioxidants. I have not had the time or the resources to do a completely thorough study of all foods on the planet to see what actually cancels out MMS. Even if I did, there are many factors that may weigh into the equation of

whether a certain food is cancelling out the effectiveness of MMS. Such as if the food is GMO, what pesticides are present, what types of additives are in the food, that might have bearing, etc. If you are very sick with a life threatening disease, to be absolutely sure if something in your diet is cancelling out MMS or not, I can suggest using the test strips (see page 278) to test compatibility of MMS with everything you eat. This may or may not be feasible for you.

Let me say, that just because a food is labeled as being

antioxidant, it might not be particularly high in antioxidants, and thus it is not a given that it will necessarily

cancel out MMS. We will continue to try and do more testing on a wide range of foods to see what is compatible with MMS and what is not. However, people have been taking MMS for 20 years and recovering their health without having so many details defined. This book gives you some guidelines on what to avoid when taking MMS. Do not take foods or supplements that are particularly high in antioxidants. Beyond that, take note of what is working or not working for you. If you don't seem to be getting results with MMS after a reasonable time on the protocol, take a serious look at your diet and see if something can be eliminated that you may suspect is conflicting with MMS. If you are accustomed to eating many items at one meal, consider going with a menu that has less ingredients. Following a mono diet (or at least a partial mono diet) during the time you are on the protocol may be a help.

Chapter 53

To Summarize

- Do not take an MMS dose with your meals, space out food consumption and your MMS1 dose by 20-30 minutes.
- During the hours you are actually taking your MMS 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 MMS during your dosing hours. (See pages 42-45, 56.)
- If you don't seem to be having success after a reasonable time, consider simplifying your diet. Try eliminating things that could be suspect of canceling out MMS.

Nutritional Supplements and the HRP

There are two basic reasons for doing the HRP (Health

Recovery Plan—see Chapter 5):

1. To eradicate a disease and recover your health.
2. 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

3 – MMS Basic Essentials

54 MMS Health Recovery Guidebook

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 nutritional supplements for a time. This is because pathogens also feed on good nutrition, so in a sense, if

you are taking nutritional supplements while the pathogens are still alive, you are building up with one hand and

tearing down with the other. In addition, some nutritional supplements neutralize MMS.

This is especially true with cancer, and a number of major diseases—when you begin the protocols it is not the time to simultaneously be building up with an increase of extra nutritional supplements. In these cases, I would suggest that it is best to forgo taking supplements for two to three weeks, and possibly up to several weeks, depending on the situation. Because as I said, cancer cells and other pathogens can feed off good nutrition. You don't want to do anything to encourage cancer or other diseases to live longer or multiply. The idea is to starve and kill the disease, not give it more to thrive on.

If you have a major disease, as mentioned above, suspend or do not start any supplements as you begin taking

MMS—try to give it time to sufficiently destroy the pathogens before adding in supplements. On the other hand, if

you really feel the need for some type of supplements that you know are good, or you have already tried, you may want to add them in at some point (as suggested above, I would say not before two to three weeks for major diseases) and see how you do. It is imperative to

pay close attention to how your body is reacting. If you are feeling good and doing better with the addition of a supplement(s), then continue. Do not change as long as you are improving. But if you do add supplements, (even though you take them at a different time than your MMS doses), and you are not progressing and getting well, or your healing is moving along too slowly, then it may be

Chapter 55

best to suspend the supplements again for a period of time.

If taking supplements, it is very important to space them out from the times you are taking your MMS doses by at least two hours, or even more if you can. Never take supplements at the same time you take your MMS dose. There are just about as many nutritional theories today as there are people. But our observations indicate that it is best to use MMS to kill the cancer cells and diseases while not promoting any special nutritional boosts for the body for a time. Then, once the disease is eliminated or greatly reduced, one can build up the immune system through good nutrition. It is a step-by-step process. Detox first, before introducing any new nutritional supplements and foods.

If you do not have a major disease but just 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 or two on the protocol if you believe that the supplements will be of benefit to you. But the same principles apply, if you don't feel you are getting sufficient benefit from your MMS protocol, try suspending the supplements for a period of time and see how you do.

Anytime you are taking vitamins and supplements while dosing with MMS, always be sure to separate the times you take these from the times you take your MMS doses, by at least two hours. If possible, take your MMS doses in the first part of the day. Then when you have completed your protocol for the day, two hours after your last MMS dose, begin taking your vitamins and supplements. It

3 – MMS Basic Essentials

56 MMS Health Recovery Guidebook

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.

Food and Drink to Avoid When on an MMS Protocol

- When taking MMS1 or MMS2 avoid alcohol, chocolate, coffee, decaffeinated coffee, caffeinated drinks, tea (black, green and many herbal teas) milk, coconut water, orange juice, tangerine juice or any drinks with added Vitamin C (ascorbic acid).
- Do not take foods or supplements that are particularly high in antioxidants such as moringa, as these things cancel out the effectiveness of MMS. This is not to say you cannot have any of these foods if you are taking MMS. However when 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 MMS dosing. Space them out by at least two hours after your last daily dose, or two hours before starting your daily dosing.
- If you are battling with a major disease you may want to suspend supplements all together for a time, as explained in the section above on Nutritional Supplements and the HRP.

