What is PAMMS4000?

(Pre-Activated MMS • 4000 ppm • 1 Drop of MMS per ml)

PAMMS4000 stands for Pre-Activated MMS and is exactly what the letters represent. When you follow the simple instructions below to make **PAMMS4000**, each ml (1ml = 20 drops) will always contain 1 Pre-Activated drop of MMS as in the following base formulation:

1 drop of MMS (22.4% sodium chlorite solution)
1 drop of 4% HCl and
18 drops of water .
= 20 drops or 1ml of PAMMS

So as you can see in the above base formulation, the 1ml actually contains 1 drop of **MMS** and that drop will be Pre-Activated by the 1 drop of 4% HCl. And the Chlorine Dioxide that is produced will absorb into the 18 drops of water that are also there in the formula. The water basically acts as a stabilizer for the Chlorine Dioxide that's produced, and gives it something to absorb into so that the solution is not too concentrated. After combining the ingredients, we just cap the bottle, give it a good shake, and then wait 24 hours before refrigerating. *During the 24 hour activation period, all of the 4% HCl will be used up and about 50% of the Sodium Chlorite will have been converted to Chlorine Dioxide, leaving the remaining 50% in the final solution.*

Of course we normally wouldn't just make 1ml of **PAMMS4000** at a time though, we make larger quantities such as 100ml, 250ml, 500ml or 1000ml or even more. For example, to make 100ml using the same formulation as above, we would just combine the following ingredients, and then cap, wait 24 hours, and refrigerate:

100 drops (which is 5ml) of MMS (22.4% sodium chlorite solution)
100 drops (which is 5ml) of 4% HCl and
1800 drops (which is 90ml) of water .
= 2000 drops which is 100ml total of PAMMS4000

If you have a 500ml bottle, just multiply all the ingredients above by 5. For a liter bottle, multiply by 10, etc. Simple.

For regular oral dosing, since every ml of **PAMMS4000** contains 1 drop of Pre-Activated MMS, just replace each drop of MMS that you might have used when doing oral dosing, with 1ml of **PAMMS4000** instead. Here's an example:

- Let's say you normally take eight, 3-drop doses a day with water, for a total of 24 drops a day.
- With PAMMS4000 you would take eight, 3ml doses a day with water, for a total of 24ml a day.
It's that easy.

One of the great things about **PAMMS4000** though, is the fact that after it's made following the formulation above, you'll know that the concentration, or parts per million (ppm) is **4000 ppm** and *that* is the reason why we call this formulation, **"PAMMS4000"**.

Then, knowing that you have a bottle of **4000 ppm Chlorine Dioxide Solution**, you can easily dilute it down to whatever concentration you need for various applications. For example, I can use **PAMMS4000** to make a 40 ppm mouth wash and solution to brush my teeth with by just adding 1ml of **PAMMS4000** to 100ml of water. Or, I can nebulize with it by diluting it down to 20 ppm in pure water (or saline solution) by just adding 5 drops (0.25ml) of **PAMMS4000** to 50ml of water. Want a 400 ppm heavy duty sanitizer? Just add 10ml to a 100ml spray bottle and walla!, you've got 400 ppm. As you can see, **PAMMS4000** is not just easy to make, it's also extremely easy to work with and makes creating any ppm concentration simple. *(To make it even easier, see the dilution calculator link and instructions at the end of this document)*

PAMMS4000

(Pre-Activated MMS • 4000 ppm • 1 Drop of MMS per ml)

My PAMMS4000 Chlorine Dioxide Production & Use for Infectious Diseases & Cancer

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My 100ml Bottle Formulation Instructions

In a sterilized 100ml colored glass bottle combine the following ingredients (plastic pipettes work well for the small amounts):

1. Start by adding 90ml of pure water to the glass bottle (preferably distilled or reverse osmosis water)
2. Next add 5ml of 20 to 25% Sodium Chlorite (NaClO2) solution in water
3. Next add 5ml of 4% Hydrochloric Acid (HCl) solution. Important! DO NOT use any other acid or % if you want to make 4000 ppm ± 5%
4. Then immediately cap the bottle tightly & give it a good shake. Important! Only use a cap with a plastic type seal, ALL rubbery types will melt!
5. Keep the bottle at room temperature or above for 24 hours to allow time for the full production of 4000 ppm ±5% Chlorine Dioxide.

