



## Stroke Protocol

About 700,000 strokes happen in the United States each year, and of that number approximately 150,000 deaths occur. So strokes are nothing to be ignored. When a stroke is coming on, follow the protocol below. Using DMSO and MMS1 can stop it in its tracks. Both DMSO and MMS1 will dissolve blood clots throughout the body, including in the brain. DMSO has been used in the USA since 1955 and many people have testified about how it has helped overcome strokes. Likewise, DMSO and MMS1 have been used together for an increased benefit by thousands.

**Note:** *I have been using MMS for 20 years. By the beginning of 2012, I had personally helped over 50,000 people around the world using MMS, (and scores more since that time, but I've lost count). I have only helped one person who was experiencing a stroke, and that was successful. The advice that I give here is what I would do myself if I was having a stroke and a hospital was not available to me. If a hospital was available I would still do this: I would begin the protocol while still at home and I would continue to do it on the way to the hospital, however long it took. When I returned from the hospital, I would continue with*

*the protocol. In my opinion, using DMSO and MMS1 might mean the difference between life and death, or the difference between having long term side effects or not. It is nevertheless completely your responsibility to do or not do this protocol.*

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

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

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

## **Instructions for Overcoming a Stroke with MMS1 and DMSO**

Blood clots can cause strokes. DMSO is able to **dissolve blood clots**. MMS1 also works to dissolve clots. Using DMSO in conjunction with MMS1 can be very effective in both overcoming a stroke, as well as repairing damage from a stroke. When a blood clot prevents blood flow to any given area of the brain, a stroke can occur and cause that particular area of the brain to shut down. However, if the blood clot can be dissolved by using DMSO and MMS1, oxygen will once more be able to flow to that area of the brain so that area of the brain can begin to function properly.

Although the instructions below explain what to do at the onset of a stroke, it is important to know that even though a person has already suffered a stroke, and it is a few hours to a day or two later, one can still begin and follow through with these instructions starting at day one (see chart on Dosage Guide for Stroke Protocol Day 1). There is still hope that damage can be avoided or reversed. It has been reported that even though many months or a couple of years have passed after a stroke, if one will go on a regular regimen of taking DMSO along with MMS1, it may reverse part or all of the damage.

The taste of DMSO is far from enjoyable. However, the benefit of using it far outweighs the bad taste. 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.

### **Day 1—at the Onset of a Stroke**

The instructions below are very detailed. We have included a Dosage Guide Chart at the end of this section to help

facilitate one following this protocol. However, please do not cut corners and proceed straight to the chart; thoroughly read all of the instructions below to gain a good understanding of the procedure.

## First Hour

- ❑ **At the onset of a stroke**, first off, mix 2 full tablespoons (30 ml) of DMSO diluted in 1/2 cup (4 ounces/120 ml) of water. Drink it down immediately. This is the **starting point** of the Stroke Protocol.
- ❑ **Also at the onset of a stroke**, begin Protocol 6 and 6. This is two 6-drop doses of activated MMS (MMS1), taken one hour apart. (See page 169 for full details of Protocol 6 and 6.) MMS1 and DMSO work in conjunction with one another, therefore the first 6-drop dose of MMS1 for a stroke, should be taken in less than two minutes after the first dose of DMSO. The MMS1 must be mixed up in a second 1/2 cup (4 ounces/120 ml) of water. (It should be taken right after the DMSO dose, but do not mix in with the DMSO). If at any time you miss the two-minute limit, always go ahead and take the dose even if three, five, ten minutes or more have passed. Try not to miss the two-minute limit.
- ❑ **Fifteen minutes after the starting point** of this protocol, one should take a second dose of 2 tablespoons (30 ml) of DMSO in 1/2 cup (4 ounces/120 ml) of water. No MMS1 is taken at this time.
- ❑ **Thirty minutes after the starting point**, a third 2 tablespoon (30 ml) dose of DMSO in 1/2 cup (4 ounces/120 ml) of water should be taken. No MMS1 is taken at this time.
- ❑ **Forty-five minutes after the starting point**, a fourth 2 tablespoon (30 ml) dose of DMSO in 1/2 cup

(4 ounces/120 ml) should be taken. No MMS1 is taken at this time.

## Second Hour

- ❑ **One hour after starting** this stroke protocol, (which is the beginning of the second hour), continue to take DMSO every 15 minutes, reduce the dosage to 1 tablespoon (15 ml) of DMSO in 1/4 cup (2 ounces/60 ml) of water.
- ❑ **Also one hour after starting** this stroke protocol, within two minutes time of taking the DMSO dose, take another 6-drop dose of MMS1. This is the second 6-drop dose, taken one hour after the first 6-drop dose. Do not take more than two 6-drop doses of MMS1, one hour a part.