Note: While tea is on this list of "don'ts" there are some (not all) herbal teas that are compatible with MMS1. Use the test strip method described on page 278 to be sure what is and is not compatible.

Chapter 57

Chapter 4

DMSO (Dimethyl Sulfoxide)

DMSO (Dimethyl Sulfoxide), is a gentle but powerful healing substance. It is a well-known carrier solvent used widely since 1955, by alternative practitioners and a few medical doctors, as a way to carry medications deeper into the tissues and organs of the body. Taken orally, it has been used to dissolve blood clots. Body organs that are used for transplants are submersed in 99.9% DMSO to transport them between hospitals, so DMSO will not hurt tissue.

Some of the protocols in this book call for using DMSO in combination with MMS1. (Please note, you never take DMSO and MMS2 at the same time. See page 27.) This has proven to bring good results as DMSO helps to carry

MMS1 deeper into tissues. 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. DMSO is often used by veterinarians and athletic coaches in the treatment of muscle sprains and various injuries. It promotes healing by increasing the blood supply to the area of the injury.

I keep some DMSO on hand at all times for use should an accident occur. It can bring amazingly quick relief to sprains and bruises, and restore the injured area in a matter of minutes if applied soon after the accident. In major accidents it can help relieve pain and help the body

57

58 MMS Health Recovery Guidebook

heal quicker than normal. The sooner it is applied after the accident the better, but if you are unable to apply it soon after an accident, it nevertheless will speed the healing process, even if there is a delay in using it. Apply DMSO directly on the injury. You can apply it full strength. If it burns or causes excessive itching add a small amount of water, a teaspoon or so, and gently rub it in. Keep adding water in small amounts if necessary, until there is no discomfort from the DMSO.

Below you will find some helpful information and things you must know about DMSO before using it as per the protocols in this book. In addition, I encourage you to research it out on the internet, where a wide range of information is available on the use of DMSO.

DMSO—Where and What to Buy

DMSO is available through various stores including animal supply companies, and online retailers such as Amazon. You want to look for the percentage (%) of “purity” on the bottle. If the bottle has “99% or 99.99% “purity or “pure” on the bottle and no other numbers, it is the highest purity.

If possible, purchase full strength DMSO (that is 99% to 99.99% purity). You can always dilute it down a little bit with distilled water if needed. If you do buy DMSO that is diluted, 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 those. Read the labels and product description carefully. If necessary, check with your supplier to be sure what you are purchasing.

Notes

Ü One might think that undiluted DMSO is quite strong, but keep in mind that for the most part, our protocols call

Chapter 59

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 undiluted DMSO directly to the skin (rubbing it on, or using a spray bottle) 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 with adding a small amount of water, as you can always add more if needed.

Ü If your DMSO has been diluted with more than 10% distilled water, 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 per drop of MMS1.

Ü It is well known that DMSO has somewhat of an unpleasant smell and taste, however, the pharmaceutical grade DMSO has been described as having almost no smell or bad taste. It can be found on the internet and in some pharmacies. The cost is substantially higher.

DMSO—Allergy Test

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

q Use plain water (do not use soap) and wash and dry a spot on your arm. (Just above or below the elbow works well.)

q Add 1 drop of DMSO (with a clean finger) to the spot on your arm and rub it in.

q Give the DMSO about 15 minutes to soak in and allow the area to dry.

4 – DMSO (Dimethyl Sulfoxide)

60 MMS Health Recovery Guidebook

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

Since MMS1 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 experience pain in the liver after applying DMSO, I suggest you work on improving the condition of your liver by doing the Starting Procedure and then Protocol 1000. If you are already on a protocol, but still have a bad reaction to DMSO, simply continue with the

protocol 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 protocol 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 since it was discovered.

DMSO—Safety Precautions

Ü 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.

Ü If applying DMSO topically, be sure your hands and nails are clean and free from contaminants (including soap residue) when handling DMSO. You want to also be sure the area to which you apply DMSO is clean.

Ü When washing an area of the skin before applying DMSO, it is best, if possible, to use natural, chemical-free soap to wash application areas and hands. Whether this is available or not, be sure any soap is completely rinsed off—or use no soap at all. Simply wash well (rubbing the skin) with clean water.

Chapter 61

Ü The best method to apply DMSO to the skin is simply to use clean dry bare hands when rubbing the DMSO into your body or on someone else.

Ü If using bare hands to apply DMSO, do not wear finger nail polish. DMSO is a solvent that will not only dissolve the polish, but will also carry its toxic ingredients through the skin and into the body. You can cover your hand in a plastic sandwich bag (this type of plastic in general, is OK for use with DMSO) to apply the DMSO.

Ü After handling DMSO, never wash it off with soap as it can carry the soap into the skin/tissues. Simply rinse the hands well with clean water.

Ü Keep full strength DMSO out of your eyes.

Ü Do not 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. (If applying frequently or in large amounts for some skin types it may cause the skin to become wrinkly, but this soon passes.)

