

## How to Convert the “Clinical Protocols with CDS in COVID-19” (C, F, N, E, Y, H & DS) so They Can Be Used with MMS, CDH4000 and “The Antidote”

(by Scott McRae, September 16, 2021)

Since the chlorine dioxide (CLO<sub>2</sub>) molecule has such a wonderful ability to safely neutralize the SARS-CoV-2 virus and the spike proteins from both the virus and the experimental injections, I’ve created this document to make it easier for people to properly use the following CLO<sub>2</sub> preparations; MMS, CDH4000 and “The Antidote” (TA), with the extremely effective **Clinical Protocols with CDS in COVID-19**, that Andreas Kalcker and many doctors have developed. However, in order to discuss how to do this, I need to first clear up a fundamental misunderstanding relating to the amount of CLO<sub>2</sub> found in 1/20<sup>th</sup> of a ml (1 drop) of MMS (22.4% sodium chlorite), and in 1ml of 3000 ppm CDS, which is keeping people in the dark when it comes to using these three CLO<sub>2</sub> preparations properly within the CDS protocols mentioned above. The misunderstanding that I’m referring to is the following:

1 drop of MMS = 1ml of CDS – **THIS IS FALSE** based on the calculations of many chemists. Here’s the correct understanding that the chemists have given:

1 drop of MMS = 2.66ml of CDS – **THIS IS TRUE**, and here’s why:

According to the chemists, 1 drop of MMS, if fully acidified has 8mg of CLO<sub>2</sub> and 1ml of CDS has just 3mg.

8mg divided by 3mg = 2.66. So again, **1 drop of MMS = 2.66ml of CDS** when looking at the amount of CLO<sub>2</sub> in each.

Based upon this correct information, the table immediately below uses milligrams (mg) of CLO<sub>2</sub> to compare different amounts of CDS with the three CLO<sub>2</sub> preparations side-by-side so that users can clearly see how much CLO<sub>2</sub> (in mg) is in the milliliter(s) or drop(s) of the preparations shown. You’ll notice that there are 2 columns for each CLO<sub>2</sub> preparation; “CLO<sub>2</sub> Outside Stomach” & “CLO<sub>2</sub> Inside Stomach”. The reason for this and the reason for the increase in CLO<sub>2</sub> mg between the 2 columns (accept for CDS) is that more CLO<sub>2</sub> will be produced inside the stomach for all but CDS, since the other preparations all have some additional sodium chlorite in them which will produce more CLO<sub>2</sub> when it comes in contact with the acid in the user’s stomach.

<b>Comparison of Available CLO<sub>2</sub> Outside &amp; Inside of the Stomach for 4 Different CLO<sub>2</sub> Preparations</b>								
(*Note: TA = “The Antidote”)								
Amount of Preparation ↓	CDS		CDH4000		MMS Drops Acidified with an Equal Number of 4% HCl Drops for 30 Seconds		“The Antidote”: MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes	
	CLO <sub>2</sub> Outside Stomach	CLO <sub>2</sub> Inside Stomach	CLO <sub>2</sub> Outside Stomach	CLO <sub>2</sub> Inside Stomach	CLO <sub>2</sub> Outside Stomach	CLO <sub>2</sub> Inside Stomach	CLO <sub>2</sub> Outside Stomach	CLO <sub>2</sub> Inside Stomach
1ml CDS & CDH4000 & 1 drop MMS & TA	1ml = 3mg	Same	1ml = 4mg	6mg (+/-20%)	1 drop = .8mg	6mg (+/-20%)	1 drop = 3mg	6mg (+/-20%)
10ml CDS & CDH4000 & 10 drops MMS & TA	10ml = 30mg	Same	10ml = 40mg	60mg (+/-20%)	10 drops = 8mg	60mg (+/-20%)	10 drops = 30mg	60mg (+/-20%)
20ml CDS & CDH4000 & 20 drops MMS & TA	20ml = 60mg	Same	20ml = 80mg	120mg (+/-20%)	20 drops = 16mg	120mg (+/-20%)	20 drops = 60mg	120mg (+/-20%)
30ml CDS & CDH4000 & 30 drops MMS & TA	30ml = 90mg CLO <sub>2</sub>	Same	30ml = 120mg	180mg (+/-20%)	30 drops = 24mg	180mg (+/-20%)	30 drops = 90mg	180mg (+/-20%)

Table 1: Comparison of Available CLO<sub>2</sub> Outside & Inside of the Stomach for 4 Different CLO<sub>2</sub> Preparations, (+/-20% inside the stomach).

