

# MMS1 Herxheimer Reactions - Why?

## Another Possibility...

Posted 10 February 2019 at:

<https://mmsforum.io/goto/mms/32048-experiment-for-all-protocols?start=9#59765>

Hi Nuffder,

I know most everyone believes that when they take too much MMS1 and then have a Herx reaction, that the reason for the Herx is because of pathogen die-off and their resultant detoxification toxins. But personally, I think it's because they are ingesting so much unactivated MMS that the huge reaction in their stomach is what's making them feel so sick.

When someone activates MMS for just 30 seconds, only about 10% of the MMS is activated, leaving the remaining 90% to activate (fully or partially) in the stomach. Ninety percent (90%) of 3 drops is 2.70 drops of unactivated MMS in the stomach. One (1) drop activating in my stomach, accompanied with about 200ml of water works well for me, but I think I'd be throwing up if I swallowed 2.70 drops with just 120ml of added water.

So maybe CLO<sub>2</sub> (chlorine dioxide) isn't killing lots of pathogens throughout your body making you and others feel sick from die-off toxins (which is what most believe). If what I'm saying is true, then also maybe not much CLO<sub>2</sub> is actually making it into your blood to do the work of killing pathogens, because your dosing is too low.

Maybe most of the CLO<sub>2</sub> is getting neutralized either in the stomach or as it passes from the stomach & small intestine into the blood. Who knows how much actually gets into the blood? This is why it makes sense to me to do IV CLO<sub>2</sub> injections - then we know exactly how much CLO<sub>2</sub> is going into the blood.

When I did two 10ml of 100ppm CDH injections the other day (separated by 6 hours) to overcome a cold that was starting to take hold, the next morning I woke up completely free of any symptoms of a cold at all. This has never happened to me before when I just took MMS drops. This was a night and day difference and told me that injection was the best way to go if I could do it, and I can.

By the way, notice how nobody experiences nausea when they take CDS or CDH (even large amounts). This I believe is because of there being so much less unactivated MMS in the solution with CDH, and none in it with CDS.

Hope that helps.

Take care,

Scott McRae

**Charlotte Lackney (CLO2) commented on Scott's forum post:**

Scott, I think you are correct that too much ingested unactivated MMS could also cause Herxheimer reactions the same as pathogen die-off toxins. One or the other, or both at the same time could cause Herx reactions. Ingesting unactivated MMS may be okay for some people, but not those with sensitive stomachs or stomachs that don't have enough gastric acids to fully activate the 90% residual unactivated MMS in MMS1.

Those who have sensitive stomachs and are using 50% citric acid MMS activator, should switch to 4% HCL, which is an acid our stomachs naturally produce.

Recall that years ago you could not take much MMS1 because of Herx reactions, but now you can take small doses of unactivated MMS and adequate water with no problems. In fact, your original problem prompted you to come up with CDH.

**One simple way to test your theory is to suggest to Herx suffering users of MMS1 that they switch to CDH.** Doing so will eliminate almost half of unactivated MMS in MMS1.

For that to work, users must [know](#) that 1 ml of the original [CDH](#) recipe contains the same amount of CLO2 as a 1 drop dose of MMS1 (if both are fully activated in a stomach).

If this works for someone with say, cancer, then they may be able to get enough CLO2 into their [bloodstream](#) to 'neutralize' the cancer, whereas they might not be successful if they continued taking low doses of ingested MMS1 due to Herxing.

So, if someone has not been able to ingest more than say, 1 or 2 drop hourly MMS1 doses, while slowly trying to increase dosing, they should try ingesting CDH.

There are many non-ingesting MMS protocols which can be effective in getting CLO2 into the bloodstream, such as your IV method.

--CL

**P.S.** One protocol not mentioned in Jim Humble's book, is the **Mouth-Holding Method**.

This simple method works by just holding CLO2 in your mouth for a period of time.

"CLO2 will be administered perlingually by absorption through the oral mucosa and tongue & cheek interior surfaces. Also, sublingually under the tongue and sublingual glands." (Info from MMSforum member gefeu2 [Gerhard])

The best Sodium Chlorite Solution (SCS) for this method would be CDS because it is 100% CLO2 in a distilled water solution. Next best SCS would be CDH which is 50% activated MMS externally and last choice would be MMS1 which externally is MMS only 10% activated, and therefore contains mostly Sodium Chlorite (unactivated MMS).