Ü 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 immediate combustion with extreme heat and fire. In this case, it does not need a spark to start the fire.
- 4 – DMSO (Dimethyl Sulfoxide)

62 MMS Health Recovery Guidebook

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 it could become very uncomfortable in your stomach. (If this should happen by accident, drink plenty of cold water to alleviate any discomfort.)
- If adding DMSO to an MMS1 dose, as per Protocol 1000 Plus for example, you must calculate no more than 3 drops of DMSO to each drop of MMS1, 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 MMS1/DMSO doses, you can do this, but the MMS2 capsule must be separated out by one-half hour from the MMS1/DMSO doses. Never take a dose containing DMSO and an MMS2 capsule at the same time!

Grandson's Wart: My 8 year old grandson came to visit one weekend and had a horrible and huge wart on his knee. I actually mixed up three drops of MMS and citric acid and applied directly to the wart without diluting it at all. It did burn him a little but the next time I saw my grandson, about a month later, the wart had completely gone. It has been about a year ago now, and he has a scar where the wart was but no sign of another wart. —Tina, United States

Chapter 63

Chapter 5

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 some work. For this reason I have developed this Health Recovery Plan (HRP). 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 relatively short time, as others have done. Remember,

MMS does not heal the body as such, it destroys pathogens and oxidizes poisons that prevent the body from

healing itself. Use this plan, as given in this book, for all diseases.

How it Works

This book is chock full of a number of protocols that when followed properly, 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
63

64 MMS Health Recovery Guidebook

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 clear as you learn the protocols outlined in this book.

The important point is that there is a sequence of how to use the protocols. If one's recovery comes to a standstill after the herein stated period of time, keep in mind this is always an indication it's time to change something, go to the next step, and refer often to this section of the book as needed.

All the protocols in this book can be used for

children. They must, however, be adapted according to the child's weight. See Chapter 13 for

instructions on how to adjust protocol dosages for children.

Overview of Key Protocols for the Health Recovery Plan

The Starting Procedure 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 to it.

Protocol 1000 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.

Protocol 1000 Plus is a procedure that calls for the addition of 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.

Chapter 65

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

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.

The Mold/Fungus Protocol includes the addition of bentonite clay used in conjunction with MMS1. If you are not making progress with the protocols you are on, it may be necessary to switch for a time to the Mold/Fungus Protocol. You may consider starting with this protocol immediately after the Starting Procedure, but before continuing to Protocol 1000, if you feel you have come in contact with mold/fungus and suspect that mold is the root of your problem.

As mentioned above, these six 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 this 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 (usually after Protocol 3000 but sometimes earlier) while on the Key Protocols. The instructions in this chapter will help you determine this.

Indian Herb—On rare occasions (maybe 1 out of 100) for

extreme cancers, it may be necessary to use Indian Herb (or Black Salve). This herbal formula has been for sale in 5 – Health Recovery Plan (HRP)

66 MMS Health Recovery Guidebook

the United States for more than 90 years. Thousands of people have used it successfully. (See Chapter 10.)

Fundamental Principles

The simple rules with our MMS Protocols and the fundamental principles of the Health Recovery Plan, which we

call the Three Golden Rules of MMS, are as follows:

Ü 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.

Ü 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. If these symptoms continue, then continue to reduce by one half until you are no longer feeling worse than your illness is making you feel. Then when Herxheimer symptoms (nausea, diarrhea, etc.) subside, build back up slowly to the proper dosage as per the protocol you are on, but not to the point of making yourself feel worse than your illness is already making you feel.

Ü If you do not see any progress towards healing within a five to six day period then go to the next level—ramp up—begin increasing your MMS intake. Depending where you are in following a protocol, 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 stop any of the previous protocols you were following.

For example, say you are on Protocol 1000 and after the fifth or sixth day you notice some improvement in your condition, whatever it may be. The signs of improvement

Chapter 67

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 five or six days of the protocol and you have not noticed any signs of progress or improvement, then move on to Protocol 1000 Plus and so on.

Line-up of Protocols for the Health Recovery Plan
Starting Procedure: 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 MMS1 and using the spray bottle if any skin problems exist. (Complete instructions are given on pages 73-78.) In addition, if there are any external tumors on the body, this is the time when one would also begin applying the MMS1/DMSO Patch (page 135).

Protocol 1000: Move on to Protocol 1000, and continue

with this protocol as long as you see some type of improvement. But when there is a period of five or six days

on Protocol 1000 and 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 pages 42-45, 52, 56). In addition, check the list for other

reasons you may not be having success with MMS (Chapter 8). Then, if you are following everything correctly and

you see no signs of improvement after five or six days, then go to the next level—which is Protocol 1000 Plus. Protocol 1000 Plus: Continue on Protocol 1000 Plus as long as there is improvement, but again, if there is no improvement for a period of five or six days, once more go to the next level, which is Protocol 2000.

Protocol 2000: When on Protocol 2000, including taking MMS2 beginning on the third or fourth day, as long as you
5 – Health Recovery Plan (HRP)

68 MMS Health Recovery Guidebook

are improving continue with this protocol. But if there are no obvious signs of improvement for a period of five or six days, add on Protocol 3000.