In the above table you may have noticed that I’m saying that the CLO<sub>2</sub> inside the stomach of 1ml of CDH4000, or 1 drop of MMS or “The Antidote” is 6mg, and not 8mg as discussed above. Why? Because I’m trying to err on the safe side by saying that only 75% of the MMS will be acidified, even though 90 to 95% is possible. Next you’ll notice that below the mg in the “CLO<sub>2</sub> Inside Stomach” column, I’ve also put (+/-20%). This is another safeguard, just in case a person has a sever lack of stomach HCl. 6mg – 20% = 4.8mg CLO<sub>2</sub> (4.8mg is just 60% of 8mg). Conversely though, with normal levels of HCl in the stomach, the CLO<sub>2</sub> would increase, so: 6mg + 20% = 7.2mg CLO<sub>2</sub> (7.2mg is 90% of 8mg).

In the tables that follow, the different CDS COVID-19 protocols that have been developed, are shown alongside the other 3 preparations with the equivalent mg dosages so that CLO2 users everywhere can easily use the other CLO2 preparations if they want or need to, and they'll still know they're getting at least as much CLO2, as is in CDS, and probably more. For specific details about dosing, etc., please see the official "[Clinical Protocols with CDS in COVID-19](#)" document pages which are at the end of this document.

### Fundamental Information to Know to Help Understand the Tables Below

The tables below show the amount of available CLO2 there will be in milligrams for each of the preparations based upon how much CLO2 and/or how much sodium chlorite is in the preparation, both outside and then inside of the stomach. To properly understand the information in the tables, it's a good idea to familiarize yourself with the following fundamental information about all of the CLO2 preparations discussed in this document.

- Sodium Chlorite:** When combined with an acid, sodium chlorite becomes acidified and produces chlorine dioxide which is the main antiviral, antibacterial and therapeutic molecule in all of the preparations in the tables below.
- Chlorine Dioxide (CLO2):** The main antiviral, antibacterial and therapeutic molecule in the preparations below.
- MMS Drops:** The drops are 22.4% sodium chlorite in water and the size of one MMS drop is 1/20<sup>th</sup> of a ml, or 0.05ml per drop. Based on chemist calculations, when fully acidified with an acid, each drop of MMS will produce **8mg** of CLO2.
- 4% Hydrochloric Acid (or 4% HCl):** The most commonly used acid to acidify MMS to produce CLO2. Its drop size is also the standard 1/20<sup>th</sup> of a milliliter, or 0.05ml per drop.
- Stomach HCl:** The average person has 60ml of 0.5% HCl in their stomach throughout the day. This is equivalent to 7.5ml or 150 drops of 4% HCl, which is far more than enough to fully acidify *many* drops of MMS and to generate CLO2 instantly within the stomach. Therefore, even if a person's stomach acid were to decline by 50%, there would still be enough to acidify MMS drops in the stomach.
- CDS:** Is **3mg** of CLO2 per ml, and does not contain any sodium chlorite because it is exclusively CLO2 in water and therefore there will not be any increase in CLO2 when it reaches the user's stomach acid.
- CDH4000:** Is **4mg** of CLO2 per ml, and is made using 1 drop of MMS which has been 50% acidified, leaving the other 50% to be acidified when it reaches the user's stomach acid. (Note: After CDH4000 is made, the additional MMS in it will slowly decrease over many months, and therefore it is best to use it within 1 month from the time it was made)
- MMS Drops Acidified for 30 seconds:** Each drop will be just **0.8mg** of CLO2 since in 30 seconds they have only been 10% acidified with an equal number of 4% HCl drops. This leaves 90% of each drop to be acidified when it reaches the user's stomach acid.
- "The Antidote": MMS Drops Acidified for 5 minutes:** Each drop will be **3mg** of CLO2 since in 5 minutes they have been 38% acidified with an equal number of 4% HCl drops, leaving 62% of each drop to be acidified when it reaches the user's stomach acid.

### Understanding the Conversion Tables

Following are each of the **CDS COVID-19 Protocols**, along with each of the CLO2 preparations amounts given in either ml or drops. (CDS and CDH4000 are in ml while MMS and "The Antidote" are in drops). In addition, the mg of CLO2 is also given so that we can see how many mg are available in each CLO2 preparation.

Lastly, **ALL** of the "CLO2 Inside Stomach" mg amounts given are high enough that even if we subtract 20% from them, they will still be equal to or slightly higher than the mg amounts shown for each of the **CDS COVID-19 Protocols** listed.

For example, in the following table excerpt from Protocol C below, we can see that CDS at 10ml = 30mg, and CDH4000 at 7ml = 28mg in the "CLO2 Outside Stomach" column, and is 42mg in the "CLO2 Inside Stomach" column, and even if we subtract 20% from the 42mg we will still end up having: 42mg – 20% = 33.6mg which is still higher than the 30mg of CLO2 with CDS. The same is true for all the tables that involve stomach acid.