## Third Hour

- ❑ **Two hours after the starting point**, (which will be the beginning of the third hour), take another DMSO dose. Continue taking 1 tablespoon (15 ml) of DMSO in 1/4 cup (2 ounces/60 ml) of water every 15 minutes the third hour.
- ❑ **Also two hours after the starting point**, at the beginning of the third hour, begin taking Protocol 1000. This is a 3-drop dose of MMS1 every hour for eight hours a day. This 3-drop dose of MMS1, should be taken within two minutes of the first DMSO dose at the beginning of the third hour.
- ❑ Generally I suggest gradually working up to the 3-drop dose when beginning Protocol 1000. Going right to 3 drops an hour for the Stroke Protocol, is an exception to the rule. If however, one experiences a Herxheimer reaction and feels nauseated, has diarrhea or vomits,

cut the MMS1 dose in half. If necessary, keep reducing it by one half until these symptoms subside. When the symptoms pass, gradually work back up to a 3-drop dose every hour, or to as high a dose that is comfortable to you without causing a Herxheimer reaction. But do not surpass more than 3 drops an hour while on Protocol 1000.

## Notes

- *Remember, if a person is led to lower their dose of MMS1, they should lower it, but do not quit taking it altogether.*
- *Up until this point, the person on this protocol will have completed three hours in total of taking DMSO every 15 minutes.*
- *Please take note that when you **lower the amount of DMSO in your dose, it is important to also lower the amount of water you mix with it.***

## Fourth through Eighth Hour

- ❑ **After the first three hours** of taking DMSO every 15 minutes in the different dosages described above, continue taking DMSO for the remaining part of the first day, but reduce the frequency of your doses. One time every hour take 1 tablespoon (15 ml) of DMSO in 1/4 cup (2 ounces/60 ml) of water. The person should already have started taking Protocol 1000, which is an hourly 3-drop dose of MMS1. The hourly DMSO dose and the hourly MMS1 dose should always be taken within two minutes (maximum) apart.

## Notes

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

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

## Day 2 through 7

- ❑ The second day after a stroke, and after one has followed the procedure for day one above, continue taking MMS1, as per Protocol 1000. This is taking a 3-drop dose of MMS1 every hour for eight consecutive hours. I recommend completing the suggested three full weeks of doing Protocol 1000, even if one starts to feel much better, as a precautionary measure.
- ❑ The second day after a stroke, one can reduce the DMSO intake to 1 tablespoon (15 ml) in the morning and 1 tablespoon (15 ml) in the evening. This amount of DMSO should be taken in 1/4 cup (2 ounces/60 ml) of water. These DMSO dosages should be taken in coordination with the MMS1 dosage. One should be on Protocol 1000, so I suggest they take the DMSO dose within two minutes of the first MMS1 dose of the day, and the last MMS1 dose of the day.

## Day 8 through 21

- ❑ Continue Protocol 1000, until you complete the 21-day period.
- ❑ Drop your intake of DMSO to taking 1 tablespoon (15 ml) of DMSO only 1 time a day (within two minutes of one of your MMS1 doses), for the remaining 21 days.
- ❑ If you feel you are not making progress in your recovery, I recommend going back to day one of the Stroke Protocol and starting the whole process over again, as outlined above. In other words, start from the beginning and again continue through until you have completed the 21 days.

## Notes

- *If one has had a stroke and has recovered fully, I nevertheless recommend a daily maintenance dose of MMS1 (6-drop dose) and 1 tablespoon (15 ml) of DMSO in 1/4 cup (2 ounces/60ml) of water. If at any time the symptoms of a stroke come on again, the complete procedure outlined above should be followed.*
- *Take a look at your diet and exercise habits to see if there is room for improvement.*
- *Unfortunately, there is no complete guarantee of recovery from a stroke. However many people have recovered from strokes using DMSO, and MMS1 has also been a help in this area.*

Following are two charts to guide you through this protocol. It is important that you start hour 00:00 immediately when needed and continue with the 15 minute intervals from your starting point (e.g. if a stroke comes on at 12:20 pm start taking DMSO and MMS1 immediately, then 15 minutes later would be 12:35 pm and so on).