Protocol 3000: After adding Protocol 3000, continue as long as there is improvement, but if there is a period of five or six days and no improvement, 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.

Mold/Fungus Protocol: Last, but definitely not least of Key Protocols in the line-up, is the Mold/Fungus Protocol. If you are not seeing success with Protocols 1000 through 3000, please consider switching to the

Mold/Fungus Protocol for a time. There are many illnesses caused by molds/fungus so please carefully read the

details explained in the Mold/Fungus Protocol on page 99.

Mold is a type of fungus. I have learned over the years, that there are some types of fungus that MMS1 and MMS2 do not seem to kill. However, I have found that

when this is the case, usually clay will handle the problem. So if one is not getting the desired results with

MMS1 or MMS2, it could be an indicator that mold/fungus is causing the illness and this would be a signal to add clay to your protocol.

Another important point is that I believe, as do some doctors and health practitioners, that some varieties of mold/fungus can act as a type of protective shield for some diseases in the body. When this is the case, some pathogens may not be overcome by MMS because the

mold that is present provides a certain amount of “protection” for them. In this case if we eradicate the mold

Chapter 69

first with clay, as the other pathogens lose their “mold protection”, MMS is then able to destroy them as well.

This may happen with both Lyme and Candida and possibly other diseases. Candida itself is a fungus and the clay

can help eliminate it. But if other types of fungus are also acting as a protective shield for the Candida, then it is important to handle this problem first, so MMS can do its job. You can put on hold any protocol you are doing and do the Mold/Fungus Protocol anytime that you feel you need to do so. Interjecting the Mold/Fungus Protocol will not be a problem and will not harm the progress that you have already achieved, and then once you have finished the Mold/Fungus Protocol, you can go back to whatever protocol you were on and continue with it until full health is recovered.

Notes

Ü If when taking MMS1 orally you experience burning as it goes down, or a heartburn type of sensation, this could be an indication that mold/fungus is present internally. This would be a signal to do the Mold/Fungus Protocol (see page 99). When using MMS1 externally and it burns and stings badly, use the clay and Vaseline salve (see pages 106-107).

Ü As has already been stated, anytime MMS makes you

feel worse, (in other words, you are experiencing symptoms of a Herxheimer reaction—nausea, diarrhea, etc.)

reduce the dosage by 50% but do not stop. Continue to reduce your dosage if you continue to feel worse than your illness is already making you feel. If you feel extremely bad, stop for a few hours, or a day, until the unpleasant symptoms pass, but once the symptoms do pass, start to slowly build back up your MMS intake to the proper dosage for the protocol you are on, as long as it does not make you feel sicker than your illness is already causing you to feel.

5 – Health Recovery Plan (HRP)

70 MMS Health Recovery Guidebook

Ü 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.

Ü A very important thing to remember is never stop taking MMS until you are well. When well, I suggest you work on making any necessary life style changes that will help you stay healthy and fit. This may include one or more of several things. Do your best to eliminate any source of toxic poisons constantly entering into the bloodstream, such as remove root canals and attend to any infected oral cavitations, remove mold from your home and/or office, obtain a good water supply free of harmful chemicals, etc. (See Chapter 8 Reality Check, for more ideas on things you may need to change in order to stay healthy.) Make physical activity part of your daily routine. Get proper rest. Reduce stress in your life. Cultivate good relationships with others. Embrace a daily spiritual practice. Strengthen your immune system through following a good nutritional plan. Eat real food.

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 five to six day 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 may want to go at a faster pace with the

protocols, 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 nevertheless, always start out with the Starting Procedure—do not bypass this step.

Chapter 71

It is important to understand that the more advanced the disease, the slower you must go to begin with.

If you detoxify the body too quickly, it can make one very sick. Getting sick, when you are already pretty ill is not a good thing. This can further weaken the body, and in the long run slow down the overall healing process.

After completing the Starting Procedure, as you move on to Protocol 1000 and the hourly 3-drop doses, if you are not seeing improvement of any kind in two to three days (instead of the standard five to six days), and if you are not experiencing a Herxheimer reaction, then move on to Protocol 1000 Plus (which is adding DMSO to your hourly doses). Then if again, you are not seeing improvement in another two or three days, move on to Protocol 2000.

Follow the instructions of Protocol 2000 and continue on with the Health Recovery Plan as outlined in this book but without making yourself sicker. (See the Three Golden Rules of MMS, pages 83-84.)

Pay close attention to how your body is responding. Each person is different; some may be able to go at this fast-track pace, on the other hand, others may need to go at a slower pace than is suggested here. We have heard of remarkable recoveries from life threatening illnesses when the person took only 1 drop of MMS1 an hour. It is not a race to see how much MMS you can handle.

Listen to your body, and remember, it is extremely important to always follow the Three Golden Rules of MMS.

