

Unofficial CDS Protocol 115

kwag - 18 November 2013

<http://g2cforum.org/index.php/list/cds/27155-new-unoficial-cds-protocol-115-dengue-influenza-h1n1-etc#37457>

Hello @all,

First of all, and as always, my deep thanks to Jim Humble for the original idea of using chlorine dioxide internally. He changed the world!

Second: Thanks to Andreas Kalcker for developing CDS, which made things simpler and took the bad taste out of MMS!

Third: Thanks to Carla Perez who developed the protocol around the end of July of this year and Andreas tagged "115" as the protocol name. So it's called P115 (Unofficial, until he, and only he announces it as official)

Fourth: Thanks to Damarys Reyes, medical technologist and microbiologist, for her tests.

A little (short) history:

Carla worked for the pharmaceutical industry for over 30 years. Long story short. She knows the human body just like (or better!) than many doctors, and she told me clearly that MMS 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, (**Andreas says this is not true. 23feb'19**)* so she came up with protocol 115 which is **1 ml of CDS EVERY 15 MINUTES for a period of of 2 hours**. This basically complements protocol 101 because you only have to do 2 hours a day instead of 8 hours a day and you sustain chlorine dioxide in the blood without it being depleted, as is the case with CDS protocol 101.

With P101, you leave open "windows" of about 40 minutes that bacteria and bad guys can re-develop, and in some cases some conditions can't be resolved.

With the development of P115, it's a whole new ball game.

We've had people actually test P115 with doses of **up to 4 ml of CDS every 15 minutes** just to test if there were any side effects, and there are none. This is especially very effective for cancer, and boosted even more when a little DMSO is added. This amount of CDS per hour would be equal to about 48 drops of active MMS which would make anyone vomit or send them to the bathroom in less than 2 hours, and for several hours. So MMS is out of the question for these high doses.

Since we started this protocol, we've had 100% success on several cases of Dengue, Influenza (common flu) and one case of H1N1. We haven't tested malaria yet. (Volunteers are welcome)

You can also add 1 drop of sodium chlorite (MMS) per hour as a booster to P115, for special cases that need a more "Timed Released" effect in conjunction with the standard 15 minute doses. So 1 of these "every 15 minute doses" would have 1 added drop of sodium chlorite to the water.

We've also combined protocol 115 with protocol 101 (115+101) for very bad cases that the initial 2 hours isn't enough to be effective.

We do it as follows:

First 2 hours is P115 followed by 6 hours of P101, the standard 1 dose per hour.

This is what Damaris used for her son, who was diagnosed with H1N1 one day, and the next day he was out on the beach with his girlfriend!

Attached are pictures of laboratory results a friend sent me, who had Dengue fever. The results shows the 24 hour difference from each test after he used protocol 115.

And many thanks to these people at the Spanish forum for their time to test and apply this protocol:

Spyder91: (Rafael) for having the courage to test the 4 ml dose every 15 minutes, just for the hell of it!

Cuauhtemoc: A fascinating doctor in Mexico, having exceptional results with P115.

Cyberpituc (Josep) and Laser (Roberto) for their high expertise in this matter.

And all others that I didn't mention, thanks!

-Karl

Original P115 and official thread:

forum.mmspr.net/index.php?t=msg&th=1707&start=0&

Original Dengue thread:

forum.mmspr.net/index.php?t=msg&goto=11084

NOTE: The CDS Clo2 concentration used here is the standard 3000ppm.

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Carla basically explained what we have already seen with MMS vs. CDS, that in some cases like Malaria, MMS works and CDS does not (with the standard CDS protocol).

Chlorine dioxide, once it enters the blood stream torrent, will quickly deteriorate. There's no active ingredient like sodium chlorite to keep on activating with the acids in the body. So it goes in fast, and goes away fast. In 20 minutes or so, there's almost nothing left.* Some is even lost in the stomach, so only a small percent actually reaches the blood stream. That's why you leave an open window to bacteria/virus to regroup with the 1 hour protocol.

I'm almost positive that CDS will kill malaria with this protocol and even faster than MMS because of the high blood concentration and saturation of chlorine dioxide for a continuous period of 2+ hours, or 8 hours if combined as P115 + P101.

And if it doesn't work for Malaria, then the missing ingredient is to add a very small amount sodium chlorite as a booster. This would be the same as taking MMS, but without the by-product of the acid activator and still maintain an almost tasteless solution. As for CDH, I agree that it's easier to make.

Just like MMS with 4% HCL is even easier to make. (Actually, its the 12 hour, 1 bottle process that allows CDH to be made so simply, not the ingredients. --CL)

I wouldn't use anything but CDS with saline solution for IV or IM. It's simply distilled chlorine dioxide in it's purest form, which doesn't have the by-products left from MMS + Citric/MMS + HCL/CDH, etc.

-Karl

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We've seen better results with the 2 hour protocol than the 8 hour protocol in many cases.

We had a case of impetigo a couple of months ago on a 9 year old girl.

Her mother called me and asked for recommendations. She had already used P101, but I suggested to try P115 and in less than 2 hours, all skin rash on the body was gone!

(Thanks Annie)

That's how fast it works.

She used P115 just for 1-1/2 hours and straight undiluted CDS on some places on the

body. Pure CDS on the skin works very well.

We're also doing the 21 day detox protocol using P115 instead of the 8 hour P101. Seems that it also works as well or even better, because of the high and persistent concentration in the blood for 2 hours, instead of the "roller coaster" effect of chlorine dioxide in the blood when the 1 dose per hour protocol is used.

New (unofficial) CDS Protocol 115 - Dengue, Influenza, H1N1, etc. 19 Nov 2013 16:11

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You're taking a minimum of 8 ml of CDS a day, but more efficiently because it's in a more concentrated 2 hour gap.

If you're treating some serious cases, like cancer, you can take 4 ml of CDS every 15 minutes for the first 2 hour period, followed by P101 with 4 ml (or more) for the next 6 hours, every hour.

That would be a total of approximately 56 ml of CDS in an 8 hour period, equivalent to taking approximately 168 active MMS drops in a 8 hour period.

UPDATE: 6 December 2014. New thinking has revised the above equivalents as follows:

1 drop of MMS (22.4% sodium chlorite solution) can produce a maximum of 6.7mg of chlorine dioxide (CLO₂). This would happen in a stomach with normal stomach acids, not externally. MMS1 (activated MMS) is about 7% activated externally and the other 93% would occur in a stomach with normal acids.

DOSE (MILLIGRAMS OF CLO₂) = VOLUME (LITERS) X CLO₂ CONCENTRATION (PPM)

1ml of 3000ppm CDS therefore contains 3mg of CLO₂. (0.001 x 3000 = 3)

1 drop of fully activated MMS can contain 6.7mg of CLO₂.

Therefore 2.23ml of 3000ppm CDS would equal the same amount of CLO₂ contained in 1 drop of MMS.

56ml of 3000ppm CDS and 25 drops of fully activated MMS contain 168mg of CLO₂.

375ml of 3000ppm CDS and 168 drops of fully activated MMS contains 1126mg of CLO₂.

--CL

ANALYSIS REPORT

A Dengue Fever Patient

Patient Number	Birthdate	Sex	Page
[REDACTED]	2/24/1967	M	1

Physician Name

Origin / Special Instructions

Request	Reference
[REDACTED]	[REDACTED]
SAN JUAN	PR 00920-

Specimen Obtained	Site
SEP 4, 2013 9:58AM	[REDACTED]

Reported On	Site
SEP 4, 2013 1:54PM	[REDACTED]

Test	Units	Results	Graphic	Normal Range
HEMATOLOGY				
WHITE BLOOD COUNT	X10-3/C.MM.	3.97	[*]	3.90 10.00
RED BLOOD COUNT	X10-6/C.MM.	4.93	[*]	4.63 6.08
HEMOGLOBIN	G/DL	15.90	[*]	13.70 17.50
HEMATOCRIT	%	44.80	[*]	40.10 51.00
MCV	FL	90.87	[*]	80.00 100.00
MCH	pg	32.25	[]*	27.00 31.00
MCHC	GM/DL	35.49	[*]	32.00 36.00
PLATELETS	X 10-3 C.MM.	188.00	[*]	163.00 369.00
RDW	%	12.30	[*]	11.60 14.40
MPV	FL	9.90	[*]	9.40 12.40
DIFFERENTIAL				
NEUTROPHILS	%	48.00	[*]	34.00 71.00
LYMPHOCYTES	%	35.00	[*]	19.00 53.00
MONOCYTES	%	15.00	[]*	4.00 12.00
ATYPICAL LYMPHOCYTES	%	2.00		

INSTRUMENT: SYSMEX XT-1800i

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Patient Number	Birthdate	Sex	Page
[REDACTED]	2/24/1967	M	1
Physician Name			
[REDACTED]			
Origin / Special Instructions			
[REDACTED]			
Specimen Obtained			Supervisor
SEP 5, 2013 10:14AM			[REDACTED]
Reported On			[REDACTED]
SEP 5, 2013 11:59AM			[REDACTED]

Request	Reference
[REDACTED]	[REDACTED]
SAN JUAN PR 00920-	

Test	Units	Results	Graphic	Normal Range
HEMATOLOGY				
WHITE BLOOD COUNT.....	X10-3/C.MM..	5.93	[*]	3.90 10.00
RED BLOOD COUNT.....	X10-6/C.MM..	5.05	[*]	4.63 6.08
HEMOGLOBIN.....	G/DL.....	15.70	[*]	13.70 17.50
HEMATOCRIT.....	%.....	45.40	[*]	40.10 51.00
MCV.....	FL.....	89.90	[*]	80.00 100.00
MCH.....	pg.....	31.09	[]*	27.00 31.00
MCHC.....	GM/DL.....	34.58	[*]	32.00 36.00
PLATELETS.....	X 10-3 C.MM.	215.00	[*]	163.00 369.00
RDW.....	%.....	12.10	[*]	11.60 14.40
MPV.....	FL.....	9.70	[*]	9.40 12.40
DIFFERENTIAL				
NEUTROPHILS.....	%.....	39.00	[*]	34.00 71.00
LYMPHOCYTES.....	%.....	34.00	[*]	19.00 53.00
MONOCYTES.....	%.....	22.00	[]*	4.00 12.00
ATYPICAL LYMPHOCYTES.....	%.....	5.00		
INSTRUMENT: SYSMEX XT-1800i				

Article updated 25 February 2019*

See pages 1 & 3