Protocol C Using CDS & Equivalent Preparations: Oral Administration for COVID-19 Prevention & First Symptoms								
CDS COVID-19 Clinical Protocols ↓	CDS		CDH4000		MMS Drops Acidified with an Equal Number of 4% HCl Drops for 30 Seconds		"The Antidote": MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes	
	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach
C: 10ml of CDS in 1 liter of water	10ml = 30mg	Same	7ml = 28mg	42mg (+/-20%)	7 drops = 5.6mg	42mg (+/-20%)	7 drops = 21mg	42mg (+/-20%)

**Tables Converting Clinical Protocols for COVID-19 From CDS to CDH4000, MMS Drops and “The Antidote”**

The following tables show how to convert the **Clinical Protocols for COVID-19**, developed by Andreas Kalcker and doctors, from CDS to CDH4000, MMS Drops and “The Antidote”, so that people who don’t have a way of getting CDS, may be able to instead use these 3 other CLO2 preparations to protect themselves from COVID-19, spike proteins and any other diseases that these protocols may work against. It is my hope that these conversion tables will be of great benefit to many people around the world.

<b>Protocol C</b> Using CDS & Equivalent Preparations: Oral Administration for COVID-19 Prevention & First Symptoms								
CDS COVID-19 Clinical Protocols ↓	CDS		CDH4000		MMS Drops Acidified with an Equal Number of 4% HCl Drops for 30 Seconds		“The Antidote”: MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes	
	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach
<b>C:</b> 10ml of CDS in 1 liter of water	10ml = 30mg	Same	7ml = 28mg	42mg (+/-20%)	7 drops = 5.6mg	42mg (+/-20%)	7 drops = 21mg	42mg (+/-20%)
<b>C15:</b> 15ml of CDS in 1 liter of water	15ml = 45mg	Same	10ml = 40mg	60mg (+/-20%)	10 drops = 8mg	60mg (+/-20%)	10 drops = 30mg	60mg (+/-20%)
<b>C20:</b> 20ml of CDS in 1 liter of water	20ml = 60mg	Same	13ml = 52mg	78mg (+/-20%)	13 drops = 10.4mg	78mg (+/-20%)	13 drops = 39mg	78mg (+/-20%)
<b>C30:</b> 30ml of CDS in 1.5 liters of water	30ml = 90mg	Same	19ml = 76mg	114mg (+/-20%)	19 drops = 15.2mg	114mg (+/-20%)	19 drops = 57mg	114mg (+/-20%)

Table 2: Protocol C to C30 for COVID-19 using CDS and other CLO2 equivalent preparations, (+/-20% inside the stomach).

<b>Protocol F</b> Using CDS & Equivalent Preparations: Oral Administration for Acute Viral & Bacterial Infections								
CDS COVID-19 Clinical Protocols ↓	CDS		CDH4000		MMS Drops Acidified with an Equal Number of 4% HCl Drops for 30 Seconds		“The Antidote”: MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes	
	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach
<b>F10:</b> 10ml of CDS in .5 liters of water	10ml = 30mg	Same	7ml = 28mg	42mg (+/-20%)	7 drops = 5.6mg	42mg (+/-20%)	7 drops = 21mg	42mg (+/-20%)
<b>F15:</b> 15ml of CDS in .5 liters of water	15ml = 45mg	Same	10ml = 40mg	60mg (+/-20%)	10 drops = 8mg	60mg (+/-20%)	10 drops = 30mg	60mg (+/-20%)
<b>F20:</b> 20ml of CDS in .75 liters of water	20ml = 60mg	Same	13ml = 52mg	78mg (+/-20%)	13 drops = 10.4mg	78mg (+/-20%)	13 drops = 39mg	78mg (+/-20%)
<b>F30:</b> 30ml of CDS in 1 liter of water	30ml = 90mg	Same	19ml = 76mg	114mg (+/-20%)	19 drops = 15.2mg	114mg (+/-20%)	19 drops = 57mg	114mg (+/-20%)

Table 3: Protocol F10 – F30 for COVID-19 using CDS and other CLO2 equivalent preparations, (+/-20% inside the stomach).

**Protocol N** for Niños (Children) Using CDS & Equivalent Preparations: Oral Administration for COVID-19 Prevention & First Symptoms

CDS COVID-19 Clinical Protocols ↓	CDS		CDH4000		MMS Drops Acidified with an Equal Number of 4% HCl Drops for 30 Seconds		"The Antidote": MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes	
	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach	CLO2 Outside Stomach	CLO2 Inside Stomach
<b>N:</b> 1ml of CDS in 100ml of water	1ml = 3mg	Same	.75ml = 3mg	4.5mg (+/-20%)	1 drop = .8mg	6mg (+/-20%)	1 drops = 3mg	6mg (+/-20%)
<b>N2:</b> 2ml of CDS in 100ml of water	2ml = 6mg	Same	1.5ml = 6mg	9mg (+/-20%)	2 drops = 1.6mg	12mg (+/-20%)	2 drops = 6mg	12mg (+/-20%)
<b>N3:</b> 3ml of CDS in 100ml of water	3ml = 9mg	Same	2ml = 8mg	12mg (+/-20%)	2 drops = 1.6mg	12mg (+/-20%)	2 drops = 6mg	12mg (+/-20%)
<b>N4:</b> 4ml of CDS in 100ml of water	4ml = 12mg	Same	2.5ml = 10mg	15mg (+/-20%)	3 drops = 2.4mg	18mg (+/-20%)	3 drops = 9mg	18mg (+/-20%)

Table 4: Protocol N to N4 for COVID-19 using CDS and other CLO2 equivalent preparations, (+/-20% inside the stomach).

