

CDH4000

(4000 ppm ClO₂ 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 (NaClO₂) 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 ClO₂ 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 ClO₂ 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 ClO₂ ppm concentration you just made.

Container Size	Amount of CDH4000 to Use for Various ppm ClO ₂ 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

CDH4000 & My Use of It

(4000 ppm ClO₂ Water Solution)

Chlorine Dioxide (ClO₂) Medical Use Background Information for Infectious Disease & Cancer

My following usages are not based on any FDA approved studies or studies done by pharmaceutical companies for purposes of human medical treatments. Rather, my usages are based upon the EPA, WHO & other studies done primarily on animals to determine toxicity levels of various ClO₂ concentrations & products destined for market, some of which have received approval for human oral use & veterinary wound care use. In addition, they are based upon the experiences of thousands of ClO₂ users, including my own personal experiences. Therefore, nothing I'm saying here should be taken as medical advice.

(Example of Animal Toxicity Study): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5369164/pdf/ijerph-14-00329.pdf>

My Chlorine Dioxide (ClO₂) Use Theory

Most users of ClO₂ solutions use them for various infectious diseases, as both antibiotics & antivirals, & for cancers as a form of chemotherapy. In general, they do this based upon the theory that both pathogens & cancer cells will be susceptible & die from the oxidative stress that ClO₂ 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 & favorable disposition towards reactive oxygen species (ROS) in general. Based on this theory, the following are ways in which I would use ClO₂ to treat various infectious diseases & cancers, always trying to keep the ClO₂ concentration as low as possible to avoid toxicity to my body, while at the same time high enough to stop both bacterial & viral infections & of course cancers. The parts per million (ppm) ClO₂ concentrations shown below are my estimates based upon hundreds of thousands of users, and over 30 years of collective Chlorine Dioxide use which in turn has been based upon WHO and EPA safety studies, product studies & studies which are integral parts of the many ClO₂ based patents in the US & around the world. Therefore, once again, nothing written here should be construed as being medical advice – it's just what I might do. (Please see the Medical Information Disclaimer above.)

Conservative CDH4000 Use (Mild/Gentle Strength) 5-20 ppm ClO ₂	Moderate CDH4000 Use (Medium Strength) 21-60 ppm ClO ₂	Aggressive CDH4000 Use (High Strength) 61-300+ ppm ClO ₂
Oral•Enema•Douche•Drops•Spray - Drops in eyes (5-20 ppm) - Drops in nose & ears (20 ppm) - Brushing teeth (20 ppm) - Gargling (20 ppm) - Skin cuts/abrasions (20 ppm spray) - Bowel or vaginal infections (20 ppm) - Enemas can be used to carry ClO ₂ into the blood plasma in lieu of an IV (20 ppm) - Very mild hand/body/face sanitizer (20 ppm spray)	Oral•Enema•Douche•Drops•Spray - Drops in eyes (21-50 ppm) - Drops in nose & ears (30-60 ppm) - Brushing teeth (25-60 ppm) - Gargling (40-60 ppm) - Skin cuts/abrasions (60 ppm spray) - Bowel or vaginal infections (40-60 ppm) - Enemas can be used to carry ClO ₂ into the blood plasma in lieu of an IV (60 ppm) - Hand/body/face sanitizer (60 ppm) - Soak for infected finger, etc. (60 ppm for 10 to 20 minutes)	Spray•Drops•Soak - Skin cuts/abrasions & a strong sanitizer for hands/body/face (<i>not eyes</i>) (100-300 ppm spray) - Feet - anti-fungal (200-500 ppm spray) - Strong 5-minute soak for infected finger, toe, etc. (250-500 ppm) - Nail fungus removal (apply 500-1000 ppm drops 2 to 3 times a day until gone) - Skin cancer removal - soak tissue with 4000 ppm, put on spot, cover with plastic tape for 5-10 min. Do weekly if necessary
Nebulizer/Ultrasonic Humidifier - Infection of lungs, respiratory track & nasal passages (5-20 ppm, ideally in 0.9% saline solution) inhaled for from 3 to 5 minutes each hour for 6 to 8 hours a day - Skin cuts/abrasions (20 ppm) - Eyes (just 1 to 2 seconds), ears, face (acne), eczema (10-20 ppm)	Nebulizer/Ultrasonic Humidifier - Infection of lungs, respiratory track & nasal passages (21-60 ppm, ideally in 0.9% saline solution) inhaled for from 3 to 5 minutes each hour for 8 to 12 hours a day - Skin cuts/abrasions (60 ppm) - Eyes (just 1 to 2 seconds), ears, face (acne), eczema (21-60 ppm)	Nebulizer/Ultrasonic Humidifier - Infection of lungs, respiratory track & nasal passages (100 ppm, ideally in 0.9% saline solution) inhaled for from 3 to 5 minutes each hour for 8 to 12 hours a day - Skin cuts/abrasions (100-300 ppm) - Ears, face (acne), eczema (61-150 ppm) (Keep above 60 ppm out of eyes)
Intravenous - Diluted in 0.9% Sodium Chloride (NaCl) IV Solution - For all viral & bacterial infections, sepsis, cancer & cytokine storm: use up to 500cc of up to 20 ppm daily, for 3 consecutive days (or up to 4 days a week if dosing every other day). These numbers are for an average sized adult (62kg) & should be reduced for children proportionally, based on weight. IV drip rate: 14 drops/min. All above as tolerated (*monitor hemoglobin daily & discontinue if indicated)	Intravenous - Diluted in 0.9% Sodium Chloride (NaCl) IV Solution - For all viral & bacterial infections, sepsis, cancer & cytokine storm: use up to 500cc of up to 35 ppm daily, for 3 consecutive days (or up to 4 days a week if dosing every other day). These numbers are for an average sized adult (62kg) & should be reduced for children proportionally, based on weight. IV drip rate: 14 drops/min. All above as tolerated (*monitor hemoglobin daily & discontinue if indicated)	Intravenous - Diluted in 0.9% Sodium Chloride (NaCl) IV Solution - For all viral & bacterial infections, sepsis, cancer & cytokine storm: use up to 500cc of up to 70 ppm daily, for 3 consecutive days (or up to 4 days a week if dosing every other day). These numbers are for an average sized adult (62kg) & should be reduced for children proportionally, based on weight. IV drip rate: 14 drops/min. All above as tolerated (*monitor hemoglobin daily & discontinue if indicated)