Supporting Protocols—When to Add Them

In general I have recommended that one start adding on the Supporting Protocols if you have reached Protocol 3000, and have not fully recovered health. In part, this is because working through the Health Recovery Plan is a process. Overall, the body needs some time to become

accustomed to each new addition in the process. Adding
5 – Health Recovery Plan (HRP)

72 MMS Health Recovery Guidebook

too many things all at once can be overwhelming, and/or possibly cause Herxheimer reaction. I do not wish for anyone to become weary and give up, which could hinder recovery. This rule of when to add on a Supporting Protocol is not hard and fast. It is a guideline.

Some exceptions when adding Supporting Protocols: It goes without saying, any time you have a persistent cough, do the Cough Protocol. A woman with breast, cervical or uterine cancer may want to begin the Douche Protocol earlier on, even as early as while on Protocol 1000 in some cases. If she is handling MMS well and feels she can add a few douches to see if that also helps her improve, it may be worth the try. Someone with colon cancer may want to add enemas or colonics at some point

before reaching Protocol 3000, if they feel up to it. Another example of adding on a Supporting Protocol before

reaching Protocol 3000 would be in the case of using the MMS1/DMSO Patch for any external tumors. Pay close attention to the signals of your body and follow what you feel you can handle. See Chapter 7 for a list of diseases giving you examples of using the Supporting Protocols, and when to add them into your health recovery routine.

A Word on the Additional Protocols

The Additional Protocols in this book are different than

Supporting Protocols in that they are specific to a particular disease. Certain diseases require a different procedure

than the HRP. For example, malaria requires taking two stronger than usual doses of MMS1. In most cases this eradicates malaria, but if there are complications, the

Malaria Protocol gives further instructions specific to malaria.

Sometimes an Additional Protocol may suggest going to the HRP at some point, after following certain specific

Chapter 73

procedures particular to that disease. To learn more about the Additional Protocols see Chapter 11.

Two Fundamental Health Procedures

for the HRP

1. Brushing Your 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 MMS Health Recovery Guidebook should be accompanied by a daily brushing of one's teeth with MMS1. It has been shown time and again that MMS1 can restore health to the mouth and in the case of doing these protocols, better results are often noticed when brushing with MMS1, 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 10 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. If you use a toothbrush with toothpaste some of the time, keep a separate toothbrush that you use only with MMS1 (and DMSO if you use it). This will help avoid toothpaste residue left on the toothbrush mixing in with the MMS1. Under no circumstances should you ever use toothpaste which contains fluoride.

5 – Health Recovery Plan (HRP)

74 MMS Health Recovery Guidebook

Brushing Teeth Procedure

Step 1

q In a glass activate 5 drops of MMS.

q After 30 seconds add only 1/4 cup (2 ounces/60 ml) of water to the MMS1 drops.

Step 2

q Brush both your gums and your teeth with this mixture for at least two minutes. (Pour some of the liquid over the toothbrush 3 or 4 times while brushing. See tip on page 75.)

q Do this 2 or 3 times a day while doing the protocols in this book.

Note: For a number of years, people around the world have been successfully using MMS1 to keep their mouths in shape and to overcome various teeth and gum infections. You don't have to worry about the alkalinity of the sodium chlorite nor the acidity of MMS1 leaching mercury out of your teeth. This is because the acidity in the MMS activator when mixed drop for drop with the MMS (sodium chlorite)

which is alkaline, is calculated to mostly cancel one another out, leaving the MMS1 solution much closer to neutral. The acidity is then much less than most fruits and cannot hurt your teeth or leach mercury from your fillings. Keep in mind that fruits and vegetables are acidic in nature more so than MMS1 doses. (For more information on the acidity and alkalinity of fruits and vegetables, see Appendix C.)

DMSO and Teeth

If your teeth are in poor shape, for example if you have an abscess, pain, or more serious complications with your

Chapter 75

teeth, add DMSO to your teeth brushing routine. DMSO will carry the MMS right through the enamel into the tooth and can help solve many problems.

Step 1

q Mix up the MMS1 teeth brushing mixture described above.

q Brush your teeth with this mixture for a minute or so. This is for an initial cleansing of the mouth and teeth and to clear out anything you do not want DMSO to “carry” deeper into the tissues and enamel of your teeth.

q After this initial cleanse, rinse your mouth well.

Step 2

q Next, add DMSO to the rest of the MMS1 mixture and continue brushing with DMSO added. You must add DMSO to your mixture immediately before continuing to brush. Add 3 drops of DMSO for each 1 drop of MMS that you are using. For the formula above, this would be 15 drops.

q If you have DMSO that is already diluted some, use 4 drops for each MMS drop.

Tip: If you want to use the same solution described in the Brushing Teeth Procedure for more than one brushing, you will need to put the solution in a bottle with a tight lid. If you want to dip your toothbrush into the liquid, it is no longer reusable. So if you want to “dip” do not contaminate your entire mixture. Instead, pour part of the solution into a small glass and proceed with dipping your tooth brush into that liquid 3 or 4 times while brushing, then discard any leftover “dipping” solution. Double the amount (10
5 – Health Recovery Plan (HRP)

76 MMS Health Recovery Guidebook

activated drops of MMS to 1/2 cup [4 ounces/120 ml] of water) to make up a portion for the day.

If you make 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.