Note: *Starting with hot water (80-90° C) and shaking occasionally will reduce time needed for activation to just 8 hours*

6. After 24 hours (or 8 if using the hot method) put the bottle in the refrigerator and keep refrigerated until ready for use.
7. If I think I may not use my formulated 100ml of **PAMMS4000** for more than a month, it's best to dilute it down to 200 ppm by adding it to 1900ml of pure water, which will give me 2 liters of 200 ppm. This will prolong the refrigerated shelf life of my now diluted **PAMMS200** to at least 3 months so that I will know with accuracy what the ppm concentration is for further dilution purposes if needed.
8. If kept refrigerated between uses, **PAMMS4000** can be considered full strength (4000 ppm) for 1 month after formulation. After that time if not diluted as in number 7 above, or if left unrefrigerated for long periods of time, the concentration will gradually fall below 4000 ppm. If this happens it can still be used, but it would be best to only use it in ways where it's not important to know the ppm.

(The ratio of ingredients used above is 90:5:5 (ml) & can be scaled up for larger amounts. For example 5 times the above is 450:25:25 (ml) & can be used to make a 500ml bottle of PAMMS4000. – No matter the quantity, each ml of PAMMS4000 contains exactly 1 drop of Pre-Activated MMS)

My ClO_2 Dilution Table for Various Container Sizes

Use the table below as a guide for any concentration & container size you may want to use. You can use the dilutions and container sizes shown or you can use different dilutions or container sizes by simply multiplying or dividing what you see below according to the dilution or container size you want. For example, if you wanted to use a 25ml bottle instead of a 50ml bottle, you would just divide the amount needed for a 50ml bottle by 2 (or in half). The same is true for different concentrations you may want to make. **Note: 1 ml = 20 drops ±5%, therefore 1 drop = 0.05ml and 5 drops = 0.25ml (all equivalents are ±5%)**

After dilution, label your container with the new concentration & ideally refrigerate your diluted **PAMMS**. Use a glass bottle if possible & **DO NOT** use any kind of rubberized cap seal. Only caps with LDPE plastic seals (soft plastic) or better should be used to prevent contamination of the solution.

My Instructions for using the ClO_2 Dilution Table below:

First, fill a container with pure water or 0.9% Sodium Chloride (saline) as indicated in the left column below. Next, find the ppm concentration you want for the container size you are using and take out & discard the number of ml indicated (of water or saline). Then replace the amount of water you just took out with **PAMMS4000**. Last, be sure to label your bottle with the ClO2 ppm concentration you just made.

Container Size	Amount of PAMMS4000 to Use for Various ppm ClO_2 Dilution Concentrations									
	10 ppm	20 ppm	30 ppm	40 ppm	50 ppm	60 ppm	70 ppm	80 ppm	90 ppm	100 ppm
50ml	0.125ml	0.25ml	0.375ml	0.50ml	0.625ml	0.75ml	0.875ml	1.00ml	1.125ml	1.25ml
100ml	0.25ml	0.50ml	0.75ml	1.00ml	1.25ml	1.50ml	1.75ml	2.00ml	2.25ml	2.50ml
200ml	0.50ml	1.00ml	1.50ml	2.00ml	2.50ml	3.00ml	3.50ml	4.00ml	4.50ml	5.00ml
250ml	0.625ml	1.25ml	1.875ml	2.50ml	3.125ml	3.75ml	4.375ml	5.00ml	5.625ml	6.25ml
300ml	0.75ml	1.50ml	2.25ml	3.00ml	3.75ml	4.50ml	5.25ml	6.00ml	6.75ml	7.50ml
400ml	1.00ml	2.00ml	3.00ml	4.00ml	5.00ml	6.00ml	7.00ml	8.00ml	9.00ml	10.00ml
500ml	1.25ml	2.50ml	3.75ml	5.00ml	6.25ml	7.50ml	8.75ml	10.00ml	11.25ml	12.50ml
600ml	1.50ml	3.00ml	4.50ml	6.00ml	7.50ml	9.00ml	10.50ml	12.00ml	13.50ml	15.00ml
1000ml	2.50ml	5.00ml	7.50ml	10.00ml	12.50ml	15.00ml	17.50ml	20.00ml	22.50ml	25.00ml

PAMMS4000 & My Use of It

(Pre-Activated MMS • 4000 ppm • 1 Drop of MMS per ml)

Chlorine Dioxide (ClO2) Medical Use Background Information for Infectious Disease & Cancer

My following usages are not based on any FDA approved studies or studies done by pharmaceutical companies for purposes of human medical treatments. Rather, my usages are based upon the EPA, WHO & other studies done primarily on animals to determine toxicity levels of various ClO2 concentrations & products destined for market, some of which have received approval for human oral use & veterinary wound care use. In addition, they are based upon the experiences of thousands of ClO2 users, including my own personal experiences. Therefore, nothing I'm saying here should be taken as medical advice. (Example of Animal Toxicity Study): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5369164/pdf/ijerph-14-00329.pdf