The Chlorine Dioxide (ClO₂) Approach I Would Use for COVID-19

Of the above usages which have been compiled based upon studies done by the EPA, WHO, a multitude of other safety & efficacy studies, many thousands of user testimonies, & also based on my own personal experience doing the above treatments, at the first signs of COVID-19, for example a scratchy throat or any other minimal indications, I would start with the most "Conservative" level of ClO₂ use from above (1st column) to treat COVID-19, or any respiratory infection for that matter. I would start at the lowest nebulizer or ultrasonic humidifier ClO₂ ppm level shown & increase each hour to find the highest ppm level I could tolerate, including going beyond 20 ppm & up to 50 ppm in the "Moderate" level. I would inhale the mist through each nostril individually to inactivate any viruses that may be present there & I would inhale it through my mouth to take care of my throat & lungs. I believe that this simple approach would probably be all that's needed to stop COVID-19. However, if it persisted for even 1 day, I would immediately start an IV of 100cc using 50 ppm & I would do that for a day along with the hourly mist inhalation. This double pronged approach should stop the disease but if not I would increase the IV to 200cc of 50 ppm daily. That would be my approach.

(Please read the "Medical Information Disclaimer" above)

The following Prevention and Treatment Protocols are based on my experience and understanding, combined with how Chlorine Dioxide is being used in many countries to treat COVID-19 at the current time (Feb., 2021): Protocols C, F, VF and E are protocols which have been published in various places and make complete sense to me and therefore I agree with, while protocols NP, 1, NT and IV are once I've developed myself based on my own experience and understanding.

Protocol HP and HT below that talk about gargling, mouthwash, face washing, etc., with 100ml of 60 ppm is a combination of Dr. Callisperis and mine. I reduced the ppm from 150 to 60ppm and added the suggestion to also use the solution to wet the entire head, including the face, eyes, ears, neck and even the hair and to allow it all to air-dry naturally. The reason I reduced it from 150 to 60 ppm is because based upon the studies, 60 ppm is high enough to deactivate any virus in under 10 seconds, and I also wanted to make sure it's at a low enough concentration that if some of the solution got into the eyes during the face washing, where some virus may likely be present, it would still be safe, as was determined by at least one animal study done in the past.

Important note: Do not take vitamin C in any form, or any other antioxidant while on the protocols talked about below as antioxidants will neutralize chlorine dioxide.

Using Chlorine Dioxide to PREVENT Respiratory and Other Infections

- **Protocol NP:** NP for a "Nebulizing Prevention" using 100 ppm to prevent respiratory infections:
 - Nebulize 100 ppm for 3 minutes each session, inhaling through nose and mouth into lungs. Also direct the mist into each eye for about 1 second each. Then direct the mist for about 10 to 15 seconds into and around each ear. Do this 2 to 3 times a day as a preventative if in contact with people and especially if after having been around people who are infected.
- **Protocol 1:** 1 for a "Jim Humble's 1st Method" oral consumption of 20 to 25% sodium chlorite drops and allowing our stomach acid (HCl) to activate them and create the chlorine dioxide internally to prevent respiratory and other infections:
 - Put 5 drops of 20 to 25% unactivated sodium chlorite per liter of every liter of water drank during the day from morning until bedtime. Start with 2 drops per liter on day 1 and increase 1 drop per liter each day until reaching 5 drops per liter. If you cannot tolerate 5 drops reduce as needed. (I did this almost continuously for about 4 years and it appears to be harmless and kept me from ever getting sick while doing it).
- **Protocol C:** C for a "CDS" oral consumption of 30 ppm to prevent respiratory and other infections:
 - Make a 1-liter bottle of 30 ppm and drink 100ml every hour until finished.
- **Protocol HP:** HP for a "Hands & Head Preventative" for hands, mouth, throat, nose, face, ears, eyes, neck & hair using from 200 to 300 ppm in a spray bottle.
 - Using a 200 to 300 ppm solution, start by spraying the hands and rubbing them together to wet entirely. Then spray a liberal amount into mouth and close mouth. Then spray into each nostril while sniffing in at the same time. Then spray face, ears and neck. Spray eyes from a distance so only a very small amount of mist goes into each eye. Then apply to hair to make it slightly wet. Allow all to air-dry naturally. DO NOT use a towel or blower. If you make a large amount of this solution ahead of time, keep unused portion in refrigerator between uses to preserve the chlorine dioxide. ***This should be done twice a day.***