**Protocol E** Using CDS & Equivalent Preparations: Enema Administration for Acute Viral & Bacterial Infections

CDS COVID-19 Clinical Protocols ↓	CDS	CDH4000	"The Antidote": MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes
	CLO2 in Colon	CLO2 in Colon	CLO2 in Colon
<b>E10:</b> 10ml of CDS in .5 liters of NaCl 0.9%	10ml = 30mg	7.5ml = 30mg	10 drops = 30mg
<b>E20:</b> 20ml of CDS in .75 liters of NaCl 0.9%	20ml = 60mg	15ml = 60mg	20 drops = 60mg
<b>E30:</b> 30ml of CDS in 1 liter of NaCl 0.9%	30ml = 90mg	22.5ml = 90mg	30 drops = 90mg

Table 5: Protocol E10 – E30 for COVID-19 using CDS and other CLO2 equivalent preparations.

<b>Protocol Y</b> Using CDS & Equivalent Preparations: Intravenous Administration for Acute Viral & Bacterial Infections			
CDS COVID-19 Clinical Protocols ↓	CDS	CDH4000	“The Antidote”: MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes
	Intravenous CLO2	Intravenous CLO2	Intravenous CLO2
<b>Y10:</b> 10ml of CDS in .5 liters of IV solution	10ml = 30mg	7.5ml = 30mg	10 drops = 30mg
<b>Y20:</b> 20ml of CDS in .5 liters of IV solution	20ml = 60mg	15ml = 60mg	20 drops = 60mg
<b>Y30:</b> 30ml of CDS in .5 liters of IV solution	30ml = 90mg	22.5ml = 90mg	30 drops = 90mg
<b>Y50:</b> 50ml of CDS in .5 liters of IV solution	50ml = 150mg	37.5ml = 150mg	50 drops = 150mg

Table 6: Protocol Y10 – Y50 for COVID-19 using CDS and other CLO2 equivalent preparations.

<b>Protocol H</b> Using CDS & Equivalent Preparations: CLO2 for Home/Room Disinfection				
CDS COVID-19 Clinical Protocols ↓	CDS	CDH4000	MMS Drops Acidified with an Equal Number of 4% HCl Drops for 30 Seconds	“The Antidote”: MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes
	Slow Release CLO2 for Room Disinfection	Slow Release CLO2 for Room Disinfection	Slow Release CLO2 for Room Disinfection	Slow Release CLO2 for Room Disinfection
<b>H:</b> 10ml of CDS per 10 <sup>2</sup> meter room	10ml = 30mg	7.5ml = 30mg	8 drops = 32mg (After 30 seconds add 5ml of water)	8 drops = 32mg (After 5 minutes add to 9ml of water)

Table 7: Protocol H for COVID-19 using CDS and other CLO2 equivalent preparations.

<b>Protocol DS</b> Using CDS & Equivalent Preparations: Dermatological Disinfectant Spray for All Viruses and Bacteria			
CDS COVID-19 Clinical Protocols ↓	CDS	CDH4000	“The Antidote”: MMS Drops Acidified with an Equal Number of 4% HCl Drops for 5 Minutes
	CLO2 Dermatologic Spray	CLO2 Dermatologic Spray	CLO2 Dermatologic Spray
<b>DS:</b> 1/3 CDS with 2/3 Saline Solution (NaCl 0.9%) in 50ml Spray Bottle	17ml = 51mg	13ml CDH4000 + 37ml water = 52mg	13 drops MMS + 13 drops 4% HCl added to 49ml water = 52mg

Table 8: Protocol DS for COVID-19 using CDS and other CLO2 equivalent preparations.

Instructions on how to make CDH4000 and “The Antidote”, aka “Scott’s Antidote” are on the following pages along with the [Clinical Protocols with CDS in COVID-19](#) pages developed by Andreas Kalcker and the COMUSAV doctors.