My Chlorine Dioxide (ClO_2) Use Theory

Most users of ClO_2 solutions use them for various infectious diseases, as both antibiotics & antivirals, & for cancers as a form of chemotherapy. In general, they do this based upon the theory that both pathogens & cancer cells will be susceptible & die from the oxidative stress that ClO_2 causes them, while at the same time the healthy cells of the body will be resistant to that same oxidative stress due to their much larger size & favorable disposition towards reactive oxygen species (ROS) in general. Based on this theory, the following are ways in which I would use ClO_2 to treat various infectious diseases & cancers, always trying to keep the ClO_2 concentration as low as possible to avoid toxicity to my body, while at the same time high enough to stop both bacterial & viral infections & of course cancers. The parts per million (ppm) ClO_2 concentrations shown below are my estimates based upon hundreds of thousands of users, and over 30 years of collective Chlorine Dioxide use which in turn has been based upon WHO and EPA safety studies, product studies & studies which are integral parts of the many ClO_2 based patents in the US & around the world. Therefore, once again, nothing written here should be construed as being medical advice – it's just what I might do. (Please see the Medical Information Disclaimer above.)

Conservative **(Mild/Gentle Strength)** 5-20 ppm ClO_2	Moderate **(Medium Strength)** 21-50 ppm ClO_2	Aggressive **(Highest Strength)** 51-100+ ppm ClO_2
Liquid ClO_2 – External/Oral/Enema or Douche **- Drops in eyes (5-20 ppm)** **- Drops in nose & ears (20 ppm)** **- Brushing teeth (20 ppm)** **- Gargling (20 ppm)** **- Skin abrasions and lacerations (20 ppm)** **- Bowel or vaginal infections (20 ppm)** **- Enemas can be used to carry ClO_2 into the blood plasma in lieu of an IV (20 ppm)** **- Very mild hand sanitizer (20 ppm)**	Liquid ClO_2 – External/Oral/Enema or Douche **- Drops in eyes (21-40 ppm)** **- Drops in nose & ears (30-50 ppm)** **- Brushing teeth (25-30 ppm)** **- Gargling (40-50 ppm)** **- Skin abrasions and lacerations (50 ppm)** **- Bowel or vaginal infections (40-50 ppm)** **- Enemas can be used to carry ClO_2 into the blood plasma in lieu of an IV (50 ppm)** **- Mild hand sanitizer (50 ppm)** **- Soak for infected finger, etc. (50 ppm)**	Liquid ClO_2 – External **- Skin abrasions and lacerations (51-100 ppm)** **- Better hand sanitizer (100-200 ppm)** **- Feet (anti-fungal – 100-200 ppm)** **- Better soak for infected finger, toe, etc. (150-200 ppm)** **- Nail fungus removal (drops of 500+ ppm daily)** **- Skin cancer removal (soak tissue with 4000 ppm, put on spot, cover with plastic tape for 5-15 min – repeat daily)**
Mist ClO_2 – Nebulizer or Ultrasonic Humidifier **- Infection of lungs, respiratory track & nasal passages (5-20 ppm, ideally in 0.9% saline solution) inhaled for from 2 to 5 minutes each hour for 6 to 8 hours a day** **- Skin abrasions and lacerations (20 ppm)** **- Eyes (just 1 to 2 seconds), ears, face (acne), eczema (20 ppm)**	Mist ClO_2 – Nebulizer or Ultrasonic Humidifier **- Infection of lungs, respiratory track & nasal passages (21-50 ppm, ideally in 0.9% saline solution) inhaled for from 5 to 10 minutes each hour for 8 to 12 hours a day** **- Skin abrasions and lacerations (50 ppm)** **- Eyes (just 1 to 2 seconds), ears, face (acne), eczema (21-50 ppm)**	Mist ClO_2 – Nebulizer or Ultrasonic Humidifier **- Skin abrasions and lacerations (51-100 ppm)** **- Feet (anti-fungal) (100 ppm)** **- Private parts (51-100 ppm)** **- Ears, face (acne), eczema (51-100 ppm)**
Liquid ClO_2 used Intravenously - Ideally diluted in 0.9% Sodium Chloride (NaCl) IV Solution **- Intravenous use for all viral & bacterial infections, cancers and sepsis (5-20 ppm) and from 100cc to 250cc, 2 to 7 times a week (5-15 ppm could be done 7 times a week). These numbers are for an average sized adult (62kg) & should be reduced for children proportionally, based on weight. All above, as tolerated.**	Liquid ClO_2 used Intravenously - Ideally diluted in 0.9% Sodium Chloride (NaCl) IV Solution **- Intravenous use for all viral & bacterial infections, cancers and sepsis (21-50 ppm) and from 100cc to 250cc, 2 to 7 times a week (100cc of 25-35 ppm, 7 times a week). These numbers are for an average sized adult (62kg) & should be reduced for children proportionally, based on weight. All above, as tolerated.**	Liquid ClO_2 used Intravenously - Ideally diluted in 0.9% Sodium Chloride (NaCl) IV Solution **- Intravenous use for all viral & bacterial infections, cancers and sepsis (51-100 ppm) and from 100cc to 250cc, 2 to 7 times a week (100cc of 55-100 ppm, 7 times a week). These numbers are for an average sized adult (62kg) & should be reduced for children proportionally, based on weight. All above, as tolerated.**

