



Intervenous MMS has been used for many years with people who wanted intravenous infusions. MMS is being used in Mexico in at least one clinic and I have had many people call me and mention that they were either treating some one by intravenous infusion or that they were being treated intravenously.

There are some listings on the Internet where sodium chlorite has been used for infusions for up to 20 years. In checking the quantities generally used I found that it was similar to that which I have suggested. Although I didn't find a great deal of information, I did find that more than 100,000 infusions have been done in hospitals and clinics. Unfortunately, there was much fear and worry and so these infusions were used to control a very limited number of diseases. There was no mention of adverse effects or problems. But it is highly doubtful that the infusions would have continued for 20 years if there had been a problem.

I personally have had MMS intravenously quite a number of times including before 1990. In the past and in most clinics even now, MMS (sodium chlorite) is used intravenously without citric acid activation (or vinegar). It is my belief that is a mistake. With activation MMS increases the chlorine dioxide by at least 100 times if not 200, or 300 times. The result has got to be that chlorine dioxide goes deeper into the body when the MMS is activated with the acid (mentioned above).

Earlier this year I decided to test this theory out. Over the past 8 years I have continued to take MMS, not on a constant everyday basis, but on a continuous bases. There have been many months where I increased my dosage higher and higher. **Finally I have been able to take two thirty drops doses a day without noticeable effect.** Which after being connected with many thousands of people taking MMS, I must assume that there is nothing left in my body to create a herxheimer reaction.

So with this in mind I decided to see if intravenous MMS activated with citric acid would go any deeper into tissues of the body and thus destroy more pathogens that might be present. I already have proven that using inactivated MMS did not seem to make any changes. In fact I had notice that if one was taking, for example 6 drops activated with citric acid with a bad reaction by mouth, he could usually take about the same number of drops by IV without the citric acid.

So I had proven I could take up to 30 drops without reaction by mouth. I decided to find out how many drops of activated MMS I could take (intravenous) without reaction. Being careful, I decided to start out with one drop of MMS and 5 drops of citric acid 10% solution. The first thing I noticed is that there was no pain created in my veins, not this time and not anytime.

The small amount of acid in the drops is not enough to make veins notice pain. In fact when up to 100 drops of

citric acid solution is added to 250 ml solution with the MMS one can barely see a change in the level of acid in the 250 ml solution. Certainly not enough to cause any pain even in an open wound. However, there was some pain from the nurse not hitting the veins correctly. If the needle does not go directly into the vein and it slides along the vein for a short distance before penetrating the vein, it creates quite a bit of pain.

The one drop, however did create a herxheimer reaction. I discussed this with several doctors, including Dr. Hesselink who has had a great deal experience with oxidative therapies. They all agreed with me that it was a herxheimer reaction which was actually bad chills and flu like feeling. I went to bed with 5 thick blankets for about 2 hours, and then the reaction was completely gone. The next day when I took the next infusion with the same dose, 1 drop of MMS and 5 drops of acid, there was no reaction at all. So the next day I went to 2 drops of MMS and 10 drops of acid. There again was the same reaction, chills and flu feeling, and on the following day with the same 2 drops there was no reaction. This continued up to 4 drops of MMS and 20 drops of acid. I had to stop because the blood vessel began knotting up and stopping the flow of blood. That is not an unusual occurrence and it is normally handled with Heparin or Procaine or both. However, we did not have any available and I had to stop for the time being.

I'm not telling you this to brag or anything like that. I just want you to have the data if you are going to use MMS infusions on yourself or anyone else. There is a little bit more data before we get to the exact protocol. One of the ladies that calls me from time to time decided to try MMS activated intravenously. I advised her to start with 1 drop like I did, but she decided to use 16 drops of MMS and 80 drops of citric acid.

My contention is that one should take the MMS by intravenous daily for some time, but she decided to try the shock method. I think she had decided that she had either lyme disease or morgellons. The 16 drops IV (plus the 80 drops citric) made her very sick. She vomited for three days. And an amazing thing happened. Her face had been getting darker and darker and she looked about 70 years old. After the intravenous Infusion the skin of her entire face peeled off with a great deal of pain, but she wound up again looking her age of about 40.

About a month later she did an infusion of 16 drops two days in a row. (She, of course activated it with 80 drops of citric as usual) This time most of the skin on her body peeled off with a great deal of pain. Evidently, the disease was in the top layer of skin and the skin was killed as the disease was killed. I say this because her skin was gray looking and old looking. When the skin peeled, the skin again looked her true age and better. She said that she felt a lot better.

When I called at a later date she did not consider herself cured. I didn't expect her to be cured as I believe that it will take a series of such treatments for days, but I do not believe that it takes that kind of shock to kill the morgellons disease. I pointed out that it might take a continued use of MMS for a number of days or weeks. No report on her further condition so far.