# CDH4000

(4000 ppm ClO<sub>2</sub> Water Solution)

## My Chlorine Dioxide Production & Use of it 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):

- Start by adding 90ml of pure water to the glass bottle (preferably distilled or reverse osmosis water)
- Next add 5ml of 20 to 25% Sodium Chlorite (NaClO<sub>2</sub>) solution in water
- 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%
- 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!
- 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*
- After 24 hours (or 8 if using the hot method) put the bottle in the refrigerator and keep refrigerated until ready for use.
- If I think I may not use my formulated 100ml of **CDH4000** 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 **CDH200** to at least 3 months so that I will know with accuracy what the ppm concentration is for further dilution purposes if needed.
- If kept refrigerated between uses, **CDH4000** 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 CDH4000.)*

### My ClO<sub>2</sub> 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 **CDH**. 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<sub>2</sub> 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 **CDH4000**. Last, be sure to label your bottle with the ClO<sub>2</sub> ppm concentration you just made.

Container Size	Amount of CDH4000 to Use for Various ppm ClO <sub>2</sub> 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

# Scott's Antidote

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## Scott's Chlorine Dioxide Use Rational

1. My following chlorine dioxide (ClO<sub>2</sub>) usages are not based solely on FDA approved studies or studies done by the pharmaceutical companies for purposes of human use. My usages are also based upon EPA, WHO and other studies done primarily on animals to determine toxicity levels of various ClO<sub>2</sub> concentrations and products destined for market, some of which have received approval for human oral use and veterinary wound care use. In addition, they are based upon the experiences of hundreds of ClO<sub>2</sub> users, including my own personal experiences. (Example of an animal toxicity study: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5369164/pdf/ijerph-14-00329.pdf>)

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## Scott's Chlorine Dioxide Safe Use and Efficacy Theory

2a. Based on my experience, users of chlorine dioxide solutions use them for various infectious diseases; as an antibiotic and antiviral (similar to Azithromycin), as an antifungal, as an antiparasitic agent against microscopic parasites such as malaria (like Hydroxychloroquine), for cancers as a mild form of chemotherapy and as a mild oxidizer to neutralize dangerous toxins within the body that may accumulate especially during times of high bodily stress, such as in the conditions of sepsis and cancer. 2b. In general, users of chlorine dioxide do this based upon the theory that pathogens, microscopic parasites, cancer cells and toxins will be overcome by the oxidative stress that chlorine dioxide 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 and favorable disposition towards reactive oxygen species (ROS) in general. 2c. Based on this theory, the following are ways in which I would use ClO<sub>2</sub> to treat various diseases, always trying to keep the ClO<sub>2</sub> concentration as low as possible to avoid toxicity to my body, while at the same time high enough to stop bacterial, viral, fungal and parasitic infections, to kill cancer cells and to neutralize toxins. 2d. The parts per million (ppm) of ClO<sub>2</sub> concentrations shown below are my own best estimates of safe and effective concentrations based on my own experiences of 15 years and the reports of many hundreds of users representing hundreds of years of collective Chlorine Dioxide use. 2e. Much of this use has been based upon WHO and EPA safety studies, product studies and studies which are integral parts of the many ClO<sub>2</sub> based patents in the US and around the world. 2f. Therefore, once again, nothing written here should be construed as being medical advice for anyone – these are just the concentrations that I the author think would be best to use for myself. (Please see the Medical Information Disclaimer above.)

## Scott's Antidote (*What is it?*)

3a. **Scott's Antidote** is ten drops (0.5ml) of 20 to 25% Sodium Chlorite that has been acidified with ten drops (0.5ml) of 4% Hydrochloric Acid for exactly 5 minutes in a container that is narrow enough or sealed in such a way, so as to not allow hardly any of the Chlorine Dioxide gas to escape during the acidification process. 3b. After 5 minutes, the 1ml solution will have a concentration of 30,000 ppm Chlorine Dioxide and should be immediately added to either:

- 100ml of water – to make a 300 ppm solution concentration
- 500ml of water or 0.9% sodium chloride IV solution – to make a 60 ppm solution concentration
- 1000ml of water or 0.9% sodium chloride IV solution – to make a 30 ppm solution concentration

4a. By immediately adding Scott's Antidote to water or 0.9% sodium chloride solution after 5 minutes, the acidification process is slowed considerably, leaving a small amount of Hydrochloric Acid unused, which plays a role in Scott's Antidote's effectiveness, especially if used intravenously (currently experimental). 4b. Besides Chlorine Dioxide and a very small amount of Hydrochloric Acid, Scott's Antidote will also contain approximately 66% of the initial Sodium Chlorite used, Chlorous Acid and Chlorate. 4c. All these components of Scott's Antidote have antiviral, antibacterial, antifungal, anti-parasitic (malaria) and anti-cancer properties and are what make it such a universal antidote.

5. Here are 5 advantages of **Scott's Antidote** over other ways of making and using chlorine dioxide products:

5a. It's freshly made and contains all of the same components as MMS which has been acidified for 30 seconds, but since it's about 25% more acidified than MMS, it's much easier on the stomach.