<b>Dosage Guide for Stroke Protocol Day 1</b>				
<b>Start hour 00:00 immediately whenever it is needed, regardless of the actual time. Do not Wait.</b>				
<b>Step</b>	<b>Hour</b>	<b>Hour/ Min.</b>	<b>MMS1</b>	<b>DMSO/ Water</b>
<b>1</b>	<b>Start Hour 1</b>	<b>00:00</b>	<b>6 Drops</b>	<b>2 Tbsp (30 ml) 4 oz (120 ml)</b>
<b>2</b>		<b>00:15</b>	<b>0</b>	<b>2 Tbsp (30 ml) 4 oz (120 ml)</b>
<b>3</b>		<b>00:30</b>	<b>0</b>	<b>2 Tbsp (30 ml) 4 oz (120 ml)</b>
<b>4</b>		<b>00:45</b>	<b>0</b>	<b>2 Tbsp (30 ml) 4 oz (120 ml)</b>
<b>5</b>	<b>Hour 2</b>	<b>01:00</b>	<b>6 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>6</b>		<b>01:15</b>	<b>0</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>7</b>		<b>01:30</b>	<b>0</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>8</b>		<b>01:45</b>	<b>0</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>9</b>	<b>Hour 3</b>	<b>02:00</b>	<b>3 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>10</b>		<b>02:15</b>	<b>0</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>11</b>		<b>02:30</b>	<b>0</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>12</b>		<b>02:45</b>	<b>0</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>13</b>	<b>Hour 4</b>	<b>03:00</b>	<b>3 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>14</b>	<b>Hour 5</b>	<b>04:00</b>	<b>3 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>15</b>	<b>Hour 6</b>	<b>05:00</b>	<b>3 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>16</b>	<b>Hour 7</b>	<b>06:00</b>	<b>3 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>17</b>	<b>Hour 8</b>	<b>07:00</b>	<b>3 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>

<b>Dosage Guide for Stroke Protocol Day 2 - 7</b>				
<b>Step</b>	<b>Hour</b>	<b>Hour/ Min.</b>	<b>MMS1</b>	<b>DMSO/ Water</b>
<b>1</b>	<b>Start Hour 1</b>	<b>00:00</b>	<b>3 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>2</b>	<b>Hour 2</b>	<b>01:00</b>	<b>3 Drops</b>	<b>0</b>
<b>3</b>	<b>Hour 3</b>	<b>02:00</b>	<b>3 Drops</b>	<b>0</b>
<b>4</b>	<b>Hour 4</b>	<b>03:00</b>	<b>3 Drops</b>	<b>0</b>
<b>5</b>	<b>Hour 5</b>	<b>04:00</b>	<b>3 Drops</b>	<b>0</b>
<b>6</b>	<b>Hour 6</b>	<b>05:00</b>	<b>3 Drops</b>	<b>0</b>
<b>7</b>	<b>Hour 7</b>	<b>06:00</b>	<b>3 Drops</b>	<b>0</b>
<b>8</b>	<b>Hour 8</b>	<b>07:00</b>	<b>3 Drops</b>	<b>1 Tbsp (15 ml) 2 oz (60 ml)</b>
<b>Day 8 - 21</b>				
<ul style="list-style-type: none"> <li>● <b>Continue with Protocol 1000, until you complete the 21-day period.</b></li> <li>● <b>Drop your dose of DMSO from 2 tablespoons (30 ml) to taking 1 tablespoon (15 ml) of DMSO daily, for the remaining 21 days.</b></li> <li>● <b>If not making progress, go back to Day 1. Start the whole process over again.</b></li> <li>● <b>Refer to complete protocol on page 227 for details.</b></li> </ul>				

## **Stroke Testimonial**

1 August 2022

<https://t.me/theuniversalantidote/977>

“And this is the primary reason my husband declined to go to the hospital the night before this past Father’s Day, even though his symptoms indicated he was having an acute stroke.

Although he couldn’t say his own name, he could say “No!” on several occasions when I asked if he wanted to go to the hospital. I couldn’t blame him, so I prayed, sought God’s direction, and then suggested we try Jim Humble’s protocol for stroke using MMS and DMSO.

He shrugged and simply entrusted his care to whatever way God would lead me. So I converted our bedroom into a simple assessment and treatment area and got to work following the protocol down to the T. Let me tell you, it wasn't easy and it wasn't pleasant for Stan by any means (especially the DMSO taste) but it got the job done.

Just a few hours later, his mild-moderate stroke symptoms began to diminish and he was at least 40% improved by the end of the first day's protocol. By the second day, he was 60% improved.

By the end of the first week, his symptoms had improved by about 75%, and he went in to regain at least 90-95% of his language functions, balance, and coordination prior to a mild acute set back 3 days ago (for which he agreed to a head CT scan done today as ordered by his PCP during a telemedicine visit 2 days ago) but he's back on track now.

We've used CDS instead of MMS since day 3 post-stroke due to GI upset and he's tolerated that well subsequently, although I did resume a modified version of the MMS with DMSO for the night of the recent temporary decline which resulted in mild recurrence of the GI distress.

So he's back to using CDS and will continue that for quite some time, especially if for no other reason than it definitely increases his energy level. (CDS provides oxygen to blood, which goes into cells.)

I also incorporated use of a frequency device (Centropix Kloud) and passive vagal nerve stimulation with the Dolphin micro-current point stimulator, and Solina has provided weekly treatments with the Dolphin device for active neurostim and cranial suture release with distinct benefit every time.

We're not fully out of the woods yet (are we ever, really?), but God has graciously guided us down a path of interventions I never imagined before this past year, despite my 32 years of rehab medicine practice before covid. What a blessing!! Thank you all for your prayers."