One other man from England reported that his friend was doing activated intravenous Injections. He said that his friend took 22 MMS drops activated with 110 drops of citric acid. He reported not feeling very good and he reported having chills similar to the chills that I had.

My doctor in Uganda said that he used inactivated MMS in all his IV infusions of AIDS patients there. He used 6, 12, and 22 drops or the equivalent of that many drops in that sequence. Once he reached 22 drops in three days he continue at 22 drops until the patient was well. Many stayed sick for days, but eventually seemed to come out OK. Some that felt well in three days later returned asking for more help.

In my opinion, after seeing many people use intravenous infusions, and MMS of various different amounts of time, that just using MMS without the citric acid activation is not going to handle some of the more incurable diseases. I believe it is going to take activated MMS. That means getting the chlorine dioxide directly into the veins.

In this case the chlorine dioxide will be dumped into the plasma of the blood and some of it will be taken up by the red blood cells, and some of it will not. If you have read up on chlorine dioxide you will realize at this level of strength that it cannot react against blood or any body components or cells. It is very unique in this regard. No one has recorded anyone being hurt by chlorine dioxide at this level of strength over the past 20 years. Chlorine dioxide has the lowest oxidation potential of all the oxidizers. Remember, when reading industrial reports of the use of chlorine dioxide they are talking about 10,000 times the strength used in the human body.

Now having said all that, what I have recommended to a number of people who have called me is this:

Supplies:

1 - 250 ml bag of saline or glucose solution with the standard needle and tubing for IV. We use saline solution usually unless we expect a drop in blood pressure, in which case the glucose seems to keep the blood pressure up. It has been suggested by a doctor that it is best to use no more than 250 ml solutions for 1 hour drips. He mentioned that it can cause water on the lungs in larger doses. Tie the bag in place and get set to use it.

1- bottle MMS

1- bottle 10% citric acid solution

1- hypodermic syringe

1- experienced nurse or doctor

Start out like I did. Use a dry clean glass. Do not worry about disinfecting the glass as the MMS will do that. Use 1 drop MMS, 5 drops of 10% citric acid solution, shake to mix, wait 3 minutes, using the syringe remove several ml from the IV bag, squirt the solution from the bag into glass and mix with the MMS. Suck the solution mixed with the MMS back into the syringe and squirt it back into the IV bag. Shake the bag a bit to mix it. It's ready to use.

Set the drip for approximately one hour. The herxheimer reaction, if there is one, will probably start in 1 to 2 hours. Keep the patient warm. Normally it lasts 2 hours or less.

Do the same MMS IV dose the second day or twice in one day, morning and evening. Continue until there is no herxheimer reaction and then go to the next higher dose. Continue at that dose until there is no reaction at that level and then go to the next higher dose again until you have reached 22 drops of MMS and 110 drops of citric acid. Continue at this level until the patient reports that he is better or cured.

Of course, observe the patient and make sure that reactions are herxheimer reactions and not other problems. Do not make the patient sick. Reduce the number of drops used if the patient continues to experience chills, or headaches, or nausea, or diarrhea. Do not stop, just drop back in the number of drops being used until the patient can tolerate the condition without discomfort.

About the pain of IV infusions: Normally there should be no pain involved in IV infusions. A number of doctors have mentioned to me that they expected pain because of the citric acid used. But that doesn't make a lot of sense. For example in a large dose of MMS, like 15 drops plus 75 drops of citric acid solution when mixed you create one teaspoon of MMS at a pH (acid/alkaline balance) of 4.8. That is not a strong acid. And when that is added to 250 ml of IV solution you are not going to change the pH balance by enough to record unless you have a very delicate instrument. I guarantee not enough for the inside of your veins to feel. If you use pH test paper I guarantee that you will not be able to tell the difference in the pH balance between before adding the MMS and after adding the MMS.

The pain is either created by poorly inserting the needle or by using the veins in the hands. I'm sorry I don't know why the hand causes the pain, but it seems to cause it. It is some sort of a neurological response as opposed to the feeling of acid against the vein walls. When the needle is properly inserted in the arm instead of the hand, there is almost never any pain. If the pain was coming from the blood vessel, it would only hurt right at the vessel, but that isn't the case. The whole arm hurts and that has to be some sort of a nervous reaction.

The needle must penetrate the skin and the vein in the same place. If the needle slides along the vein before it penetrates there will be pain and usually inflammation. So it sort of gets to be a scientific art. You got to get it right to prevent the pain. Just a tiny bit of MMS in the skin or tissue and you have the pain and that multiplies. Good luck.

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