2. Spraying Your Skin

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 MMS 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. Anytime the MMS spray stings or burns your skin go to the Mold/Fungus Protocol and check the section on the mold/fungus external procedure (see page 106).

MMS1 Spray Bottle

q The standard spray bottle formula is 10 to 1. That is, 10 activated drops of MMS to 1 ounce/30 ml of water.

q 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, reverse osmosis, or distilled water.

q In most places 2-ounce or 4-ounce size spray bottles are available at the pharmacy or in health food stores.

Chapter 77

Simply multiply the formula, 20 drops MMS1 to 2 ounces of water, or 40 drops of MMS1 to 4 ounces of water.

q 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.

q Do not leave your spray bottle in the sunlight; storing it in a dark place will help the MMS1 solution to remain strong.

q Use this for spraying all problems on your skin.

q When using an MMS1 spray bottle on your face, avoid getting it in your eyes.

Tip: You can spray a little on your face and then spray or pat a little DMSO (dimethyl sulfoxide, see Chapter 4) on top. Rub your face lightly to help ease wrinkles. DMSO often makes the MMS spray more effective anywhere on the body. When spraying both MMS1 or DMSO on your

face, avoid getting it in your eyes.

Variation: If you do not see results with the 10-to-1 MMS1 spray bottle, you can increase the strength of your spray solution up to as many as 50 activated drops of MMS per 1 ounce/30 ml of water. Always begin with 10 activated drops (MMS1) per 1 ounce/30 ml, and increase the drops in increments to see what works best for you. Anytime the MMS1 spray solution stings and/or burns, regardless of how weak or strong it is, it most likely is an indication that some type of fungus is present. In this case, rinse it off with purified water and apply the clay and Vaseline salve described in the Mold/Fungus Protocol (pages 106-107).

5 – Health Recovery Plan (HRP)

78 MMS Health Recovery Guidebook

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.

q Add enough MMS2 powder (calcium hypochlorite) to a clean, dry spray bottle (a 2 ounce/60 ml or 4 ounce/120 ml size bottle works well) to just cover the bottom of the bottle.

q Fill the rest of the bottle with purified, distilled or reverse osmosis water.

q Shake it well to dissolve the MMS2 powder.

q 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.

q 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.

q When using an MMS2 spray bottle on your face, avoid getting it in your eyes.

Note: Unlike the MMS1 spray bottle, do not use an MMS2 spray bottle with DMSO as this could cause a burn.

Chapter 79

Chapter 6

The Key Protocols

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 experienced 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 feel bad, 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. It can help you avoid unnecessary sickness as it helps your body gradually become accustomed to MMS.

The Starting Procedure consists of taking MMS1 in very low doses to start out and working up slowly to a 1-drop dose over a period of four days. (There is an exception to this rule, see variation on page 82.) 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, and sometimes other distress, such as extreme tiredness, can also be experienced. This is called a

Herxheimer reaction as explained in the definition of
79

80 MMS Health Recovery Guidebook

terms on page 6. Hopefully, going through the Starting Procedure can help one avoid or minimize a Herxheimer reaction.

Instructions for the Starting Procedure

Day One

The first day of the Starting Procedure take 1/4 drop of activated MMS every hour for eight hours. Since you cannot divide a drop into fourths, the following steps explain how you make the dose. 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.

Step 1

q Activate 1 drop of MMS as per instructions in Mixing a Basic Dose of MMS1 (page 32).

Step 2

q 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 pages 42-45.

Step 3

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

Chapter 81

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.

q 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 eight hours a day.

Step 4

q Follow steps 1 and 2 (from day one above) each hour, but this time pour off 1/2 of the mixture (this will be 2 ounces/60 ml) and drink, and discard the other half. 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 eight hours.

Step 5

q Follow steps 1 and 2 (from day one 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.

82 MMS Health Recovery Guidebook

Step 6

q At the end of day four you have completed the Starting Procedure to Protocol 1000. The next day (day five), you should begin Protocol 1000 as per the instructions on page 84.

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

Variation—Fast Track for the Starting Procedure

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 approximately eight months since you have taken MMS. (If you

are accustomed to taking a daily MMS maintenance dose [see page 200] and you want to start a full MMS protocol,

I recommend that you nevertheless begin with the Starting Procedure using this fast track version.) In any case,

before proceeding with this method remember, pay attention to how your body is reacting, go at your own pace

and again, if nausea, vomiting or diarrhea occur, immediately reduce the dose by one half and follow the instructions regarding feeling sick on page 50. To fast track the

Starting Procedure, simply cut the time for dosing in half as follows:

Chapter 83

Day One—Fast Track

q Take a 1/4-drop dose for four hours instead of eight hours.

q At the end of four hours, increase to a 1/2-drop dose for the remaining four hours of day one.

Day Two—Fast Track

q Take a 1/2-drop dose for four hours.

q Increase the dose to a 3/4-drop dose for the remaining four hours of day two.

