

Protocol 102

by Charlotte Lackney

Protocol 102 is similar to Protocol 101 except for the addition of unactivated 22.4% sodium chlorite solution (MMS) for ingestion purposes only. MMS should not normally be added to CDS when used outside the stomach.

The main reason to add MMS to 3000 ppm CDS is because when CDS dosing gets too high, often mouth and throat irritation will happen and the user can not increase dosing any higher. Another reason to add MMS to CDS for ingestion, even in stomachs with below normal gastric acids, is that MMS may be activated elsewhere in the body.

As you may know, each milliliter of 3000 ppm CDS contains 3 mg of chlorine dioxide (CLO₂) and each drop of MMS contains up to 8 mg of CLO₂ if fully activated by stomach acid. The drop size used here is 1/20 of a milliliter or 0.05 ml. This drop size is based on a standard measurement of 20 drops to a milliliter of solution. If you are not sure of your drop size, a 1 ml syringe can be used to measure & dispense MMS drops very accurately. One drop = 0.05 ml, 2 drops = 0.10 ml, 3 drops = 0.15 ml, etc.

The chart below shows the total amount of CLO₂ per hourly dose if the added MMS is fully activated in stomach acid. For this example, let's assume that you can't ingest more than 10 ml of 3000 ppm CDS hourly, because of mouth and throat irritation.

Sample Dosing Chart

(make your own personal chart)

MMS should be added to each hourly dose and/or to a daily bottle because it is not known how long MMS is effective.

CDS ml	CDS CLO ₂ mg	MMS drops	MMS CLO ₂ mg	TOTAL CLO ₂ mg
10	30	-	-	30
10	30	1	8	38
10	30	2	16	46
10	30	3	24	54
10	30	4	32	62

NOTE: the simple formula for calculating milligrams of CLO₂ is:

Volume (liters) x **Concentration** (ppm) = **Dose** (mg of CLO₂)

Example: 1 ml of 3000 ppm CDS = 0.001 x 3000 = 3 mg CLO₂

3 July 2016

<http://mmsinfo.org/>