The Chlorine Dioxide (ClO_2) Approach I Would Use for COVID-19

Of the above usages which have been compiled based upon studies done by the EPA, WHO, a multitude of other safety & efficacy studies, many thousands of user testimonies, & also based on my own personal experience doing the above treatments, at the first signs of COVID-19, for example a scratchy throat or any other minimal indications, I would start with the most "Conservative" level of ClO2 use from above (1st column) to treat COVID-19, or any respiratory infection for that matter. I would start at the lowest nebulizer or ultrasonic humidifier ClO2 ppm level shown & increase each hour to find the highest ppm level I could tolerate, including going beyond 20 ppm & up to 50 ppm in the "Moderate" level. I would inhale the mist through each nostril individually to inactivate any viruses that may be present there & I would inhale it through my mouth to take care of my throat & lungs. I believe that this simple approach would probably be all that's needed to stop COVID-19. However, if it persisted for even 1 day, I would immediately start an IV of 100cc using 50 ppm & I would do that for a day along with the hourly mist inhalation. This double pronged approach should stop the disease but if not I would increase the IV to 200cc of 50 ppm daily. That would be my approach. *(Please read the "Medical Information Disclaimer" above)*

To the previous protocols talked about above I add the following that I have since learned and developed:

Following are some of my offerings of what I have learned through my own experimentation and hundreds of hours of study on the topic of chlorine dioxide. The Prevention and Treatment Protocols below are based on my experience combined with one of the premiere doctors treating patients right now in Bolivia, Dr. Patricia Callisperis. Her protocols were extracted from a seminar she gave to fellow healthcare professionals, where she was instructing them in the best known treatment practices for the COVID infection, using chlorine dioxide. Her protocols below are Protocols C, F, VF and E. My protocols below are Protocols NP, 1, NT and IV.

Protocol HP and HT below that talk about gargling, mouthwash, face washing, etc., with 100ml of 60 ppm is a combination of Dr. Callisperis and mine. I reduced the ppm from 150 to 60ppm and added the suggestion to also use the solution to wet the entire head, including the face, eyes, ears, neck and even the hair and to allow it all to air-dry naturally. The reason I reduced it from 150 to 60 ppm is because based upon the studies, 60 ppm is high enough to deactivate any virus in under 10 seconds, and I also wanted to make sure it's at a low enough concentration that if some of the solution got into the eyes during the face washing, where some virus may likely be present, it would still be safe, as was determined by at least one animal study done in the past.

Important note: *Do not take vitamin C in any form, or any other antioxidant while on the protocols talked about below as antioxidants will neutralize chlorine dioxide.*