5b. When added to 1000ml of water it's the same CLO<sub>2</sub> concentration (30 ppm) that many people currently take CDS at, but Scott's Antidote will more than double to 70+ ppm when it comes in contact with our stomach acid, making it far more powerful, yet still gentle on the stomach. It also contains other antimicrobials (mentioned above) that CDS doesn't.

5c. It provides a known CLO<sub>2</sub> concentration after being made (30,000 ppm) and this allows us to know what ppm concentration of CLO<sub>2</sub> we are using after we dilute it for any use.

5d. Since it's freshly made and to be immediately used, we don't have to worry about the strength decreasing over a period of time inside or outside of a refrigerator, or from opening and closing the bottle again and again.

5e. If used in an IV (experimental at this time), it will have a small amount of HCl; 0.001% in 500ml. This amount equates to the 0.05% HCl that was used in 10ml doses in the 1920s and 30s to successfully treat various infections and cancers. (Google "*Three years of HCl therapy*") In addition, it will also contain chlorous acid, sodium chlorite and chlorate – all of these are also antimicrobial.

## Scott's Antidote (*How to make it?*)

(Also see attached instructions document)

6a. In a syringe or a sealed container or a small narrow container which keeps the drops from spreading out, (See picture below for some ideas of what to use) combine:

- 10 drops (0.5ml) 20 to 25% Sodium Chlorite (MMS is 22.4%)
- 10 drops (0.5ml) 4% Hydrochloric Acid (HCl)

6b. Wait exactly 5 minutes and then immediately add Scott's Antidote, which is 1ml of 30,000 ppm CLO<sub>2</sub> by this time, to either 100ml, 500ml or 1000ml of water or IV solution to produce the following:

- ⇒ to 100ml of water – to make a 300 ppm solution concentration
- ⇒ to 500ml of water or 0.9% sodium chloride IV solution – to make a 60 ppm solution concentration
- ⇒ to 1000ml of water or 0.9% sodium chloride IV solution – to make a 30 ppm solution concentration

7. **Important:** Ideally the diluted concentrations above should be used immediately. If they are not used and instead immediately refrigerated or left unrefrigerated, the acidification process will continue, using up the remaining 25% of the initial Hydrochloric Acid in the process and causing the ppm concentration to increase gradually another 33%. This cannot happen though, if used within hours of being made. However, here's what the 33% increase would create:

- The 100ml of 300 ppm can increase to 400 ppm in about a day.
- The 500ml of 60 ppm can increase to 80 ppm in 1 to 2 days
- The 1000ml of 30 ppm can increase to 40 ppm in 2 to 3 days

8. If the concentrations are not refrigerated though, the tendency to increase is a positive since it will offset the natural tendency for the concentration to decrease from CLO<sub>2</sub> slowly coming out of solution if not refrigerated, and so the ppm concentration will stay more constant. This is especially true for the 100ml, 300 ppm bottle which might be left out on a table, put in a purse or a pocket and carried around to be used for sanitation purposes during the day.

## Scott's Antidote (*It's Usage*)

*(Instructions for Viral, Bacterial, Fungal & Micro-Parasitic Infections (malaria), sepsis and cytokine storm, plus Cancer)*

9. **Use 300 ppm** as a powerful disinfectant/sanitizer solution for wounds, hands, surfaces, etc. Not for eyes.

10a. **Use 60 ppm** as a nebulizing mist for throat, lungs and nose. As a gargle, a mouthwash, for brushing teeth.

10b. As an enema up to 120 ppm. 10c. (**Note:** If not all used on day 1 for nebulizing, gargle, mouthwash, etc., consider adding additional water to the remaining amount to bring the 80 ppm back down to around 60 ppm). 10d. **Scott, your Antidote** in an IV may prove very effective for viral, bacterial, and fungal infections, cytokine storm, sepsis and cancer **but is experimental now**. 10e. If you use it to save your life, be sure to choose a vein with good blood flow to avoid phlebitis and infiltration. It's suggested that you start with 500cc of 60 ppm using 0.9% saline and administer it at a rate of 14 drops/min. max., **HOWEVER**, only administer 100cc of this to test for tolerance first each time used. If well tolerated continue with the remaining 400cc. Always use 14 drops/min. max. 10f. You can also

increase the concentration to up to 90 ppm and this may be administered for up to 48 hours if needed and well tolerated. **10g.** Hemoglobin should be monitored and treatment discontinued if it drops too low.

**11a. Use 30 ppm** for Viral, Bacterial, Fungal & Micro-Parasitic Infections (malaria), sepsis and cytokine storm, plus Cancer by making 1000ml of 30 ppm and drinking 100ml of this every 30 min. until finished. Pause 2 hours and then repeat with another liter. **11b.** If very sick, make 1 liter and drink 100ml every 15 min. until finished. Pause 1 hour and then repeat. Then pause 2 hours and switch to 100ml every 30 min. with 3<sup>rd</sup> liter. **11c.** Increases blood oxygen saturation, kills viral, bacterial, fungal & micro-parasitic infections and neutralizes toxins via oxidation to detoxify the body which helps your immune system.