Day Three—Fast Track

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

Three Golden Rules of MMS

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 five to six day period passes and
- ### 6 – The Key Protocols

84 MMS Health Recovery Guidebook

you do not see any signs of improvement, and you've checked to see you are not doing anything wrong, (see

Reality Check, Chapter 8), go on to the next level. Depending on where you are, add another drop to your

dose, do the next increase, or go to the next protocol and/or add in a Supporting Protocol as listed in the HRP. Anytime you move forward, do not stop doing what you have already been doing. Add on, but do not take away.

In Brief...

Three Golden Rules of MMS

- 1 Getting better? Do not change anything. Continue with what you are doing.
- 2 Feeling worse? Reduce your MMS intake by 50%.
- 3 Not getting better/not getting worse? If there are no signs of improvement, do the next increase or go to the next protocol according to the HRP.

Protocol 1000

This protocol alone has proven time and time again to restore health to people with a wide variety of diseases and conditions such as Hepatitis A, B and C, HIV/AIDS, arthritis, 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

Chapter 85

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 fresh every hour.

Protocol 1000 is taking a maximum of 3 drops of activated MMS (MMS1) in 4 ounces/120 ml of water (some juices are acceptable, as explained on pages 42-45) once each hour, for eight consecutive hours, every day, for three weeks or until well. One does not start out at 3 drops an hour. You try to build up to 3 drops slowly as stated in this book and abiding by the Three Golden Rules of MMS. Remember, if your body does not tolerate an increase of drops, stick with what works best for you. Your health may be recovered taking less than 3 drops in each dose. Some people have recovered their health taking 1 or 2 (or even less) drops per hour.

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.

6 – The Key Protocols

86 MMS Health Recovery Guidebook

Instructions for Protocol 1000

Step 1

q In a clean, dry glass activate 1 drop of MMS as per the instructions in Mixing a Basic Dose of MMS1, page 32.

q Add 1/2 cup (4 ounces/120 ml) of water or other recommended mixer.

Step 2

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

Step 3

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

Step 4

q 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. Go at your own pace, (without getting sicker than your illness is already making you) but steadily build up to a 3-drop dose every hour. For example, one person might start out the first day with a 1-drop dose for two to three 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 a 1-drop dose every hour for the entire first day, and then 2 drops every hour the next day and so on. Some may even find it necessary to stay at a 1-drop dose every hour for a few days before they can go up.

Chapter 87

Step 5

q 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 one half. 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 nausea and vomiting cut back immediately. Follow the instructions in the section Feeling Sick, page 50.) Be sure to follow the Three Golden Rules of MMS.

Notes

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

Ü 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.

Ü In the event that you recover your health in less than three weeks, I suggest that you nevertheless continue Protocol 1000 for the entire 21 day period. This will help complete the detoxification process.

Protocol 1000 Plus

Protocol 1000 Plus requires the addition of DMSO (dimethyl sulfoxide) to your hourly dosing. Before proceeding

6 – The Key Protocols

88 MMS Health Recovery Guidebook

with this protocol, please thoroughly read and/or familiarize yourself with Chapter 4 in this book.

This protocol is simply adding DMSO to the MMS1 Protocol

1000 dose which is 3 activated drops per hour (or sometimes less). 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 you've been taking and add in the DMSO accordingly. For example, if you are taking a 3-drop dose of MMS1, you would add 9 drops of DMSO. If you are taking a 2-drop dose of MMS1, you would add 6 drops of DMSO.

Instructions for Protocol 1000 Plus

Step 1

q Activate 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.)

q Add 1/2 cup (4 ounces/120 ml) of water (or compatible liquid; see pages 42-45, 56).

Step 2

q Immediately after adding the water, add in 3 drops of DMSO for each drop of MMS1 you are using. For example, if you are making a 3-drop MMS1 dose, add 9 drops of DMSO. (Thoroughly mix in the DMSO by stirring it.)

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

Chapter 89

Step 3

q If after adding DMSO to your dose you experience discomfort (such as nausea, diarrhea, etc.), reduce the amount of DMSO you are adding on the next dose. Instead of adding 3 drops of DMSO per 1 drop of MMS1, reduce to 2 drops of DMSO to 1 drop of MMS1. If you still have discomfort, reduce the DMSO by another drop, in other words, use 1 drop of DMSO per 1 drop of MMS1. If you still experience discomfort after reducing the amount of DMSO 2 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.

Notes

Ü An important reason to drink the MMS1/DMSO dose immediately is because DMSO begins to cause the dose to slowly lose its potency. It takes up to six 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 one minute of adding DMSO drops, because it loses a large amount of potency in the first ten minutes and then continues to lose potency at a slower pace.

Ü When progressing from Protocol 1000 Plus to Protocol

2000, always continue using DMSO according to the instructions given here in Protocol 1000 Plus while doing

Protocol 2000, i.e. always add 3 drops of DMSO to the dose for every 1 drop of MMS1.

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
6 – The Key Protocols

90 MMS Health Recovery Guidebook

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. See page 249 for more information on helping people with extreme conditions.

On Protocol 2000 you will:

- 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 92) without getting sick due to the MMS. In most cases the increase in drops is needed for cancer and other life-threatening diseases.
- Increase the number of hours you take your dose each day from eight to ten hours.
- At the beginning of the third or fourth day of Protocol 2000, you should begin taking MMS2 in addition to MMS1.