Important note: Do not take vitamin C in any form, or any other antioxidant while on the protocols talked about below as antioxidants will neutralize chlorine dioxide.

Using Chlorine Dioxide to TREAT Respiratory and Other Infections

- **Protocol NT:** NT for a “Nebulizing Treatment” using 100 ppm to treat respiratory infections:
 - Nebulize 100 ppm for 5 minutes each session, inhaling through nose and mouth into lungs. Also spend an additional couple of seconds directing the mist towards the eyes and then about 10 to 15 seconds into and around each ear. Do this 8 to 12 times a day, until infection clears.
 - **Protocol F:** F for a “Frequent” 30-minute incremental oral dosing treatment using 30 ppm to treat mild respiratory and other infections:
 - Make a 1-liter bottle of 30 ppm and drink 100ml every half hour until finished, then wait 2 hours before making a 2nd 1-liter bottle of 30 ppm and then drink 100ml every half hour until finished.
 - **Protocol VF:** VF for a “Very Frequent” 15-minute incremental oral dosing treatment using 30 - 60 ppm, (start with 30 ppm but increase to 60 ppm if no improvement is seen with 30 ppm solution). For treatment of respiratory and other infections where head and muscle aches are becoming severe and blood oxygen saturation is low:
 - Make a 1-liter bottle of 30 ppm and drink 100ml every 15 minutes until finished, then wait 1 hour before making a 2nd 1-liter bottle. ****Note:** If there is little to no improvement to blood saturation using 30 ppm, increase second bottle to 60 ppm, but if there was good improvement with 30 ppm, then stay with that ppm concentration for the 2nd 1-liter bottle, and drink 100ml every 15 minutes until finished again. Then wait 2 hours and resume using **Protocol F** (above) with 1 more liter for the day if time allows before bed.
 - **Protocol HP:** HP for a “Hands & Head Preventative” for hands, mouth, throat, nose, face, ears, eyes, neck & hair using from 200 to 300 ppm in a spray bottle.
 - Using a 200 to 300 ppm solution, start by spraying the hands and rubbing them together to wet entirely. Then spray a liberal amount into mouth and close mouth. Then spray into each nostril while sniffing in at the same time. Then spray face, ears and neck. Spray eyes from a distance so only a very small amount of mist goes into each eye. Then apply to hair to make it slightly wet. Allow all to air-dry naturally. DO NOT use a towel or blower. If you make a large amount of this solution ahead of time, keep unused portion in refrigerator between uses to preserve the chlorine dioxide. ***This should be done 4 times a day.***
 - **Protocol E:** E for an “Enema” using 150 to 180 ppm to treat respiratory and other infections which have not responded well to oral treatment and where breathing has become a problem for the patient:
 - Perform enema as usual, using enema solution made with 500ml of 0.9% saline solution and enough CLO₂ solution to create 150 to 180 ppm chlorine dioxide solution. Per Dr. Callisperis, increased blood oxygenation should happen almost immediately.
 - **Protocol CDI:** CDI for a Chlorine Dioxide “Intravenous” incremental treatment (500cc per day for average adult, 14 drops per minute). Using 100cc to 500cc of up to 70 ppm to treat severe respiratory and other infections, cancer, sepsis and cytokine storm:
 - For an average 62kg adult, start with a 100cc bag/bottle of a 20 ppm IV solution using 0.9% Sodium Chloride at a drip rate of 14 drops per minute to test for tolerance. If well tolerated **and improvement is seen** at 20 ppm, start a 500cc bag/bottle of another 20 ppm IV solution with the same drip rate. If the 100cc of 20 ppm was well tolerated **but with no improvement**, start a 500cc bag/bottle of a 35 ppm IV solution with the same drip rate. If this is well tolerated **but still no improvement** is seen after 500cc, increase the next 500cc bag/bottle to 70 ppm for the next 12 hours, maintaining the same drip rate. Day 1 can be a total of 1000cc but each consecutive day should not exceed 500cc per day and this can be maintained for 2 additional days after the first day, (or up to 4 days a week if dosing every other day). All of the above is for an average adult – reduce volume proportionally per patient’s weight for a small person or a child, but keep the ppm concentration the same.
- Important Note:** patient should be watched very closely and adjustments, including stopping treatment should be made as needed. In addition, **hemoglobin should be checked at least daily** and treatment should be discontinued if it falls below an allowable level.