Using Chlorine Dioxide to <u>PREVENT</u> Respiratory and Other Infections

- **Protocol NP**: NP for a "Nebulizing Prevention" using 40 ppm to prevent respiratory infections:
  - Nebulize 40 ppm for 2 minutes each session, inhaling through nose and mouth into lungs. Also spend an additional couple of seconds directing the mist towards the eyes and then about 10 to 15 seconds into and around each ear. Do this 2 to 3 times a day as a preventative.
- **Protocol 1:** 1 for a "Jim Humble's 1st Method" oral consumption of 20 to 25% sodium chlorite drops and allowing our stomach acid (HCl) to activate them and create the chlorine dioxide internally to prevent respiratory and other infections:
  - Put 5 drops of 20 to 25% unactivated sodium chlorite per liter of every liter of water drank during the day from morning until bedtime. Start with 2 drops per liter on day 1 and increase 1 drop per liter each day until reaching 5 drops per liter. (I did this for 3 years, it appears to be harmless and kept me from ever getting sick while doing it).
- **Protocol C:** C for a "CDS" oral consumption of 60 ppm to prevent respiratory and other infections:
  - Make a 1-liter bottle of 60 ppm and drink 100ml every hour until finished.
- **Protocol HP:** HP for a "Hands & Head Preventative" for hands, mouth, throat, nose, face, ears, neck & hair using 100ml of 60 ppm
  - Using some of the 100ml of 60 ppm, start by pouring a small amount into hands and rubbing them together to wet entirely. Then gargle some for 10 to 15 seconds, swish the same for 10 to 15 seconds and then spit it out. Then pour a small amount in a cupped hand and sniff up into one nostril. Then do the same for the other nostril. Then pour some into cupped hand and splash and spread all over face, eyes, ears, and neck. Then take some more and apply to hair to make it wet. Lastly, pour some more into hands and make them wet again. Allow all to air-dry naturally. DO NOT use a towel or blower. A spray bottle can also be used for much of the above procedure. If making a larger amount in a spray bottle, keep unused portion in refrigerator between uses to preserve the chlorine dioxide. ***This should be done twice a day.***

Important note: *Do not take vitamin C in any form, or any other antioxidant while on the protocols talked about below as antioxidants will neutralize chlorine dioxide.*

Using Chlorine Dioxide to TREAT Respiratory and Other Infections

- **Protocol NT**: NT for a "Nebulizing Treatment" using 40 ppm to treat respiratory infections:
  - Nebulize 40 ppm for 5 minutes each session, inhaling through nose and mouth into lungs. Also spend an additional couple of seconds directing the mist towards the eyes and then about 10 to 15 seconds into and around each ear. Do this 8 to 10 times a day, until infection clears.
- **Protocol F:** F for a "Frequent" 30-minute incremental oral dosing treatment using 60 ppm to treat mild respiratory and other infections:
  - Make a 1-liter bottle of 60 ppm and drink 100ml every half hour until finished, then wait 2 hours before making a 2nd 1-liter bottle of 60 ppm and then drink 100ml every half hour until finished.
- **Protocol VF:** VF for a "Very Frequent" 15-minute incremental oral dosing treatment using 60 ppm to treat respiratory and other infections where head and muscle aches are becoming severe and blood oxygen saturation is low:
  - Make a 1-liter bottle of 60 ppm and drink 100ml every 15 minutes until finished, then wait 1 hour before making a 2nd 1-liter bottle of 60 ppm and then drink 100ml every 15 minutes until finished again. Then wait 2 hours and resume using **Protocol F** (above) with 1 more liter for the day if time allows before bed.
- **Protocol HT:** HT for a "Hand & Head Treatment" of hands, mouth, throat, nose, face, ears, neck & hair using 100ml of 60 ppm
  - Using some of the 100ml, start by pouring a small amount into hands and rubbing them together to wet entirely. Then gargle some for 10 to 15 seconds, swish the same for 10 to 15 seconds and then spit it out. Then pour a small amount in a cupped hand and sniff up into one nostril. Then do the same for the other nostril. Then pour some into cupped hand and splash and spread all over face, eyes, ears, and neck. Then take some more and apply to hair to make it wet. Lastly, pour some more into hands and make them wet again. Allow all to air-dry naturally. DO NOT use a towel or blower. A spray bottle can also be used for much of the above procedure. If making a larger amount in a spray bottle, keep unused portion in refrigerator between uses to preserve the chlorine dioxide. ***This should be done 4 times a day.***
- **Protocol E:** E for an "Enema" using 180 ppm to treat respiratory and other infections which have not responded well to oral treatment and where breathing has become a problem for the patient:
  - Perform enema as usual, using enema solution made with 500ml of 0.9% saline solution and enough CLO2 solution to create 180 ppm chlorine dioxide solution. Per Dr. Callisperis, increased oxygenation should happen almost immediately.
- **Protocol IV:** IV for an "Intravenous" treatment using 100 to 200cc of 50 ppm to treat severe respiratory and other infections, also for sepsis and cytokine storm:
  - For average 62kg adult, start with 100cc of 50 ppm on day 1, and if tolerated well, increase to 200cc of 50 ppm on day 2 onward. (reduce volume proportionally per patient's weight).
    Important Note: patient should be watched very closely and adjustments, including stopping treatment should be made as needed. In addition, **hemoglobin should be closely monitored** and treatment should be discontinued if it falls below an allowable level.

How to use the Endmemo Dilution Calculator at the following link:

http://www.endmemo.com/bio/dilution.php

Go to the last calculator on the page as shown below and follow the instructions: