Hello everyone, this is my, "in a Nutshell", version 2 of a write-up I did a long time ago to help people understand the different oral ways we've developed for getting MMS/CLO2 into the body. I hope it helps.

First we must start off with a standardized drop measurement so we can compare apples to apples when looking at the following 4 ways of making and ingesting MMS/CLO2.

In the past Jim Humble used a dropper that produced 24 drops per ml, but then decided to start using the more standard drop size of **20 drops per ml**. So now based upon that, we know that 1/20th of a ml (1 drop) of MMS (22.4% Sodium Chlorite) will have the potential to produce **8.0mg of CLO2 (Chlorine Dioxide)**.

Following are the different methods that have been developed and used to produce CLO2 from MMS for the purpose of ingestion.

To make the following methods easier to understand and compare, only 1 drop of MMS is discussed within each method. In practice however, normally more than 1 drop is used.

****Method #1 (And I've named it Protocol 1) - Stabilized Oxygen** - Coolest on the throat but the most harsh on the stomach (This is basically what Jim Humble did in the beginning without realizing it, and it cured Malaria) - 1 drop of MMS NOT activated and added to 100ml of water:

When we combine 1 drop of MMS with 100ml of water, we will not have any activation externally and so we will get the following:

- 8.0mg X 0% activation = 0.00mg of CLO2

- Ideally 100% of the CLO2 would be generated when the MMS (22.4% sodium chlorite) comes in contact with the acid of our stomach and so inside the stomach, if we assumed no losses, we'd have 8.0mg of CLO2. However, full activation in the body like this is not attainable - see below.

(Scaled up from 1 drop/ml to 1 liter, we theoretically could have 8000mg or 8000 ppm but practically probably have more like 6000 to 7000mg (or 6000 to 7000 ppm) due to imperfect conversion and losses)

Method #1 also contains all the byproducts of the process of making the CLO2, some of which are also antibacterial and antiviral in nature, but not generally considered as powerful as CLO2.

****Method #2 - MMS1** - Only slightly warm on the throat, but somewhat harsh on the stomach for some. (Developed by Jim Humble and the way Jim uses MMS to make CLO2 in the body now) - 1 MMS drop activated for 30 seconds and then added to 120ml of water:

When we combine 1 drop of MMS with either 1 drop of 4% HCl or 1 drop of 50% citric acid for 30 seconds, we will have only partially activated it to about 10% of its maximum activation and so we will get approximately the following:

- 8.0mg X 10% activation = 0.80mg of CLO2

- Ideally the other 90% of the CLO2 would be generated when the remaining MMS (22.4% sodium chlorite) comes in contact with the acid in our stomach. So if we assumed no losses, we would again have 8.0mg of CLO2 in the stomach. However, full activation in the body like this is not attainable - see below.

(Scaled up from 1 drop/ml to 1 liter, we theoretically could have 8000mg or 8000 ppm but practically probably have more like 6000 to 7000mg (or 6000 to 7000 ppm) due to imperfect conversion and losses)

Method #2 also contains all the byproducts of the process of making the CLO2, some of which are also antibacterial and antiviral in nature, but not generally considered as powerful as CLO2.

Method #3 - CDS - Hot on the throat but easiest on the stomach. (First developed by Andreas Kalcker and friends and then improved & simplified by Charlotte Lackney) - 1 MMS drop activated over a period of time which is allowed to absorb into distilled water inside a simple reaction chamber. When we combine 1 drop of MMS with an amount of acid inside a reaction chamber and allow the CLO2 gas coming from the drop to absorb into distilled water around the reaction container for a certain amount of time, we can capture a certain amount of the CLO2 in the distilled water and that amount is as follows:

- 8.0mg X 37.5% activation = 3.0mg of CLO2

- The other 62.5% of the CLO2 is lost in the process of making the CDS.

- If 1ml of this (which was made from 1 drop of MMS) were to be consumed, the person would receive 3.0mg in his stomach.

(Scaled up from 1 drop/ml to 1 liter, we would have 3000mg or 3000 ppm maximum)

Method #3 only contains CLO2 in distilled water. It does NOT contain any of the byproducts that the other processes mentioned here contain, some of which are also antibacterial and antiviral in nature, but not generally considered as powerful as CLO2.

Method #4 - CDH4000 - Hottest on the throat but fairly easy on the stomach. (Developed by Scott McRae and Charlotte Lackney) - When we combine 1 drop of MMS with 1 drop of 4% HCl and 18 drops of water for 12 hours in a sealed glass bottle, all of the activating power of the 4% HCl will be used up in the process of activating just half, or 50% of the MMS, and so we will get the following:

- 8.0mg X 50% activation = 4.0mg of CLO2

- Ideally the other 50% of the CLO2 (or 4.0mg) would be generated when the remaining MMS (22.4% sodium chlorite) in the CDH4000 comes in contact with the acid in our stomach. So assuming no losses, we'd again have 8.0mg of CLO2 in the stomach. However full activation in the body like this is not attainable - see below.

(Scaled up from 1 drop/ml to 1 liter, we theoretically could have 8000mg or 8000 ppm but practically probably have more like 6000 to 7000mg (or 6000 to 7000 ppm) due to imperfect conversion and losses)

- Note that all the ingredients added together equals 20 drop or 1ml, and each ml therefore, contains 1 drop of MMS. CDH4000 also contains all the byproducts of the process of making it, some of which are also antibacterial and antiviral in nature, but not generally considered as powerful as CLO2.

Again, I hope this helps with everyone's understanding.

May you all be well,
Scott McRae

PDF below