# Chlorine Dioxide Gas (CDG) Enema

Mark (Iblieve) UK - 25 May 2012

http://www.genesis2forum.org/index.php?option=com\_kunena&func=view&catid=3&id=17728&Itemid=66#17728

Hello folks,

Anyone who has been reading my posts will be aware that I have had a lot of problems taking MMS1. The acidity meant that I had to eat a snack before taking each dose because if I didn't, the MMS1 would make me retch. That meant eating 10 snacks per day and that was no good at all because I had developed an intestinal blockage due to the rectal cancer tumour, and the last thing I needed was to be taking more food into my system than was necessary to stay alive.

In the end, I made up my first batch of Chlorine Dioxide Solution (CDS) and because it has no acidity, I can drink it; almost as if it was pure water. GREAT!

Unfortunately, my self medicating came too late and the tumour grew to the point where I experienced a complete blockage, and was rushed into hospital for emergency surgery for a colostomy operation. The good news is that this can be reversed if I get clear of the cancer and get rid of the tumour.

The tumour has meant that even doing normal enemas has been hopeless. I could hardly get the tube inside, and the same was true of the liquid. And because of the sensitivity in the rectal area, it meant that what little I did manage to get inside, it was ejected almost straight away.

Eventually I came up with the idea of using a syringe with a 4mm piece of tubing attached. I had a lot more success with this because I could get the tube much further in and had more control over the flow of the enema solution. But, I am still having problems with retention. I am one of those guys who just isn't anal retentive. The anus wants to eject the liquid very soon after it has been pumped in.

The use of the syringe got my imagination fired up and I have come up with an idea for delivering Chlorine Dioxide Gas (CDG) inside the body without the use of water.

PLEASE, Mr JIM HUMBLE, WILL YOU DO SOME FIELD TESTING ON MY NEW DELIVERY SYSTEM?

I am hoping that other forum members might help to let Jim know about this. I know that I could have tried to get straight to him first, but I wanted to show the forum members the idea first.

The photographs only portray the basics, but with my explanation, they do get the message across.

# THE APPARATUS

In the first pic, you see a small plastic fitting which is used to join pieces of tubing together. They are used with domestic aquarium air pumps.



In the next pic, you see a small glass jar with a plastic screw-lid.



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I drilled a couple of small holes in the lid that were slightly smaller than the plastic tube joiners and forced the joiners in, to make a gas-tight fit. The pressure is very low of course, so we don't need to get highly technical here. Gluing these in place is a good idea for protracted usage.

Pic 3 shows the caps I made for sealing off the ends of the joiners. They are not very attractive, but they do the job. They are simply two pieces of tubing that have been melted at one end with a lighter and pressed shut with the blade of a knife.



Pic 4 shows the setup with the syringe attached. By the way, the liquid inside is actually turmeric and water. This was for the convenience of the photo shoot, but we should assume it is MMS1



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## THE METHOD

- 1. You need to put one of the caps over the end of one pipe joiner in the lid.
- 2. Attach the 100 ml syringe with a piece of tubing to the other lid joiner.
- 3. Make sure the syringe is fully depressed so that the only air remaining is in the tube itself, and not in the body of the syringe. The shorter the tube, the better, but it needs to be long enough to get at least 3 inches inside the anus, I would say.
- 4. Put the measured quantity of MMS1 into the jar and screw the lid tight. I have only been using a 6 drop solution of MMS1 @ 50/50 MMS and Citric Acid. I would say that the ideal dosage is yet to be discovered. \*
- 5. Place the jar into a larger container and pour in some hot water. This causes the gas to be produced in volume.
- 6. Next, remove the joiner cap from the cap lid and start to slowly draw the gas into the syringe. When the syringe plunger is fully pulled back, either kink its tubing or use a clamp and then put the two caps back on the joiners to stop gas escaping.
- 7. Insert the syringe tube into the anus and gently and slowly force the gas inside. The less wind you pass the better, but the Chlorine Dioxide Gas (CDG) will be taken into the intestinal tissue quickly, so you don't need to cause yourself discomfort.

I know that Jim has said that it's reckoned an MMS1 enema is as good, or almost as good, as taking it intravenously. The great thing about my system is that there is no ejecting water to be concerned with, and I believe the gas uptake is greatly increased. It's also much less hassle.

Let me know what you think.

Good health to all,

Mark

#### \* UPDATE

# 30 May 2012

http://www.genesis2forum.org/index.php?option=com\_kunena&func=view&catid=3&id=17728&limit=6&limitstart=6&ltemid=66

Just writing a quick update on the internal CDG system of delivery.

Rather than increase the dosage, I have reduced it. The very interesting result is that it works just as well as when I was using 6 drops of MMS with 6 drops of citric acid.

I am now using 3 of each and I only do this technique once per day. It works out at around two 100ml syringe-fulls.

I did start to experience some soreness while I was using 6 drops - hence the reason for reducing the amount. But as I say, it is just as effective.

Several times a day I am continuing to pass small, but consistent quantities of what must be tumorous matter. There is always a very small amount of blood, but it is not often very red. It tends to be pink, so I am not worried about that.

My reason for saying that it must be "tumorous matter" that I am passing is because, the operation I was forced to undergo, separated the lower, cancerous bowel from the healthy upper part. There is nothing flowing into my lower bowel and yet since starting this new procedure I have steadily been exuding this stuff. I think the CDG is dissolving the cancerous tissue.

I am also taking the equivalent of about 15 drops of MMS per hour for 10 hours each day. But it is, of course, the CDS which I am taking - not the original MMS.

I will continue on with the lowered dosage of CDG and let you know how things go.

Bye for now,

Mark

#### \* UPDATE

## 2 June 2012

http://www.genesis2forum.org/index.php?option=com\_kunena&func=view&catid=3&id=17728&limit=6&limitstart=12&Itemid=66

Thanks very much for your observations, Steve. Thanks also for your offer to communicate my idea to Jim Humble.

I agree with your opinion. I am becoming increasingly convinced that it is indeed a good idea to keep the quantity of MMS to a minimum. It seems to be effective at very low strength and that will certainly lessen any dangers concerning CDG instability. In an ideal world MMS would have the availability of hospital equipment so that the gas could be delivered in the same way that oxygen has been internally applied to intestinal tumors, but that is something for the future.

However, if things are done properly there should be no real risk. The gas should not have the opportunity to make contact with the atmosphere. It should either be in the 'brew bottle' or in the syringe. In any case, the amounts are so small that any dramatic event should prove to be a mere 'flash in the pan' - so to speak.

My imagination has been working on the idea and I can think of a way in which the whole system could be enclosed so that the gas would actually circulate rather than have to be sucked from the 'brew pot' into the syringe, pumped out of the syringe into the intestine and then expelled (farted) into the atmosphere. I am still working on the design, but I may try to build it when I have it fully worked out. It would operate by means of a small electric pump.