**11d. For Post Viral and Bacterial Infections and Prevention - Prevention:** Drink 1000ml/day at rate of 100ml per hour for at least 14 days after contact with infected person. **11e. Post Personal Infection:** Same as prevention but for 30 days. This is to reduce your chance of post infection complications.

**12a. Easy Prevention: You can use up to 5 drops** of the sodium chlorite alone (with no HCl) in each liter of water you drink during the day as a prophylaxis against infectious disease **12b. & to treat chronic infections.** Start with 2 drops per liter & daily increase to 3 to 5 drops per liter. Your own stomach acid will acidify the drops internally & create the chlorine dioxide which will be absorbed. You can do this for a year or more if needed.

**13. Important Additional Information:** Do not take vitamin C, ascorbic acid or antioxidants until 2 hours after stopping **Scott's Antidote** at the end of the day. Avoid flour, sugars carbohydrates and dairy. Pause drinking for 1 hour after meals. Before and after medication stop for 1 hour. Stop for 30 min after coffee or tea. You might even fast for a few days and only drink your Antidote and water if really sick.

**14a.** Keep all concentrations out of direct sunlight. No need to refrigerate if used within a few days but refrigerate whenever possible. **14b.** Tastes better cold. Drink from a bottle with small mouth to avoid smelling. 4 to 5 swallows are about 100ml. **14c.** All the dosing here is for you Scott, as an average adult – reduce the amount of a dose proportionally if you lose a lot of weight or increase it if you gain a lot, but always keep the same ppm concentration.

**15. Remember!** DO NOT INHALE PURE CLO<sub>2</sub> GAS. DO NOT allow undiluted concentration to get into eyes or on skin.

Rinse with water for 10 min. Seek medical help especially if concentrated CLO<sub>2</sub> gets into eyes.

**16.** Finally, this is only meant to be health information for the author himself. Please do your own research & always consult your doctor.







**CLINICAL PROTOCOLS WITH  
CDS IN COVID-19**

Due to the actual situation in regards Coronavirus and along with medical doctors of COMUSAV ([www.comusav.com](http://www.comusav.com)) we have updated our protocols C, F, N & Y in the treatment with Chlorine Dioxide in its form of CDS at 0.3% = 3000 ppm.

PROTOCOL

**C PREVENTION AND FIRST SYMPTOMS**

**MIX 10 ML OF CDS IN 1L WATER DIVIDED IN 10 DOSES DAILY**

**C10**

Always start with standard Protocol C increasing the dosis based on blood oxygen saturation. CDS IS ALWAYS DILUTED IN WATER.  
**PROTOCOL C: THE MIX OF 10 ML OF CDS DILUTED IN 1 LITER OF WATER DIVIDED INTO 10 DOSES. TAKE 100 ML OF THE MIX EVERY HOUR (1 HOUR APART FROM MEALS).**

**C15**

**1** LITER OF WATER  
**15** ML OF CDS  
**10** DOSES DAILY (100ml each)

**C20**

**1** LITER OF WATER  
**20** ML OF CDS  
**10** DOSES DAILY (100ml each)

DAILY LIFE IN PUBLIC & FAMILY OF INFECTED PATIENTS    1ST RESPONDERS & RESIDENTS AT+ 2,600M ALTITUDE

**C30**

**1.5** LITERS OF WATER  
**30** ML OF CDS  
**10** DOSES EVERY DAILY (150ml each)

ICU PATIENTS & RESIDENTS AT OVER 3,600M ALTITUDE



PROTOCOL

**F (FREQUENT) ACUTE VIRAL & BACTERIAL INFECTIONS**

Protocol F15 is applied to people over 60kg and/or who have a fever. The F20 protocol is applied to people with a fever and/or an oxygen saturation below 92% or for people who live at an altitude higher than 2600m. The F30 protocol is applied to people with a fever and whose oxygen saturation has been reduced to below 85% or for people who live above an altitude of 3600m.

