CDM

https://www.mmsinfo.org/infosheets/protocol_cds_115.pdf

"Carla worked for the pharmaceutical industry for over 30 years. She knows the human body just like (or better!) than many doctors, and she told me clearly that MMS1 worked in many cases that CDS didn't, because CDS is more "volatile", and it doesn't last very long in the blood.

She actually explained why it doesn't even last 20 minutes in the blood stream, so she came up with protocol 115 (Protocol-F) *which is 1 ml of CDS EVERY 15 MINUTES for a period of 2 hours.* (Eight doses every 15 minutes totals 1 hour, 45 minutes)

This complements protocol 101 because you only have to do 2 hours a day instead of 8 hours a day and ***you sustain chlorine dioxide*** (CLO2) ***in the blood without it being depleted, as is the case with CDS protocol 101*** (Protocol-C)." (Karl Wagner)

If what Carla says is true, and I think it is true, if you are dosing CDS hourly (Protocol-C), you are unprotected for about 45 minutes of each dosing hour. Meaning, for 45 minutes of each dosing hour there is no CLO2 working against pathogens, so they can re-group and continue their attack on your body.

There may be a simple fix for this problem. Just add one drop (or less) of unactivated SCS (Sodium Chlorite Solution) to each hourly dose of CDS. The SCS should be activated in stomach acid and will add more CLO2 to augment CLO2 in CDS.

It may be that SCS activates slowly in stomach acid and will provide CLO2 after CLO2 from CDS is gone. SCS could also be activated elsewhere in the body by acids.

I call this **CDM:** CDS + MMS. One ml of 3000ppm CDS contains 3mg of CLO2. One 0.05ml drop of SCS can provide up to 8mg of CLO2. You could dilute SCS 1:1 with water, so one drop of the 1 drop of SCS + 1 drop of water (2 drops total) would provide up to 4mg of CLO2. Or, if you use a 3ml LDPE pipette, the one I have dispenses ½ drop of liquid, or 4mg of CLO2 (max). MMS means SCS as per Jim Humble.

CDM simulates MMS1 without the bad taste, because the SCS is not pre-activated

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