The most important thing to remember is, never stop taking MMS until you are well. Remain on Protocol 2000 and any needed Supporting Protocols, as explained in the Health Recovery Plan, until you have fully recovered your health.

Note: When progressing from Protocol 1000 Plus to Protocol 2000, always continue using DMSO according to the instructions given in Protocol 1000 Plus while doing

Chapter 91

Protocol 2000, i.e. add 3 drops of DMSO to the dose for every 1 drop of MMS1.

Instructions for Protocol 2000

Step 1

q Increase the number of hours per day that one takes the hourly dose to ten hours per day instead of the eight hours per day of Protocol 1000.

Step 2

q 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.

q The Health Recovery Plan (HRP) gives allowance for an exception to the rule, (see page 70). If you fall into this category and therefore 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 if you should not add another drop per hour by the way you feel. 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. Some people can move along quicker and some cannot, please be attentive to the Three Golden Rules of MMS.

q It is important to not allow yourself to feel worse 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

6 – The Key Protocols

92 MMS Health Recovery Guidebook

drops you are taking by 50% for the next dose, if it still seems like the MMS1 is continuing to cause distress, then decrease the dose by another 50% of what you are taking. When you feel comfortable with the amount of MMS1 you are taking, then slowly increase the drops again. If the added sickness is severe then temporarily stop taking the drops altogether and start again as soon as you are feeling better. And again, increase to as much as you can take without feeling worse than you already are.

The following chart 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. Remember, follow the Three Golden Rules of MMS. Some people will not get up to anywhere near these amounts. These are maximum amounts—they are not a goal.

Protocol 2000 —Maximum MMS1 Dosage

Weight Dosage

80-100 lbs (36-45 kg)	Take no more than 8 drops hourly
100-120 lbs (45-54 kg)	Take no more than 8 drops hourly
120-140 lbs (54-63 kg)	Take no more than 9 drops hourly
140-160 lbs (63-72 kg)	Take no more than 10 drops hourly
160-180 lbs (72-81 kg)	Take no more than 11 drops hourly
180-200 lbs (81-90 kg)	Take no more than 12 drops hourly
200 lbs (90 kg) and above:	Increase the maximum dose by 1 drop for each additional 20 lbs (9 kg)

Chapter 93

Step 3

q Begin taking MMS2 on the third or fourth day into the protocol. (Please read section MMS2—Details, page

274, for information on where to purchase calcium hypochlorite, and instructions on how to make MMS2 capsules.)

q 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 1/8 full or #0 size capsule about 1/16 full. When the capsules are pulled apart, one side is always larger than the other side. Fill the larger side (pack loosely). Then put the smaller side on and be sure you push it down securely in place.

Step 4

q 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. Slowly increase the amount you put in the capsule.

Step 5

q Take one of these capsules 5 times a day—once every two hours.

q Take your first MMS2 capsule one-half hour after taking your second MMS1 dose of the day.

6 – The Key Protocols

94 MMS Health Recovery Guidebook
Sample Time Schedule for Protocol 2000, Once
MMS2 is Added to Your Dosing

Notes

Ü 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.

Protocol 2000

MMS2 Time Schedule

Time Dose

9:00 AM MMS1 dose

10:00 AM MMS1 dose

10:30 AM MMS2 dose

11:00 AM MMS1 dose
12:00 PM MMS1 dose
12:30 PM MMS2 dose
1:00 PM MMS1 dose
2:00 PM MMS1 dose
2:30 PM MMS2 dose
3:00 PM MMS1 dose
4:00 PM MMS1 dose
4:30 PM MMS2 dose
5:00 PM MMS1 dose
6:00 PM MMS1 dose
6:30 PM MMS2 dose

Chapter 95

Ü 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 one half and build back up slowly.

Ü Never take a dose containing DMSO and an MMS2 capsule at the same time! See pages 23-24 for the full warning on this.

Protocol 3000

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 using DMSO with MMS1 topically. 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. (For further information I recommend Stanley Jacob's book: Dimethyl Sulfoxide (DMSO) in Trauma and

Disease by Stanley W. Jacob and Jack C. De La Torre. Also The DMSO Handbook by Hartmut P.A. Fischer.)

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. The MMS1/DMSO procedure described below is an accelerated skin technique that helps push MMS1 into the blood plasma. This method also helps to

avoid a 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.

6 – The Key Protocols

96 MMS Health Recovery Guidebook Instructions for Protocol 3000

Step 1

q 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.

q Add 20 drops of water. But if this mixture is too strong (causes burning of the skin or other irritation), add more drops of water until it doesn't cause irritation. If there is no extra skin sensitivity, you may want to add less water (do this in increments), to see if you can tolerate a stronger mixture.

q Add 1 teaspoon/5 ml of DMSO.

q Immediately spread the mixture over one arm. You can use your hand to spread the mix. (Be sure your hands are washed and thoroughly rinsed so as to remove all of the soap before applying DMSO.) It is not necessary, and even potentially dangerous to wear a glove, (if latex or rubber). 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