**F10**

**0.5** LITER OF WATER  
**10** ML OF CDS  
**8** DOSES IN **2** HOURS

**F15**

**0.5** LITER OF WATER  
**15** ML OF CDS  
**8** DOSES IN **2** HOURS

WEIGHT 60+ KG AND/OR WITH A FEVER

**F20**

**0.75** LITER OF WATER  
**20** ML OF CDS  
**8** DOSES IN **2** HOURS

**F30**

**1** LITER OF WATER  
**30** ML OF CDS  
**8** DOSES IN **2** HOURS

FEVER AND/OR OXYGEN SATURATION IS ≤ 92% OR WHEN ALTITUDE IS 2,600M+

FEVER AND/OR OXYGEN SATURATION ≤ 85% OR WHEN ALTITUDE IS 3,600M +

# N NIÑOS (CHILDREN)

ADD 1ML OF CDS TO 100ML OF PURIFIED WATER. IF CHILD IS TOO YOUNG TO DRINK 100ML OF THE MIX, ADAPT AMOUNT OF WATER ACCORDINGLY

N2

**100 ML** OF WATER  
**2 ML** CDS PER 12KG WEIGHT  
**10 ML** DOSIS EVERY HOUR  
**PREVENTIVE**

N3

**100 ML** OF WATER  
**3 ML** OF CDS PER 12KG WEIGHT  
**100 ML** DOSIS EVERY HOUR  
**COVID EXPOSURE**

N4

**100 ML** OF WATER  
**4 ML** OF CDS PER EVERY 12KG WEIGHT  
**100 ML** DOSIS EVERY HOUR  
**WITH SYMPTOMS**

# E ENEMA (SLOW ABSORPTION)

It is not an evacuation enema, **but a slow absorption one.** Connect an venoclysis or infusion set with a nasogastric tube to the saline bag with CDS and insert it rectally as deeply as possible until the beginning of the descending colon. **Set to a few drops per minute** based on patient's tolerance.

E10

**0.5** L SODIUM CHLORIDE SOLUTION (NaCl 0.9%)  
**10** ML CDS  
DROPS DOSIS BASED ON PROGRESS

E20

**0.75** L SODIUM CHLORIDE SOLUTION (NaCl 0.9%)  
**20** ML CDS  
DROPS DOSIS BASED ON PROGRESS

E30

**1** L SODIUM CHLORIDE SOLUTION (NaCl 0.9%)  
**30** ML CDS  
DROPS DOSIS BASED ON PROGRESS

# Y HYPODERMIC OR INTRAVENOUS (CDI)

This is the prolonged **intravenous application** of CDI in **severe COVID19 patients** to avoid or remove intubation. The **Y10 protocol** is used at sea level. The **Y20 protocol** is used for oxygen saturation of less than 85% and at an altitude of 2,600m. The **Y30 protocol** is used for a saturation of less than 75% or at altitudes above 3600m. The **Y50 protocol** is only applied in critical rescue cases and in patients with **morbid obesity**, using a subclavian central line. Slow dripping is imperative with a **maximum of 15 drops per minute** to avoid phlebitis. In case of **irritation**, reduce the speed of the drip. For high doses, use an infusion pump whenever possible for better clinical control as well as **avoid sunlight and heat.** PREFERABLY PERFORM THIS PROTOCOL AT NIGHT TO AVOID VIRAL SPIKE.

NOTE: If Ringer's Lactate-Free Solution is NOT found, saline solution with 10cc of sodium bicarbonate solution can be used.

Y10

**10** ML CDS (500ML RINGER'S LACTATE-FREE SOLUTION)  
**15** DROPS PER MINUTE  
IT IS USED AT SEA LEVEL

Y20

**20** ML CDS (500ML RINGER'S LACTATE-FREE SOLUTION)  
**15** DROPS PER MINUTE  
OXYGEN SATURATION <85% & AT 2,600M ALTITUDE

Y30

**30** ML CDS (500ML RINGER'S LACTATE-FREE SOLUTION)  
**15** DROPS PER MINUTE  
OXYGEN SATURATION <75% & AT 3,600M+ ALTITUDE

Y50

**50** ML CDS (500ML RINGER'S LACTATE-FREE SOLUTION)  
**15** DROPS PER MINUTE  
USE SUBCLAVIAN CENTRAL LINE FOR CRITICAL CASES & MORBID OBESITY

## HOME WITH COVID-19 PATIENTS

It is considered a mandatory protocol in all rooms with COVID-19 patients present. **In a small glass, pour approximately 10ml of CDS for a room of 10 square meters.**

**In larger rooms several equidistant glasses are distributed.**

**Once the yellow color of the CDS is gone, it must be replaced with a new one.**



**10** ML CDS

**10** M<sup>2</sup>

## DERMATOLOGIC IN SPRAY

**Essential for all medical personnel as a first response emergency and to be able to carry it with them constantly.**

**After each contact with COVID-19 patients, mouth, eyes, nose and hands are sprayed for disinfection.**

**It is non-irritating, eyes can be opened, inhaling through the nose and apply in several sprays is safe.**



**1/3** OF CDS

**2/3** SALINE SOLUTION (NaCl 0.9%)

**50** ML BOTTLE SIZE

**MORE INFORMATION**

[www.comusav.com](http://www.comusav.com)

[www.andreaskalcker.com](http://www.andreaskalcker.com)



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